

MARCH 2019

2017-18

Annual Report

North Queensland Aboriginal
and Torres Strait Islander
Sexually Transmissible Infections
Action Plan 2016-2021

This is the second annual report for the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016-2021. We report here on key achievements and the performance against the Action Plan goals during 2017-18 in the five north Queensland Hospital and Health Services: Cairns and Hinterland; Mackay; North West; Torres and Cape; and Townsville.

This report has been prepared for the Director-General of Queensland Health and Board Chairs of the five participating Hospital and Health Services.

Acknowledgment

Queensland Health acknowledges and pays respect to Aboriginal and Torres Strait Islander people, on whose land we provide health services in Queensland, and the elders past, present and future.

Prepared by Tropical Population Health Services, Cairns

Published by the State of Queensland (Queensland Health), June 2019

This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) 2019

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Aboriginal and Torres Strait Islander Health Branch, Department of Health, GPO Box 48, Brisbane QLD 4001,
email ATSIHB@BusinessServices@health.qld.gov.au

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Contents

1.0	Message from the Chief Executive Steering Committee	4
1.1	2017-18: Snapshots of our success	5
2.0	Introduction	6
2.1	The North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections (STI) Action Plan 2016-2021	6
2.2	Policy and Strategic Alignment	8
2.3	Governance	9
2.4	Epidemiological snapshot – Trends in STI notifications in north Queensland	12
3.0	Progress and Performance	17
3.1	Goal One - Eliminate congenital syphilis in Aboriginal and Torres Strait Islander babies in north Queensland by December 2017	17
3.2	Goal Two - Control the syphilis outbreaks in north Queensland Aboriginal and Torres Strait Islander population by December 2020	19
3.3	Goal Three - Progressively reduce the prevalence of syphilis, chlamydia and gonorrhoea among Aboriginal and Torres Strait Islander people in north Queensland	22
4.0	Challenges and Opportunities	
4.1	Challenges	25
4.2	Opportunities	25
5.0	Priorities for 2017-18	26
5.1	Implementation	26
5.2	Promotion and prevention	26
5.3	Testing and treatment	26
5.4	Better health services	27
5.5	Monitoring and evaluation	27

FIGURES

Figure 1:	Strategic Alignment of the Action Plan with the Queensland Sexual Health Strategy 2016-2021	8
Figure 2:	NQ STI Action Plan Governance Structure	9
Figure 3:	Crude population rate of infectious syphilis notifications by Aboriginal and Torres Strait Islander status, north Queensland, 2008-09 to 2017-18.	13
Figure 4:	Crude population rate of infectious syphilis notifications by Aboriginal and Torres Strait Islander status and Hospital and Health Service, north Queensland, 2008-09 to 2017-18.	13
Figure 5:	Quarterly percentage of Aboriginal and Torres Strait Islander people aged 15 to 29 years tested for syphilis in the last 12 months, selected remote communities, Cape York, Torres and NPA and North West HHS, 2017-18	14
Figure 6:	Crude population rate of chlamydia notifications by Aboriginal and Torres Strait Islander status and Hospital and Health Service, north Queensland, 2008-09 to 2017-18.	15
Figure 7:	Crude population rate of chlamydia notifications by Aboriginal and Torres Strait Islander status and Hospital and Health Service, north Queensland, 2008-09 to 2017-18.	16

1.0 Message from the Chief Executive Steering Committee

We are pleased to present the 2017-18 Annual Report for the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016 – 2021 (the Action Plan). Implementation of the Action Plan is a joint venture of the five north Queensland (NQ) Hospital and Health Services (HHSs): Cairns and Hinterland, Mackay, North West, Townsville and Torres and Cape, in partnership with Aboriginal and Islander Community Controlled Organisations and non-government organisations, under the leadership and oversight of the Chief Executive Steering Committee.

This report provides details on key achievements and performance against the goals of the Action Plan during 2017-18. We also report on challenges to implementation, opportunities and priorities for 2018-19.

Key achievements during the second year of Action Plan implementation

Implementation of the *Strong, Proud, Healthy and Safe* curriculum program for Indigenous majority schools has expanded to six schools, some with multiple campuses, reaching a total of 25 north Queensland communities.

A retrospective review of all cases of congenital syphilis in Queensland is being conducted by the Queensland Maternal and Perinatal Quality Council to identify missed opportunities and upstream interventions to prevent future cases and improve health outcomes.

There are now 58 distribution access points and this continues to improve access for communities in north Queensland.

Key areas of focus for next 12 months (2018-19)

A review was completed in December 2018 to assess the implementation of the north Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan to date and develop recommendations for the effective implementation of the Action Plan over its remaining years, including achievement of its goals and required capacity and monitoring to prevent future outbreaks.

Funding has been released to Aboriginal and Torres Strait Islander Community Controlled Health organisations in north Queensland to support efforts to address the syphilis outbreak through targeted health promotion and screening to further increase access to testing, with a wider Collaborative Workshop planned for late 2019.

In summary, while significant progress has been made, there is still more work to do. The second year of the Action Plan has proved to be a year of consolidation allowing a firm platform for further progress in future.

Yours sincerely

Lisa Davies-Jones

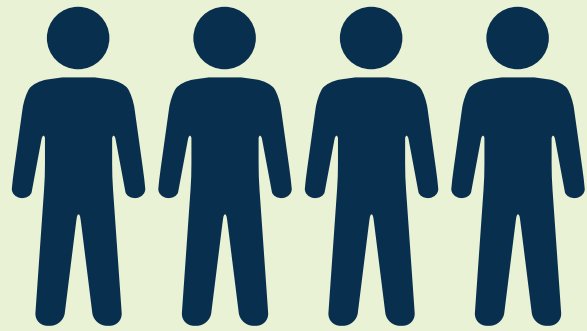
Chief Executive, North West Hospital and Health Service and current chair of the Chief Executive Steering Committee



1.1 2017-18: Snapshot of our success

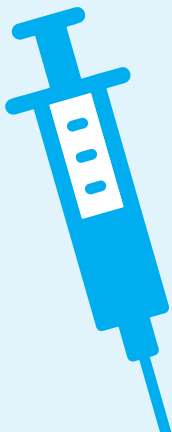


Reduction in number of women diagnosed with syphilis in pregnancy

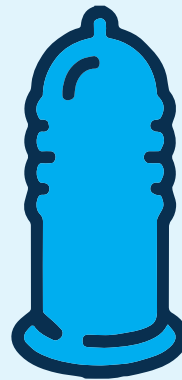


Testing pilots within Townsville and North West emergency departments has commenced.

Installation of GeneXpert point of care testing in 6 north Queensland regional and remote sites has commenced.



A gonorrhoea enhanced surveillance program has been introduced in Townsville.



All hours condom access has increased to 58 sites from 33 in the preceding year.



A successful Point of care testing pilot with Townsville Aboriginal and Islander Health Service commenced resulting in a substantial increase in testing.

Contact tracing for hard to reach groups in Townsville has been enhanced.

Strong Proud Healthy and Safe has increased delivery from 3 to 6 schools with further schools expressing an interest in rolling out the program.



