

Nganampa Health Council STI Control and HIV Prevention Program Annual Report 2012

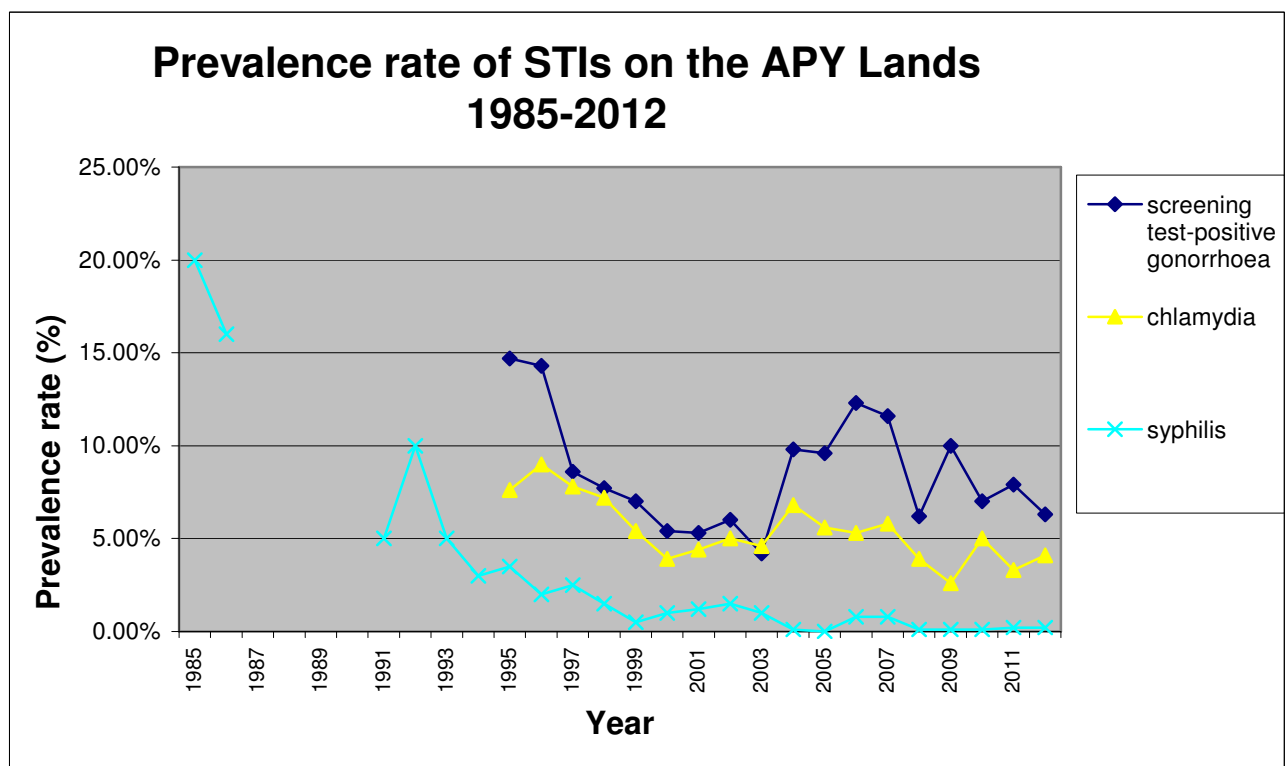
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The Sexually Transmitted Infection (STI) Control and Human Immunodeficiency Virus (HIV) Prevention Program continues to demonstrate that a low prevalence of bacterial STIs, including chlamydia, gonorrhoea, and syphilis, can be sustained across remote communities. The program provides an exemplar within Aboriginal health where applied public health knowledge and expertise has resulted in sustained, measurable improvements in health. One of the particular strengths of the Program is the accurate estimation of prevalence achieved through the standardised population updates, together with a high participation rate during the annual population-wide screen.

The long-term data measuring the effectiveness of clinical management of STIs as well as reductions in prevalence of bacterial STIs on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands attests to the ability of a comprehensive STI control program focusing on quality clinical service delivery to achieve STI control across a large geographic area with a highly mobile population.

Clinical Services

This year the chlamydia prevalence rate is 4.1% and the gonorrhoea prevalence rate is 6.3% as measured during annual population-wide screening undertaken between 16 April 2012 and 28 May 2012. This year the syphilis prevalence was 0.2%. There were 1,144 people between the ages of 14-40 years from among the permanent resident and regular visitor population who participated in the annual screening, compared with 1,154 people in 2011. Participation rate among permanent residents was 83.4% (977 out of 1,172) and 37.2% (165 out of 444) among regular visitors. This resulted in an overall participation rate of 70.8%, with a participation rate of 73% among



males and females in the 15-24 year old age group (those at highest risk of STIs). According to the clinical documentation, 93% of chlamydia, gonorrhoea and syphilis infections detected during the 2012 annual screen were treated.

The current chlamydia prevalence rate on the APY Lands of 4.1%, and the sustained low chlamydia prevalence rate for over a decade, illustrate a pattern that defies an upward trend for the general population nationally. The Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS) dataset (2006-2010) reported rising chlamydia positivity trends with rates among young heterosexual men and women rising from 14.0% and 12.4% in 2006 to 16.3 and 15.6% in 2010.¹

Nationally, the rate of chlamydia and gonorrhoea in the Aboriginal and Torres Strait Islander population rose by 27% and 23% in the five years 2007-2011, and chlamydia rose by 62% in the non-Indigenous population.² By contrast, on the APY Lands between 2007 and 2012, the chlamydia prevalence rate fell by 29% and gonorrhoea by 46%.

Health Hardware and Education

The Program continues to organise the distribution of single use ceremonial and safe sharp disposal equipment as a means of preventing the spread of blood-borne viruses.

Promotion of safer sexual behaviour and an understanding of risk occurs through school education, as well as individual and small group education within the health context. There is a high likelihood that the population of sexually active people on the APY Lands is responsive to self-presentation with STI related symptoms. The constancy of services relating to STI care provided by all clinics over decades, and the emphasis on syndromic treatment and whole of population screening annually, as well as interval screening has embedded population health messages about the importance of maintaining sexual health through checks, and seeking treatment.

Training

Training is a key component of the Program through which clinical staff become familiar with undertaking STI screening in asymptomatic individuals, can manage the logistics of population-wide screening, and deliver appropriate syndromic and protocolised management as per the CARPA and Women's Business Manuals. Training includes orientation for new staff, regular Program feedback to staff, and personalised consultation and up skilling for individuals as required.

1 The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2011. The Kirby Institute, the University of New South Wales, Sydney, NSW

- 2 The Kirby Institute. Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2012. The Kirby Institute, the University of New South Wales, Sydney, NSW