



**Queensland
Aboriginal and Torres
Strait Islander Blood
Borne Viruses and
Sexually Transmissible
Infections Action Plan
2019–2022**

November 2019, Queensland Health



**Queensland
Government**



Foreword

The Queensland Government acknowledges and respects the diversity in Aboriginal and Torres Strait Islander peoples. We are committed to improving Aboriginal and Torres Strait Islander people's health and ensuring health services are culturally and clinically responsive and appropriate in order to close the gap in health inequalities between Aboriginal and Torres Strait Islander people and other Queenslanders.

The *Queensland Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Action Plan 2019–2022* seeks to reduce the transmission of blood borne viruses and sexually transmissible infections (BBV/STI) and improve the health outcomes of Aboriginal and Torres Strait Islander people in Queensland. This Action Plan acknowledges the current provision of quality BBV/STI prevention, testing and treatment services within Queensland Health, the private sector and Aboriginal and Torres Strait Islander community controlled health organisations across Queensland.

The Action Plan complements this ongoing work and will focus on:

- targeted best practice health promotion and prevention activities
- increased access to BBV/STI testing for Aboriginal and Torres Strait Islander people
- increased access to management and treatment for Aboriginal and Torres Strait Islander people living with BBV/STI.

The success of these efforts depends not on reaching all people but on reaching the right people through effective targeted interventions, acknowledging the complexity of people's lives and lived experience and understanding that a range of messages and approaches will be required. Engagement with the Aboriginal and Torres Strait Islander health sector and with Aboriginal and Torres Strait Islander people themselves will be critical to supporting the implementation of this Action Plan.

The *Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Action Plan 2019–2022* aligns with the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*, the *North Queensland HIV Response Plan 2019–2021*, the *Queensland Sexual Health Strategy 2016–2021*, the *Queensland Hepatitis B Action Plan 2019–2022*, the *Queensland Hepatitis C Action Plan 2019–2022*, the *Queensland Sexually Transmissible Infections Action Plan 2019–2022* and the *Queensland HIV Action Plan 2019–2022* to ensure a comprehensive approach to blood-borne virus prevention and treatment in Queensland. The Action Plan also links to the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033* and aligns with and supports the *Fifth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022*.

Blood Borne Viruses and Sexually Transmissible Infections among Aboriginal and Torres Strait Islander people in Queensland at a glance

Aboriginal and Torres Strait Islander status may not always be recorded on BBV/STI notifications, and as such the data presented below may underestimate the actual number of notifications. Overall, Aboriginal and Torres Strait Islander people in Queensland experience a disproportionately high burden of BBV/STIs.

- In 2018, Aboriginal and Torres Strait Islander people in Queensland accounted for 12 per cent of hepatitis B, 17 per cent of hepatitis C, seven per cent of HIV, 14 per cent of chlamydia, 20 per cent of gonorrhoea, and 25 per cent of infectious syphilis notifications, despite only making up four per cent of the total population in Queensland.

- There has been an ongoing infectious syphilis outbreak affecting Aboriginal and Torres Strait Islander people in North Queensland which was first identified in 2011.
- Gonorrhoea notifications increased by 43 per cent in Aboriginal and Torres Strait Islander people between 2014 and 2018.
- Between 2014 and 2018 HIV and hepatitis C notifications in Aboriginal and Torres Strait Islander people increased with peaks in 2016, followed by declines in 2017 and 2018.
- There was a 19 per cent decrease in hepatitis B notifications amongst Aboriginal and Torres Strait Islander people between 2014 and 2018.

The Hon Steven Miles MP

Minister for Health and
Minister for Ambulance Services

GOAL

To significantly reduce the transmission of and morbidity and mortality related to BBV and STI among Aboriginal and Torres Strait Islander people in Queensland

Target populations All Aboriginal and Torres Strait Islander people, in particular; mothers living with hepatitis B and their babies, women, young people, men who have sex with men, people who inject drugs, people in custodial settings and health service providers, transgender/gender diverse people, sex workers and mobile workers.

Key settings Aboriginal and Islander Community Controlled Health Organisations (AICCHOs), Primary Health Networks (PHNs) and primary healthcare settings, Hospital and Health Services (HHSs), alcohol and other drug (AOD) services, sexual health clinics, custodial settings and community-based organisations (CBOs) and settings.