- **The proportion of people with infectious syphilis treated within fourteen days has increased.**
- **The percentage of named contacts of syphilis treated within four weeks has increased.**
- **The percentage of symptomatic cases of syphilis treated on first presentation has increased.**

2.0 Introduction

2.1 The North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016-2021

This is the second annual report for the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016-2021* (the Action Plan), which was a direct response by the Minister for Health and Ambulance Services to the increasing rates of syphilis in north Queensland (NQ). The Action Plan was finalised in May 2016. Funding of \$15.7 million over three years (2016/17 – 2018/19) was allocated to implement the Action Plan to enhance the response to lower rates of syphilis and other sexually transmissible infections (STIs) across NQ.

The Action Plan aligns with the Queensland Sexual Health Strategy 2016-2021, which addresses a broad range of sexual and reproductive health issues. Implementation is a joint venture of the five North Queensland NQ Hospital and Health Services (HHSs): Cairns and Hinterland; Mackay; North West; Townsville; and Torres and Cape, under the leadership and oversight of a Chief Executive Steering Committee. Partnerships with the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (AICCHOs) and Primary Health Networks (PHN) are developing and essential to ensure STI clinical care and continuous quality improvement across all health services.

The Goals of the Action Plan are:

1. Eliminate congenital syphilis in Aboriginal and Torres Strait Islander babies in north Queensland by December 2017
2. Control the syphilis outbreaks in north Queensland Aboriginal and Torres Strait Islander population by December 2020
3. Progressively reduce the prevalence of syphilis, chlamydia and gonorrhoea among Aboriginal and Torres Strait Islander people in north Queensland

Regional coordination supports work to achieve these goals focussing on increasing STI prevention, testing and treatment through increased service capacity and workforce support and development. Performance of the Action Plan is measured through the Performance Framework which comprises outcome, performance and quality indicators.



North Area Peninsula Young People's Health Check 2018 with Josita, Andrew, Mario and Les

Specific Activities have been grouped into the five domains of the Action Plan:

IMPLEMENTATION – STRENGTHENING A REGIONAL APPROACH

Implement a coordinated and planned response to ensure the reduction of STIs among Aboriginal and Torres Strait Islander people in NQ.

PROMOTION AND PREVENTION

Improve the knowledge and awareness of STIs and protective behaviours among Aboriginal and Torres Strait Islander people in NQ, particularly those under 30 years of age, through the delivery of evidence-based culturally-appropriate sexual health promotion.

TESTING AND TREATMENT OF STIs

Improve access to and delivery of culturally secure STI services, including best practice STI testing and management.

BETTER HEALTH SERVICES

Improve the knowledge and skills of the workforce to provide culturally secure services and appropriate models of care for delivery of STI services to Aboriginal and Torres Strait Islander people.

MONITORING AND EVALUATION

Establish data collection and surveillance systems to enable the effective review of progress and improvement towards achieving the goals of the Action Plan.

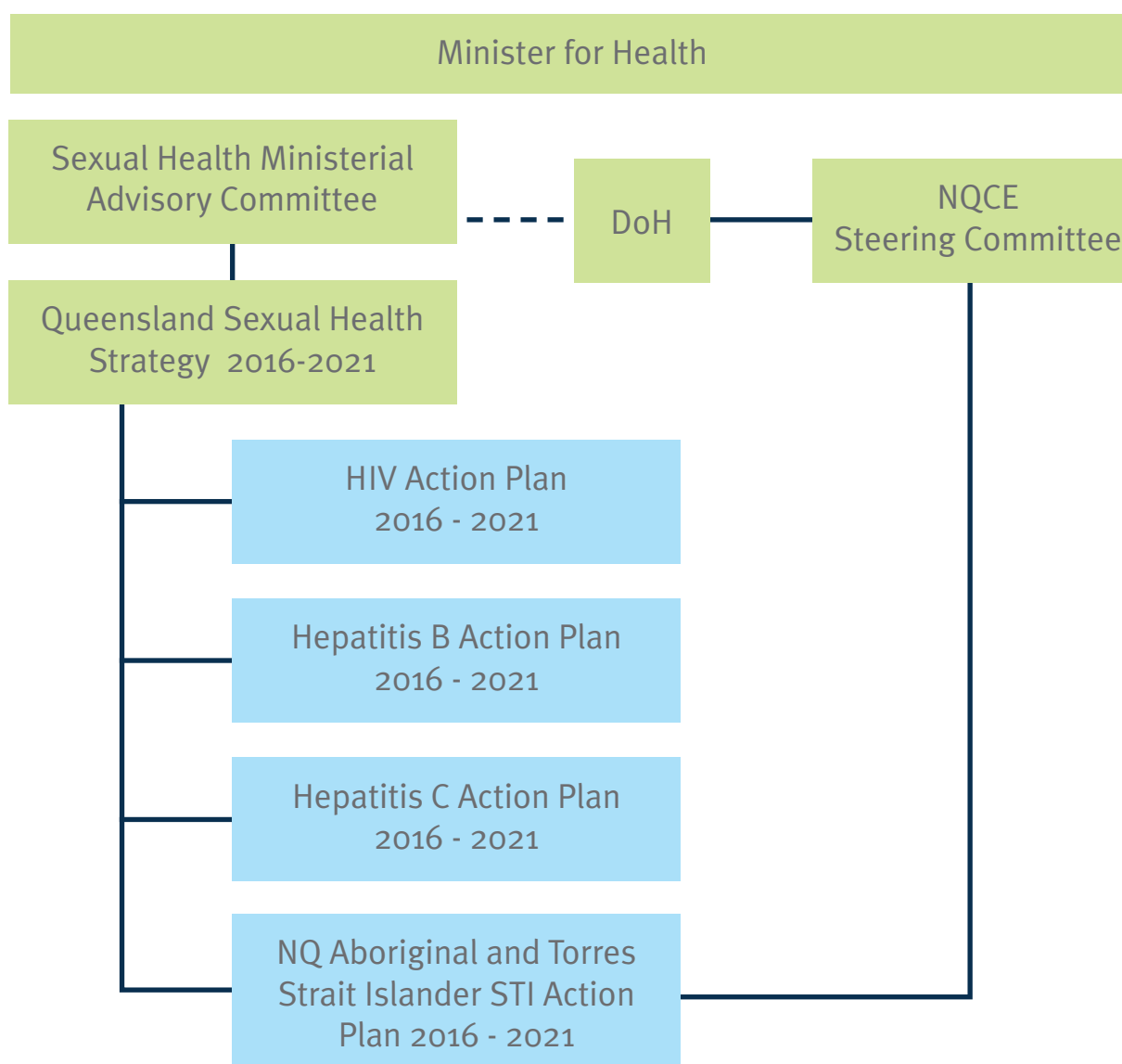


Peer recruiters participating in a community screen at Murray Island

2.2 Policy and Strategic Alignment

The Action Plan is one of four Queensland action plans aligned with the *Queensland Sexual Health Strategy 2016-2021*, which address a broad range of sexual and reproductive health issues through health promotion, prevention, clinical service provision and community education. The Sexual Health Ministerial Advisory Committee oversee implementation of the Queensland Sexual Health Strategy and associated action plans. Regular updates on Action Plan progress are presented to provide assurance and raise emerging issues and challenges. From August 2017, the Australian Health Protection Principal Committee Governance Group (AHPPC GG) developed an action plan for the enhanced response to addressing STI (and BBV) in Indigenous populations. The nationally coordinated syphilis point of care testing program is a key outcome of the action plan. The NQ STI Action Plan is linked in with the AHPPC GG Action Plan through coordination via the Communicable Diseases Branch.

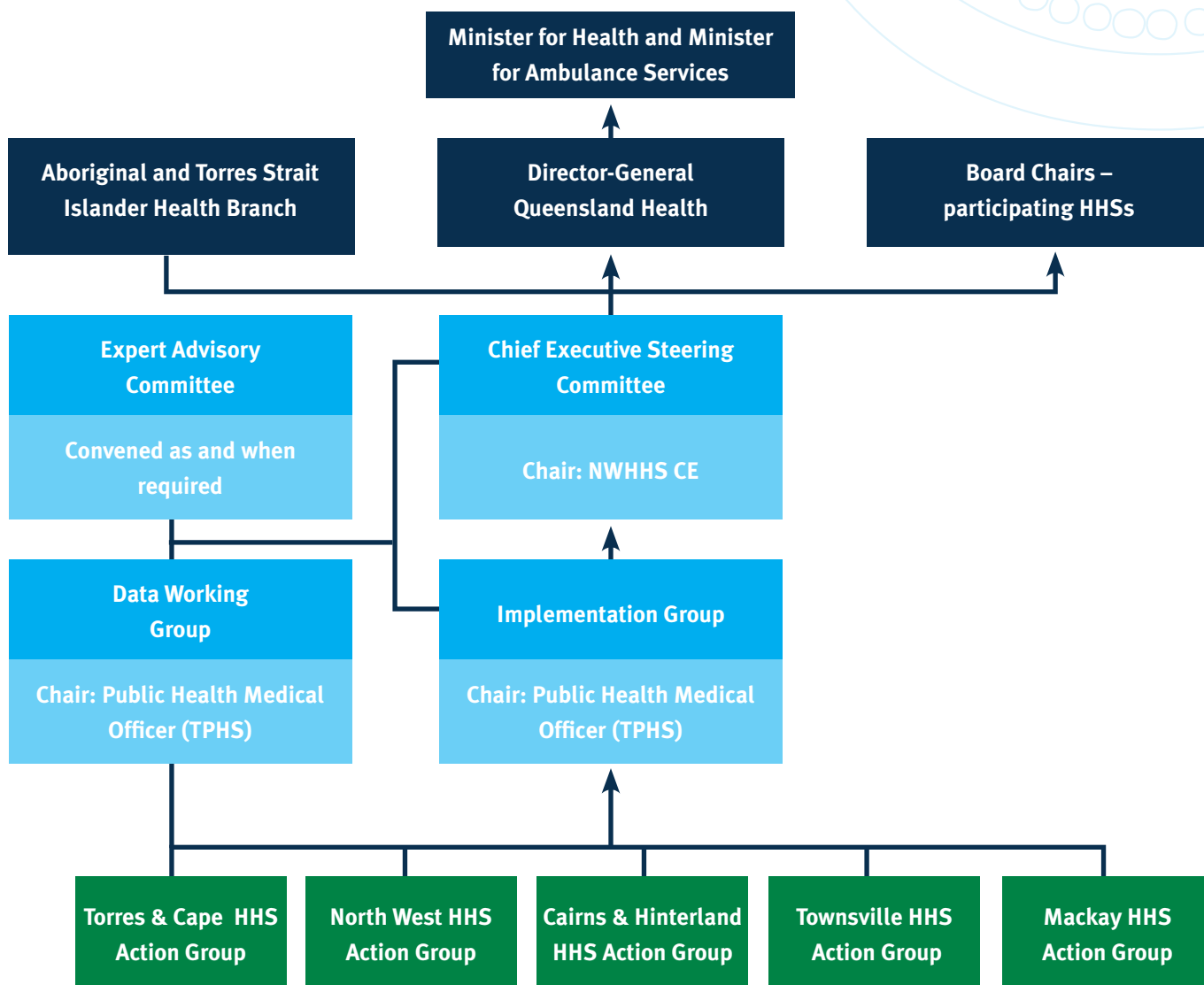
Figure 1: Strategic Alignment of the Action Plan with the Queensland Sexual Health Strategy 2016-2021



2.3 Governance

A coordinated regional governance structure provides a mechanism for regional oversight and effective engagement and collaboration across the five NQ HHSs and key stakeholders. Following a revision of the governance structure in June 2018 the membership of the Chief Executive Steering Committee has been extended to include Queensland Aboriginal and Islander Health Council and Institute for Urban Indigenous Health to reflect the wider contribution and partnership required for successful implementation of the Action Plan.

Figure 2. NQ STI Action Plan Governance Structure.



Chief Executive Steering Committee

Lisa Davies-Jones (Chair)	Chief Executive, NWHHS
Beverly Hamerton	Chief Executive, TCHHS
Clare Douglas	Chief executive, CHHHS
Kieran Keyes	Chief Executive, THHS
Jo Whitehead	Chief executive, MHHS
Kathy Brown	Executive Director, ATSI Health Branch
Dr Sonya Bennett	Executive Director, Communicable Disease Branch
Bevan Ah Kee	Regional Manager, QAIHC
Adrian Carson	Chief Executive, IUHI
John Gregg	Chief Executive, Northern Queensland PHN
Stuart Gordon	Chief Executive, Western Queensland PHN
Dr Annie Preston-Thomas	Public Health Medical Officer – Clinical Lead
Dr Kathryn McFarlane	Advance Public Health Officer – Health Promotion Lead
Sara Vale	Director Program Management

Key Functions

- Overall accountability for the delivery of the Action Plan within agreed timeframes, resourcing and to quality standards
- Oversee implementation of the Action Plan
- Provide leadership across HHSs to improve sexual health outcomes for target groups
- Work towards developing a sustainable and long-term approach for sexual health in Aboriginal and Torres Strait Islander communities in NQ

Implementation Group

Dr Annie Preston-Thomas (Chair)	Public Health Medical Officer – Clinical Lead
Executive Representation	Each HHS
Clinical Expert Representation	Each HHS
Public Health Representation	Tropical Public Health Services (CHHHS) Tropical Public Health Unit (THHS)

Key Functions

- Provision of strategic and operational advice to ensure the goals of the Action Plan are met
- Facilitate collaboration across NQ on the control of syphilis outbreaks and the prevention and control of other STIs in Aboriginal and Torres Strait Islander populations and communities
- Make recommendations to the CE Steering Committee for coordinated actions and longer-term funding for sexual health in Aboriginal and Torres Strait Islander populations and communities in NQ

Data Working Group

Membership comprises appointees from Communicable Diseases Branch (CDB), Health Surveillance Team (Tropical Public Health Services, Townsville Public Health Unit), the Aboriginal and Torres Strait Islander Health Branch and the Queensland Syphilis Surveillance Service (QSSS).

Key Functions

- Provision of expert technical advice regarding data availability, quality and methodological issues relating to the performance indicators
- Identification and management of risks and issues relating to data collection and provision of advice to the CE Steering Committee as required

HHS Action Groups

Membership comprises Sexual Health Public Health Teams, HHS Sexual Health Services, AICCHOs representatives and antenatal units. Other stakeholders may include: PHNs, General Practitioner/s (GPs), School Based Health Nurses, related Government and Non-Government Services.