Outcomes	1. A comprehensive approach to reduce BBV/STI transmission is implemented	2. Increased voluntary testing for BBV/STI amongst Aboriginal and Torres Strait Islander people	3. Improved and increased treatment uptake by Aboriginal and Torres Strait Islander people with BBV/STI	4. Increased Aboriginal and Torres Strait Islander people awareness of BBV/STI transmission and reduced stigma and discrimination related to BBV/STI	5. Improved surveillance, monitoring, research and evaluation
Priority actions	<p>1.1 Ensure BBV/STI prevention programs are culturally appropriate, co-designed and delivered in a manner that respects and has meaningful involvement of Aboriginal and Torres Strait Islander people as priority populations.</p> <p>1.2 Promote and provide culturally appropriate improved access to preventive measures such as pre-exposure and post-exposure prophylaxis (PrEP and PEP), condoms and the full range of sterile injecting equipment.</p> <p>1.3 Engage with AICCHOs to increase culturally appropriate and safe BBV/STI awareness, knowledge and prevention skills through peer education and brief interventions.</p> <p>1.4 Increase culturally safe BBV/STI prevention education and evidence based harm reduction strategies in custodial settings, including youth detention.</p> <p>1.5 Work with PHNs and HHSs to promote and provide timely culturally appropriate and safe hepatitis B vaccination for all Aboriginal and Torres Strait Islander children.</p> <p>1.6 Work with maternity service providers to ensure babies born to hepatitis B positive mothers are given hepatitis B immunoglobulin within 12 hours of birth in a culturally safe and appropriate environment.</p> <p>1.7 Ensure all Aboriginal and Torres Strait Islander people are offered hepatitis B vaccination if not fully vaccinated or immune.</p>	<p>2.1. Work with PHNs, AICCHOs and HHSs to promote and increase culturally appropriate and safe access to testing and early diagnosis of BBV/STI.</p> <p>2.2. Identify and address barriers to testing through targeted culturally appropriate marketing, health promotion activities, collaboration, clinician engagement, community engagement and service planning.</p> <p>2.3. Expand Point of Care Testing (PoCT) to improve Aboriginal and Torres Strait Islander people's access to and uptake of BBV/STI testing.</p> <p>2.4. Investigate other culturally appropriate models of testing and new technologies that may increase Aboriginal and Torres Strait Islander people's access to and uptake of BBV/STI testing; particularly in rural and remote locations.</p> <p>2.5. Review the Aboriginal and Torres Strait Islander drug replacement program for chlamydia, gonorrhoea and trichomoniasis in 2020.</p> <p>2.6. Support implementation of the <i>North Queensland Aboriginal and Torres Strait Islander STI Action Plan 2016–2021</i> and the <i>North Queensland HIV Response Plan 2019–2021</i> in collaboration with Aboriginal and Torres Strait Islander communities and workforce.</p>	<p>3.1. Promote enhanced culturally appropriate access to chronic hepatitis B and hepatitis C treatment and support for Aboriginal and Torres Strait Islander people.</p> <p>3.2. Work with AICCHOs and Prisoner Health Services to improve culturally safe and responsive BBV/STI treatment uptake and adherence to treatment for Aboriginal and Torres Strait Islander people in custodial settings, including youth detention facilities.</p> <p>3.3. Work with primary care and other providers to ensure that Aboriginal and Torres Strait Islander people diagnosed with HIV are supported for early uptake of treatment, ongoing wholistic care and peer support.</p> <p>3.4. Develop and integrate peer support models where Aboriginal and Torres Strait Islander people with lived experience of BBV/STI are peer navigators and are provided with the appropriate supports and training.</p> <p>3.5. Support systems to identify and respond in a culturally appropriate and effective manner to BBV/STI outbreaks and clusters at regional and local levels.</p> <p>3.6. Work with training organisations and primary care providers to increase the number and geographic spread of primary care providers who are authorised as s100 prescribers and actively prescribing HIV and hepatitis B treatment.</p>	<p>4.1. Continue to fund and support the development and delivery of culturally safe and appropriate co-designed targeted strategies including:</p> <ul style="list-style-type: none"> • social marketing to educate and inform Aboriginal and Torres Strait Islander people about BBV/STI including vaccination options • the importance of testing for BBV/STI • the importance of regular monitoring and treatment options. <p>4.2. Work with healthcare providers and other organisations to provide culturally safe services</p> <p>4.3. Work with healthcare providers and in partnership with communities to reduce stigma and discrimination in Aboriginal and Torres Strait Islander communities and healthcare settings.</p> <p>4.4. Work with partners to support and enable a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of Aboriginal and Torres Strait Islander populations.</p>	<p>5.1. Develop and implement a culturally safe and appropriate monitoring and surveillance plan aligned with the <i>National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022</i> that is supported by Aboriginal and Torres Strait Islander people and health workforce.</p> <p>5.2. Identify and resolve gaps in Aboriginal and Torres Strait Islander data surveillance for measuring and monitoring the implementation of this Action Plan .</p> <p>5.3. Support research including social, behavioural, epidemiological and clinical research led and designed by Aboriginal and Torres Strait Islander people in line with NHMRC guidelines for conducting research with Aboriginal and Torres Strait Islander people.</p>