Key Functions

- Practical implementation of the Action Plan within the respective HHS
- Plan, implement and evaluate a coordinated response to the syphilis outbreak across the HHS area in partnership with relevant internal and external stakeholders
- Report on Action Plan progress in line with regional reporting expectations
- Support information sharing and collaboration with regional counterparts

Public Health Units

Key Functions

- Provision of public health leadership and outbreak management support to five HHSs
- Co-ordinate and lead regional public health and health promotion initiatives to maximise resources and outcomes across HHSs
- In partnership with Data working group (DWG) and CDB, undertake surveillance and monitoring of STI trends in NQ
- Support continuous quality improvement and clinical systems capacity building initiatives across HHSs

Following the vacancy of the Project Officer position in December 2017, a review of the governance structure was undertaken. The proposal to replace the Project Officer with a Director Program Management role providing a higher level of management expertise and oversight to the Action Plan was endorsed by the Chief Executive Steering Committee and recruited to in May 2018.

2.4 Epidemiological snapshot – Trends in STI notifications in north Queensland

This section reports on the activity highlights and performance against the goals of the Action Plan achieved during the second year of implementation.

Background

In January 2011 an outbreak of infectious syphilis was declared in residents of the North West Hospital and Health Service (HHS) area.

Since 2011 the outbreak has spread across NQ, with outbreak associated cases reported in residents of the Torres and Cape HHS in late 2012, followed by the Cairns and Hinterland HHS in August 2013 and the Townsville HHS in January 2014.

The outbreak has also affected several jurisdictions across northern Australia, with outbreak associated cases reported in the Northern Territory in 2013, the Kimberley region of Western Australia in 2014, and the Far North and Western and Eyre regions of South Australia in 2016.

With regards to data completeness and accessibility, the reporting of most KPIs is now established and streamlined. While data have been obtained from private laboratories and investigated by Communicable Disease Branch and the Tropical Public Health Unit, the data are currently of limited utility due to a lack of Aboriginal and Torres Strait Islander Identification.

Access to some data is resource-intensive, for example access to data to undertake the antenatal audits, or the development of population lists to inform targeted screening. Future solutions are required to build in sustainability within organisations.

Infectious syphilis in north Queensland as of 30 June 2018

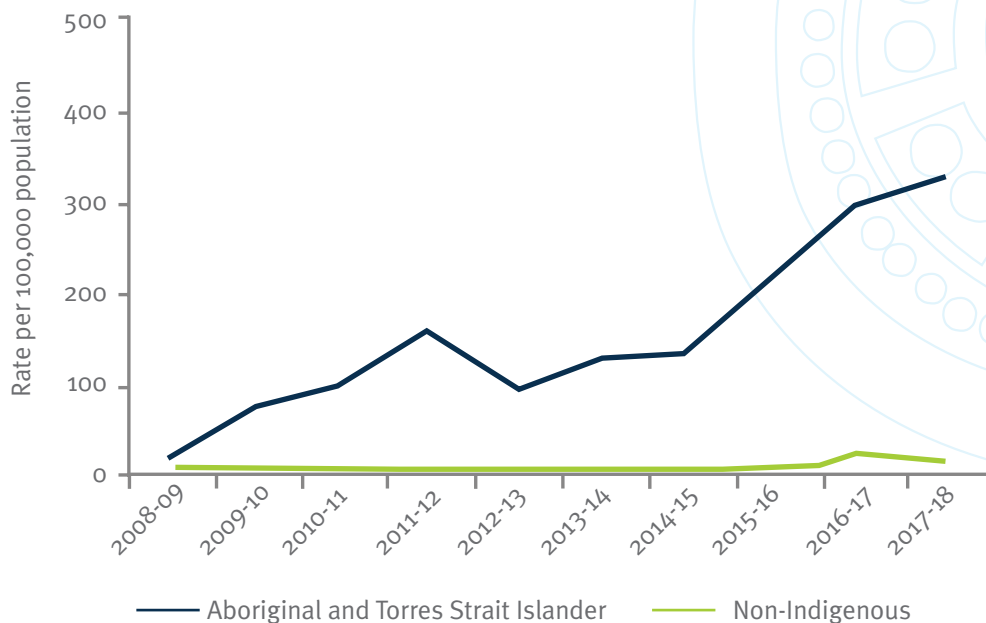
There have been 1,192 notifications of infectious syphilis in Aboriginal and Torres Strait Islander people living in north Queensland since 1 January 2011 (as of 30 June 2018).

Overall 52 per cent of notifications were for females, with a median age of 23 years at onset (range 1 to 62 years). Median age at onset for males was 25 years (range 6 to 75 years). In the North West and Torres and Cape HHSs almost 60 per cent of notified cases were in females.

Ninety-four notifications of infectious syphilis were for women who were pregnant at the time of infection, with nine notifications of congenital syphilis and six associated deaths.

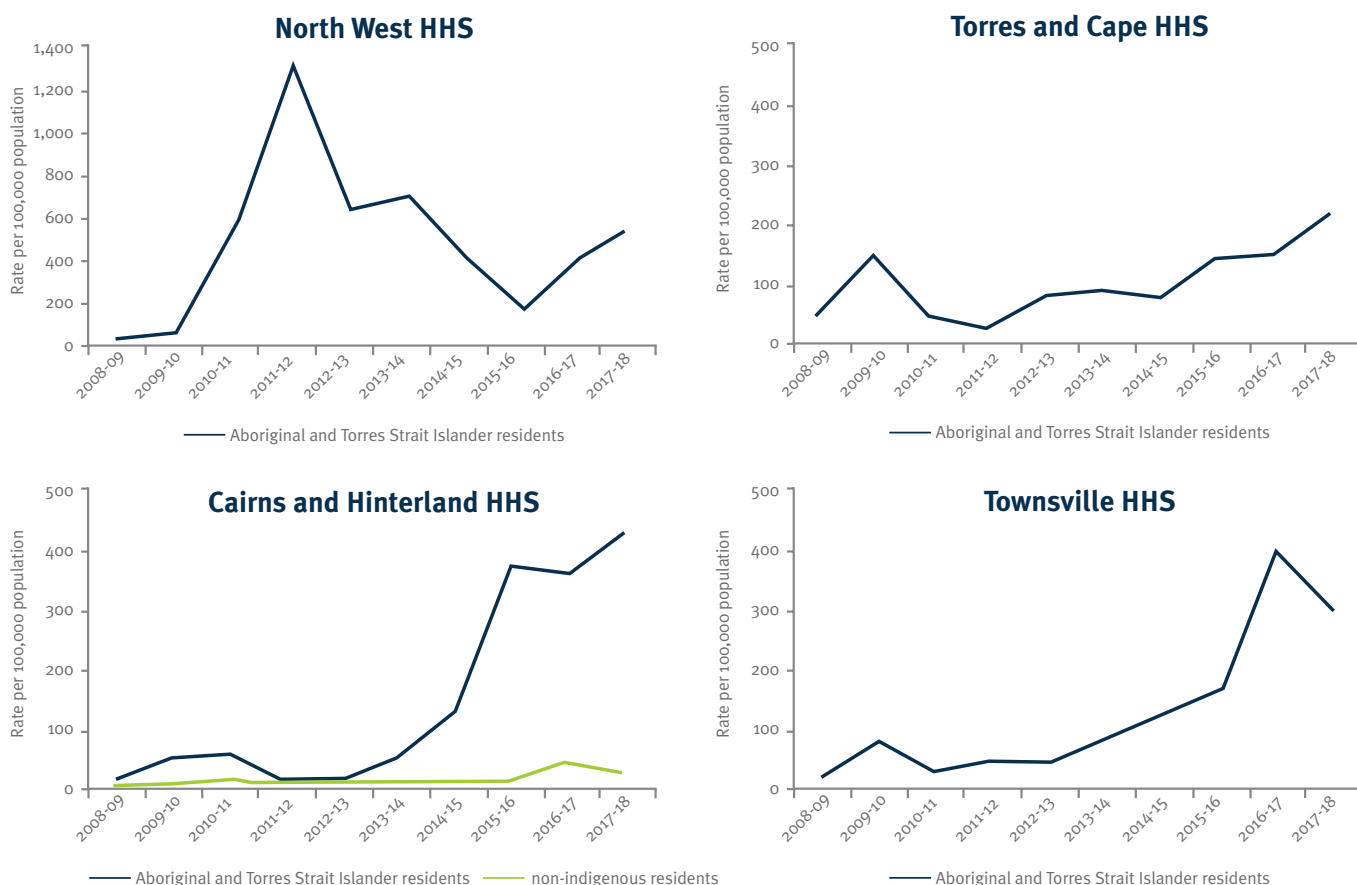
The population rate of infectious syphilis in the Aboriginal and Torres Strait Islander population of north Queensland has increased as the outbreak has spread, and in 2017-18 was 25 times higher than the rate observed in the non-Indigenous population (Figure 3).

Figure 3: Crude population rate of infectious syphilis notifications by Aboriginal and Torres Strait Islander status, north Queensland, 2008-09 to 2017-18.



Within north Queensland the progression of the syphilis outbreak has varied considerably by area, as illustrated by the trends in population rates in residents of each HHS area (Figure 4). It should be noted that the population rate of notifications for the North West HHS was notably higher and are presented using different axes/scale. Rates on this graph should not be compared visually with the other HHSs.

Figure 4: Crude population rate of infectious syphilis notifications by Aboriginal and Torres Strait Islander status and Hospital and Health Service, north Queensland, 2008-09 to 2017-18.

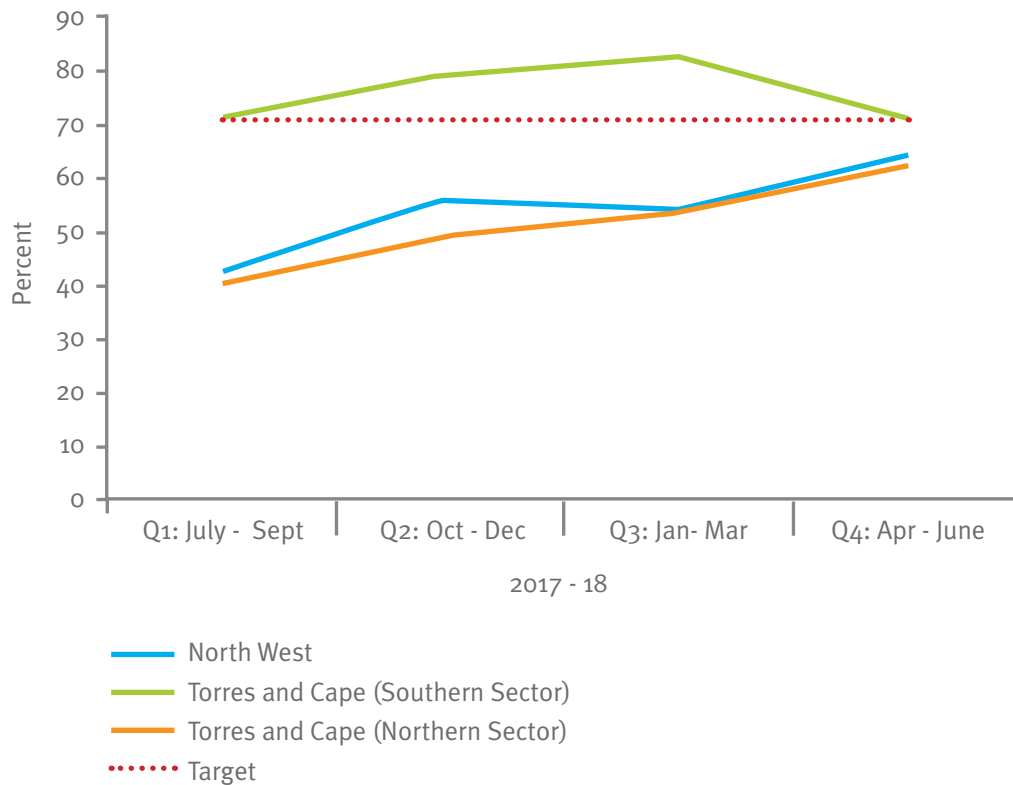


Notes:
 Rates for non-Indigenous residents are not presented for three HHSs due to very small numbers of cases.
 Rates of infectious syphilis in Mackay are not presented due to very small numbers.

In the North West HHS, the notification rate peaked in 2011-12 and steadily decreased until 2016-17, with an increase in cases observed in 2017-18.

The trend in notifications in the North West HHS may reflect an increase in screening and testing for STIs in high risk populations, with evidence of increased STI testing coverage in Aboriginal and Torres Strait Islander people living in remote communities (Figure 3).

Figure 5: Quarterly percentage of Aboriginal and Torres Strait Islander people aged 15 to 29 years tested for syphilis in the last 12 months, selected remote communities, Cape York, Torres and NPA and North West HHS, 2017-18



In the Cairns and Hinterland HHS, the rate of notifications spiked in 2015-16 and has continued to increase. The relationship between levels of STI testing in the community and trends in notifications in centres such as Cairns and Townsville is harder to quantify, as pathology services are provided by both public and private laboratories and there is currently very limited access to private pathology testing data. Townsville was the only HHS to demonstrate a decrease in notifications in the 12 months to June 2018.

In the Torres and Cape HHS, notifications have decreased in the Cape York region, and have increased in the Torres and Northern Peninsula Area in 2016-17 and 2017-18. Some of the increase in this region may reflect an increased level of STI screening in high risk populations (as shown in Figure 5).

The distribution of age in Aboriginal and Torres Strait Islander people with infectious syphilis varies by area, with a high percentage of younger cases aged 15 to 29 years in residents of remote locations in the Torres and Cape HHS (75 per cent) and North West HHS (71 per cent).

In the regional centres of the Cairns and Hinterland and Townsville HHSs, residents aged 30 to 39 years also comprise a significant percentage of cases, at 22 per cent and 32 per cent respectively.

Trends in other sexually transmitted infections

Trends in notifications of chlamydia in Aboriginal and Torres Strait Islander people differ from those observed for infectious syphilis, with a recent decrease in the population rate in all regions except the Mackay HHS (Figure 6). It should be noted that the population rate of notifications for Mackay HHS was notably lower and Torres and Cape HHS notably higher. These are presented using different axes/scale and therefore rates on these graphs should not be compared visually with the other with the other HHSs.