MEASURING PROGRESS

Various indicators will be used to monitor the effectiveness of this action plan, however there is currently limited data on prevalence, testing and treatment uptake among Aboriginal and Torres Strait Islander people. Indicators relating to testing and treatment may not be included for all BBV/STIs. There are a significant number of indicators in the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021* and as such, these will not be replicated here. Indicators for this action plan (where data is available) include:

Outcomes	1. A comprehensive approach to reduce BBV/STI transmission is implemented	2. Increased voluntary testing for BBV/STI amongst Aboriginal and Torres Strait Islander people	3. Improved and increased treatment uptake by Aboriginal and Torres Strait Islander people with BBV/STI	4. Increased Aboriginal and Torres Strait Islander peoples awareness of BBV/STI transmission and reduced stigma and discrimination related to BBV/STI	5. Improved surveillance, monitoring, research and evaluation
<p>Indicators</p> <p>Achieve 95% Aboriginal and Torres Strait Islander childhood vaccination coverage for hepatitis B at one year of age. Source of data: Australian Immunisation Register. Frequency: Annual</p> <p>Amount of sterile injecting equipment provided to Aboriginal and Torres Strait Islander people. Source of data: Communicable Diseases Branch, Department of Health. Frequency: Annual</p> <p>The proportion of Aboriginal and Torres Strait Islander people who inject drugs who share injecting equipment. Source of data: Australian NSP Survey, Kirby Institute. Frequency: Annual</p> <p>The proportion of Aboriginal and Torres Strait Islander men who have sex with men engaging in safer sexual practices. Source of data: Queensland Gay Community Periodic Survey, Centre for Social Research in Health. Frequency: Annual</p>	<p>Progress towards achieving 95% known Aboriginal and Torres Strait Islander status for HIV notifications and continue work to improve the collection of Aboriginal and Torres Strait Islander status for other blood borne viruses and sexually transmissible infections. Source of data: BBV/STI in Aboriginal and Torres Strait Islander people annual surveillance report, Kirby Institute. Frequency: Annual</p> <p>As part of a national effort, improve the capture of Aboriginal and Torres Strait Islander status in BBV/STI testing pathology. Source of data: Communicable Diseases Branch, Department of Health, Laboratory Reference Group and PHNs. Frequency: Annual</p> <p>Increased BBV/STI testing rates amongst Aboriginal and Torres Strait Islander people. Source of data: Funded service provider reports, Department of Health, Laboratory testing data (where available). Frequency: Annual</p>	<p>Progress towards increasing the proportion of Aboriginal and Torres Strait Islander people living with hepatitis C who are diagnosed to 90%, and the cumulative proportion who have initiated treatment to 65%. Source of data: Monitoring hepatitis C treatment uptake in Australia report, Kirby Institute. Frequency: Annual</p> <p>Progress towards increasing the proportion of Aboriginal and Torres Strait Islander people living with hepatitis B who are diagnosed to 80% receiving care to 50% and on antiviral treatment to 20%. Source of data: Communicable Diseases Branch, Department of Health. Frequency: Annual</p> <p>Number of workforce training sessions provided (e.g. Deadly Sex Congress, sexual health training for people in maternity services). Source of data: Funded service provider reports, Department of Health. Frequency: Annual</p> <p>Increase early and appropriate treatment of BBV/STIs amongst Aboriginal and Torres Strait Islander people to reduce transmission, improve health outcomes and enhance quality of life. Source of data: North Queensland STI Action Plan performance reports, North Queensland HIV Response Plan performance reports, Funded service provider reports, Department of Health. Frequency: Annual</p>	<p>Delivery by funded service providers of Aboriginal and Torres Strait Islander targeted BBV/STI health promotion activities that include a focus on reducing stigma and discrimination. Source of data: Funded service provider reports, Department of Health. Frequency: Annual</p>	<p>Monitor the management of the cluster of HIV transmissions in Aboriginal and Torres Strait Islander people in North Queensland. Monitor the management of the infectious syphilis outbreak across North Queensland. Source of data: Cairns and Hinterland Hospital and Health Service, Communicable Diseases Branch and Aboriginal and Torres Strait Islander Health Branch, Department of Health, Multi-Jurisdictional Syphilis Outbreak Response communiques, Commonwealth Department of Health. Frequency: Annual</p>	

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