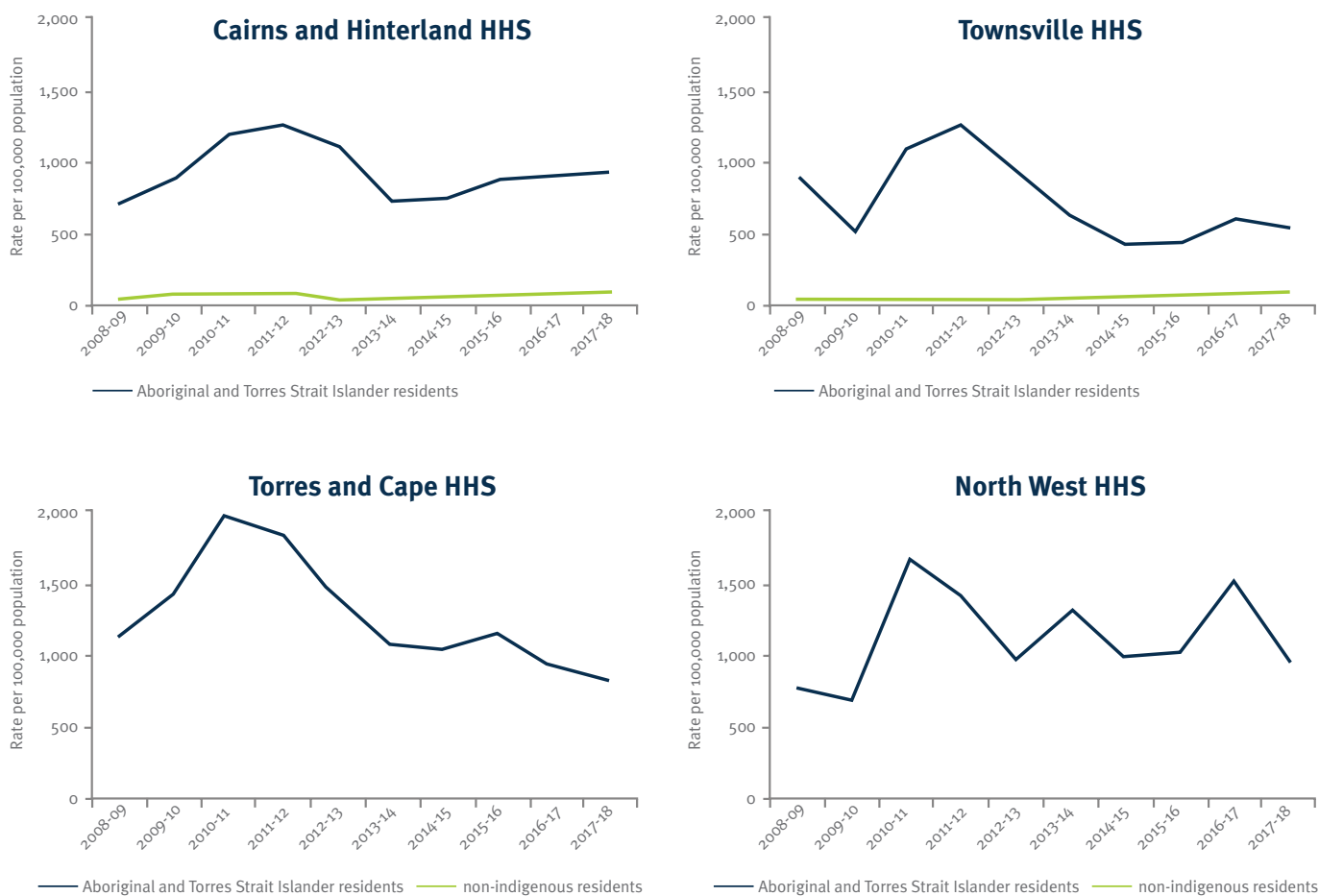
Overall 80 per cent of north Queensland residents diagnosed with chlamydia were aged 15 to 29 years in 2017-18, with limited variation in the distribution of age across the HHS areas.

Figure 6: Crude population rate of chlamydia notifications by Aboriginal and Torres Strait Islander status and Hospital and Health Service, north Queensland, 2008-09 to 2017-18.



Rates of gonorrhoea notifications varied by region, decreasing in the Townsville, Torres and Cape and North West HHSs in 2017-18, while remaining stable in the Cairns and Hinterland HHS (Figure 5). Across north Queensland 78 per cent of Aboriginal and Torres Strait Islander residents diagnosed with gonorrhoea were aged 15 to 29 years.

Figure 7: Crude population rate of gonorrhoea notifications by Aboriginal and Torres Strait Islander status and Hospital and Health Service, north Queensland, 2008-09 to 2017-18.



Data Source:
 Australian Bureau of Statistics Catalogue No. 3235.0 - Population by Age and Sex, Regions of Australia, 2016
 Australian Bureau of Statistics Catalogue No. 2916.0, Indigenous Locations data (ILOCs) 2016.
 Queensland Health Notifiable Conditions Database, data extracted 12 July 2018
 Queensland Health Pathology Services

3.0 Progress and Performance





This section reports on the activity highlights and performance against the goals of the Action Plan during the second year of implementation. Performance is described with reference to the Action Plan Performance Framework.

Activity highlights also capture the response to challenges, opportunities and priorities identified in the 2016/17 annual report.

3.1 Goal One - Eliminate congenital syphilis in Aboriginal and Torres Strait Islander babies in north Queensland by December 2017.

A series of immediate actions designed to reduce the risk of future cases of congenital syphilis whilst ensuring screening for syphilis and other STIs is embedded into routine antenatal care.

Achievement against Key Performance Indicators

Indicator	Target	July 2016 to June 2017	July 2017 to June 2018
 Pregnant women diagnosed with infectious syphilis	0	25	21
 Pregnant women treated within 14 days of diagnosis	100%	85% (22 of 26)	81% (17 of 21)
 Notifications of congenital syphilis	0	2	2
 Deaths due to congenital syphilis	0	2	1

Regrettably goal one of the Action Plan was not achieved according to the timescale set. As indicated in the first annual report this was an admirable but ambitious target. We now better understand the different circumstances where a congenital death has occurred and the Queensland Maternal and Perinatal Quality Council (QMPQC) formed a specific working group to undertake an in-depth review of each Queensland case since 2010 to ensure lessons can be learnt. The initial meeting of this group was held in February 2018, with further meetings to follow. In many of the recent cases of congenital syphilis from north Queensland, there was no presentation for antenatal care until birth, or women only presented in the later stages of pregnancy; as a result, testing and appropriate early treatment of syphilis in pregnancy was not possible.

The number of pregnant women treated within 14 days of diagnoses continues to exceed the 80% target.

The number of pregnant women with infectious syphilis reduced slightly during this period as did the number of deaths as a result of congenital syphilis.

Activity Highlights:

- As part of the continuous quality improvement element of the Action Plan, HHS antenatal audits have commenced with high levels of engagement by maternity service providers
- Apunipima Cape York Health Council antenatal syphilis testing audit report completed and presented to Apunipima staff
- Contribution to QMPQC congenital syphilis working group to review congenital syphilis
- Active participation in the development of the Syphilis in Pregnancy guideline development has commenced
- A regional GeneXpert, STI Point of Care Testing Coordinator based in Townsville, was appointed in February 2018 to install and provide ongoing training and education to 6 North Queensland regional and remote sites




Local health centre staff preparing for a community screen at Doomadgee

3.2 Goal Two – Control the syphilis outbreaks in north Queensland Aboriginal and Torres Strait Islander population by Dec 2020.

A series of immediate actions designed to slow, and eventually reverse, the rate of infectious syphilis notifications among Aboriginal and Torres Strait Islander people.

Achievement against Key Performance Indicators

Indicator	Target	July 2016 to June 2017	July 2017 to June 2018
 People aged 15 to 29 years living in selected remote communities (Cape York, Torres and NPA and North West HHS) tested for syphilis	70%	N/A	65% (2890 of 4422)

The number of infectious syphilis cases treated within 14 days continued to perform above target and increased in percentage.

The percentage of symptomatic cases treated on first presentation remains below target but increased by 10% on the preceding year.

The percentage of cases with repeat serology within 6 months did not reach the target and reduced further in year. Work through the Action Groups will be undertaken to explore ways to address this.

Cases with a named contact treated within 14 days has yet to reach the target of 80% and remains relatively static. Named contacts of syphilis cases treated within four weeks although improved slightly on the preceding year remains below target.

It is not possible to determine if this increase is due to an increase in testing or due to an increased incidence of syphilis.

Activity Highlights:

- Action Groups in the four HHSs continue to lead the planning and coordination of HHS level response to the syphilis outbreak in partnership with relevant stakeholders
- The Action Plan team contributed to a national working group, formed in November 2017, to examine options for syphilis point of care testing (PoCT) and planning for the development and implementation of PoCT strategy, as part of a national enhanced response to syphilis. Queensland led two of six subgroups investigating aspects in the implementation of PoCT use
- Contributed to work through the MJSO to revise the national guideline for Public Health Units for syphilis, which incorporated new material relating to PoCT
- The Action Plan team advocated for more resources for the AICCHO sector

Pilot projects were undertaken/developed for testing in Emergency Department (ED) settings:

- Attempts to increase testing within Cairns Emergency Department through provision of clinical education proved unsuccessful.
 - As key providers of healthcare to the community, EDs are well-placed to offer the opportunity for syphilis screening to at-risk clients, some of whom do not access other services. Several new cases of infectious syphilis were diagnosed
- A one-month pilot project of routine testing for syphilis in Townsville Emergency Department (ED) was conducted in Nov 2017, a collaboration between Townsville ED, Townsville Sexual Health Service and Pathology services
- This pilot will inform future roll-out of routine testing in the Townsville region, with resumption of routine testing planned at Townsville ED and consideration of implementation of the same model at regional EDs
- Syphilis testing in North West HHS emergency department commenced

A number of initiatives were undertaken during 2017/18 to increase access to the target group and their uptake of testing:

- Tropical Public Health Unit (TPHU) has developed a strong working relationship with Townsville Aboriginal and Islander Health Service (TAIHS), delivering regular training and support for syphilis point of care testing and GeneXpert point of care testing for gonorrhoea and chlamydia
- TPHU pilots including a 3-month GP education project and a 1 month Enhanced GP Testing project both demonstrated positive results and increases in testing
- Townsville Nurse-led enhanced GP STI testing model pilot demonstrated short term increases in testing rates
- TAIHS piloted a point of care testing program in July 2017, resulting in a substantial increase in syphilis testing and diagnoses. The program was extended following evaluation of the initial three-month pilot
- Wuchopperen Health Service initiated a 'May testing month' to promote awareness of STI testing campaign at the service. Clinical staff were supported through the provision of promotional materials and incentives were provided to the clients who tested
- Activities to reach those not regularly engaged in health care; Cairns SHS outreach team funded for six months to June 2018
- Sexual Health Outreach team (Cairns) increased opportunities for STI testing for young people, in collaboration with AICCHOs and NGOs, closer to where they live in sites across Cairns, Mareeba, Yarrabah and Mossman
- Male and female peer recruiters were employed to assist STI testing in vulnerable urban suburbs of Cairns and were successful in engaging the target group in STI testing at the outreach sites
- The Sexual Health in Correctional Settings project provides culturally appropriate sexual health and blood borne virus education, testing, contact tracing and treatment for Aboriginal and Torres Strait Islander clients who are at risk of entering prison or youth detention, are already in the system or transitioning back to community

Activities to improve contact tracing included:

- Scoping work was undertaken in relation to contact tracing to identify barriers and resources to support service delivery
- TPHU have directed additional resources to Townsville Sexual health for outreach contact tracing staff by working with many hard to reach, disengaged and vulnerable clients throughout Townsville
- Resources are available to clinicians from the Contact Tracing Support Program, introduced state wide in 2009, to provide strategic support and advice for contact tracing for people diagnosed with STIs and HIV

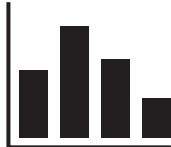


Torres Strait Island Radio 4MW interview with Men's and Women's Health Team

3.3 Goal Three – Progressively reduce the prevalence of syphilis, chlamydia and gonorrhoea among Aboriginal and Torres Strait Islander people in north Queensland

Build the capacity of the clinical workforce to provide high quality STI care and management, while embedding this into routine primary healthcare. Deliver specialised engagement, social marketing and evidence based sexual health promotion to raise community and individual awareness of STIs.

Achievement against Key Performance Indicators



Indicator	Target	July 2016 to June 2017	July 2017 to June 2018
Notifications of Infectious syphilis	-	252	279
Notifications of chlamydia	-	2164	2033
Notifications of gonorrhoea	-	705	632
Notifications of new diagnoses of HIV	-	8	8

The number of notifications of infectious syphilis increased slightly in the second year of the action plan. It is not possible to determine if this increase is due to an increase in testing or due to an increased incidence of syphilis.

Activity Highlights:

Strong Proud Healthy and Safe (SPHS)

Delivery of curriculum based sexual health and relationships educational programs to increase STI knowledge and influence positive choices among students at Aboriginal and Torres Strait Islander majority enrolment schools.

- Strong Proud Healthy and Safe implemented in six schools
- Steering group established with Partnership Agreement and Action Plan developed for implementation of SPHS in Tagai College campuses, stakeholders and the community
- Stakeholder and community engagement conducted across 16 Torres Strait communities. Meetings and discussions were held with various community stakeholders to gain approval and support to implement the project. Community stakeholders included the local council, schools, men's groups, women's groups, community organisations, parents and Elders. All communities have agreed to implement the program commencing in 2018

NQ Condoms update

- 58 all hours condom access points across the north Queensland region have been established to date
- Condom distribution across north Queensland was 36,546, an increase of 58% compared to 2016/17
- Condom distribution and monitoring policy and procedure for all hours provision of condoms in rural, remote and very remote communities submitted to each HHS for review and endorsement to support the distribution, monitoring and reporting of all hours condom distribution within each HHS

Other initiatives

- Sponsorship of AFL Cairns in 2018 to implement the “Playing the field? Be safe, get tested” campaign. The campaign aimed to increase testing in the male population by developing standardised programs for pre-season sexual health education and STI testing as part of AFL player health checks. As part of the campaign a series of health awareness, education and testing opportunities for players were conducted, with provision of clinician updates and training for the wider AFL community
- Induction resources for clinicians working in sexual health have been compiled as ‘STI snapshots’ on memory sticks for distribution across the HHSs
- Sex essentials workshop involving sexual health education for clinical and non-clinical participants, held in Cairns in May 2018
- Gonorrhoea enhanced surveillance program was implemented in Townsville, North West and Mackay HHSs in September 2017. This provides specialist clinical information and support on the management of gonorrhoea to diagnosing clinicians, enables assessment of the clinical management of genital gonorrhoea infections and supports an improved understanding of the epidemiology of gonorrhoea in the region
- Scoping was conducted on the workforce development needs of staff working in primary health care, remote and non-sexual health clinical settings to improve the delivery of culturally appropriate STI services

Workforce to support the implementation of the Action Plan

- By May 2018 all regional team positions were filled. Challenges remain in rural and remote area recruitment of nursing and health worker positions
- Through Deadly Sex Congress and other local programs, male and female Aboriginal and Torres Strait Islander sexual health workers have received workforce development to support the delivery of the Action Plan
- The Action Plan funded clinical coordinators to receive ongoing advice and support to respond to the Action Plan
- The development and dissemination of STI training resources has been undertaken as a first step in the delivery of adequate and consistent, flexible, culturally-appropriate STI training for staff, including general practice and primary care, sexual health, community health and other staff; e.g. agency nurses. Work will continue to build on these resources and maximise further opportunities for development

Increasing HIV notifications

There is the risk that a recent cluster of HIV cases in Aboriginal and Torres Strait Islander people in Far North Queensland could result in spread across northern Australia given a current lack of intensive, culturally appropriate case management or prevention activities. This would be difficult to contain and have long term impacts on Aboriginal and Torre Strait Islander people’s health. In addition, this would result in long term fiscal impacts to the health budget, because of the need for life-long chronic disease care for affected people.

Actions to address increasing HIV notifications:

- Short term funding obtained for a Complex Care and Support Team in CSHS, to support Aboriginal and Torres Strait Islander clients with complex care needs, resulted in increased engagement in care of clients and a significant increase in clients with an undetectable viral load. This has implications for the individual's health and at a population level, because of the reduced risk of transmission to others
- Outcome of the HIV roundtable convened by CDB in October 2017 was the development of a draft HIV framework response in May 2018. As a result, a Far North Queensland (FNQ) HIV Outbreak Response Group was convened in June 2018, involving key stakeholders from FNQ to work together to promote high quality clinical and public health management for Aboriginal and Torres Strait Islander people living with HIV
- Cairns Sexual Health Service (CSHS) was provided with funding from the North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016 - 2021 (from the 2016 - 17 financial year) underspend. This enabled CSHS to implement an interim six-month response to the increase in HIV diagnoses across FNQ from January - June 2018. The focus of the HIV response team at CSHS has been to provide culturally appropriate intensive complex case management and support for Aboriginal and Torres Strait Islander people living with HIV across FNQ
- As of June 30, 24 of the 30 clients with complex care needs were engaged in care and 74% of those clients were on treatment with an undetectable viral load. The HIV response team has been implementing culturally appropriate and safe evidence-based models of care which address the social determinants of health and provide client centred care relevant to the population and context of FNQ



Bodine and baby Paul participating in focus group activity with Mulungu Mum's and Bub's group in Mareeba

4.0 Challenges and Opportunities

4.1 Challenges

- Late presentation of Aboriginal and Torres Strait Islander women accessing antenatal care
- Cases with repeat serology within 6 months did not reach the target and reduced further in year
- Cases with a named contact treated within 14 days has yet to reach the target of 80% and remains relatively static
- Named contacts of syphilis cases treated within four weeks although improved slightly on the preceding year remains below target
- Sexual health promotion capacity for project work requiring location-based engagement with community members undertaken by three dedicated positions based in Cairns, Thursday Island and Townsville, is limited
- Ongoing higher than usual rate of HIV notifications requiring a north Queensland response based on the outcome of the round table event
- Strong Proud Healthy and Safe school project uncertainty around ongoing funding and sufficient capacity to meet demand
- Funding shortfall for NQ Condoms
- Access to testing data from private pathologies complete with Aboriginal and Torres Strait Islander status prevents assessment of the impact of Action Plan activities and identification of gaps in coverage
- Turnover and recruitment of nursing and health worker positions in rural and remote communities
- The Action Plan is currently funded until 30 June 2019. Consideration should be given to funding sustainable sexual health services for the life of the Action Plan and beyond 2021
- Limited capacity of Contact Tracing Support Officer (CTSO) positions relative to demand

4.2 Opportunities

- Funding to increase sexual health capacity within the AICCHO sector presents an opportunity for collaborative working and greater engagement of affected communities
- Following recruitment to key positions, there is an opportunity to improve co-ordination and progress key areas of the Action Plan
- The increasing level of interest from majority Aboriginal and Torres Strait Islander schools in the Strong Proud Healthy Safe school program
- Working with the SAHMRI to leverage off health promotion campaigns to increase awareness and testing in rural and remote communities
- Working with IUIH to expand Deadly Choices across North Queensland
- Commonwealth Syphilis Point of Care testing roll out presents opportunities for collaboration with AICCHOs, increased testing and greater workforce engagement

5.0 Priorities for 2017-18

5.1 Implementation

- Continue to work to resolve recruitment issues and provide additional support to HHS areas where a newly appointed/ changing workforce exists
- Active engagement with Mackay HHS to identify areas of support and focus
 - Improve early and ongoing engagement in antenatal care by pregnant Aboriginal and Torres Strait Islander women
 - Increase testing through all access points across the Mackay region
 - health messaging to encourage safe sex and increase testing
- Increase activity to support GP engagement and workforce development
- Continue to support the development of Queensland Syphilis in Pregnancy Guideline and its implementation
- Secure funding for the remainder of the Action Plan (July 2019 – June 2021)

5.2 Promotion and prevention

- Develop initiatives to increase community awareness and support Aboriginal and Torres Strait Islander women to access antenatal care
- Develop initiatives to support protective behaviours, sexual health and healthy relationships in young men
- Engage young women in the development of a female branded condom and undertake social marketing initiatives in key identified regional locations
- Continue to project manage implementation of Strong Proud Healthy and Safe and collaborate with Department of Education to establish a more permanent source of funding for this key initiative
- Expand and formalise the cost recovery process as part of the NQ Condoms Program

5.3 Testing and treatment

- Review strategies to increase testing in primary care in Torres and NPA
- Collaborate with four AICCHOs in the Cairns and Hinterland area to support focused screening activities
- Progress strategies to improve contact tracing across north Queensland, inclusive of non- HHS clinicians and services
- Identify and mobilise resources to increase outreach testing amongst at risk populations in and around Townsville, particularly homeless and transient Aboriginal and Torres Strait Islander 15-40 year olds
- Implement sexual health communications strategy on Palm Island in partnership with the local health service and community
- Collaborate with Gidgee Healing to support quarterly screening activities in Doomadgee and Mornington Island
- Complete baseline antenatal audits and provide awareness raising within midwifery service providers

5.4 Better health services

- Develop and trial health promotion project templates to support Health Workers in the Cape
- Continue work with AFL Cairns to embed STI screening in player health checks, and extend learnings to NRL with a NQ roll out
- Review existing workforce development needs and consider mechanisms to address these
- Implement GeneXpert Regional POCT Program in Doomadgee and Wuchopperen Health Service and continue to support the existing program at Gurriny Yealamucka

5.5 Monitoring and evaluation

- Improve assessment and feedback of STI testing and management indicators in Torres and NPA
- Develop processes for service level analysis of data for management of chlamydia and gonorrhoea
- Collaborate with all services rolling out Syphilis Point of Care Project and any strategic approaches to increase testing
- Review service delivery and outreach options for the Normanton and Mount Isa Sexual Health outreach model generally, to support increased testing
- Develop a local process to support and monitor the training of remote staff in STI testing and management in line with Action Plan Performance Framework Indicators
- Undertake an evaluation of the implementation of the Action Plan



Mabel promoting the 11 per hour sexual health promotion campaign



