

NZ Sexual Health Society Conference 2011

**Making a difference through research in
addressing disparity in STIs and BBVs for
Aboriginal and TSI Communities**

James Ward

Program Head

**Aboriginal and Torres Strait Islander Health
Program**



Kirby Institute



UNSW
THE UNIVERSITY OF NEW SOUTH WALES

Acknowledgements

- Traditional Custodians and country
- Background issues
- Studies: STRIVE, HIV REACCH, QUIDS, GOANNA
- Wrap up

Back in time....



Aboriginal and Torres Strait Islander Health Program Kirby Institute

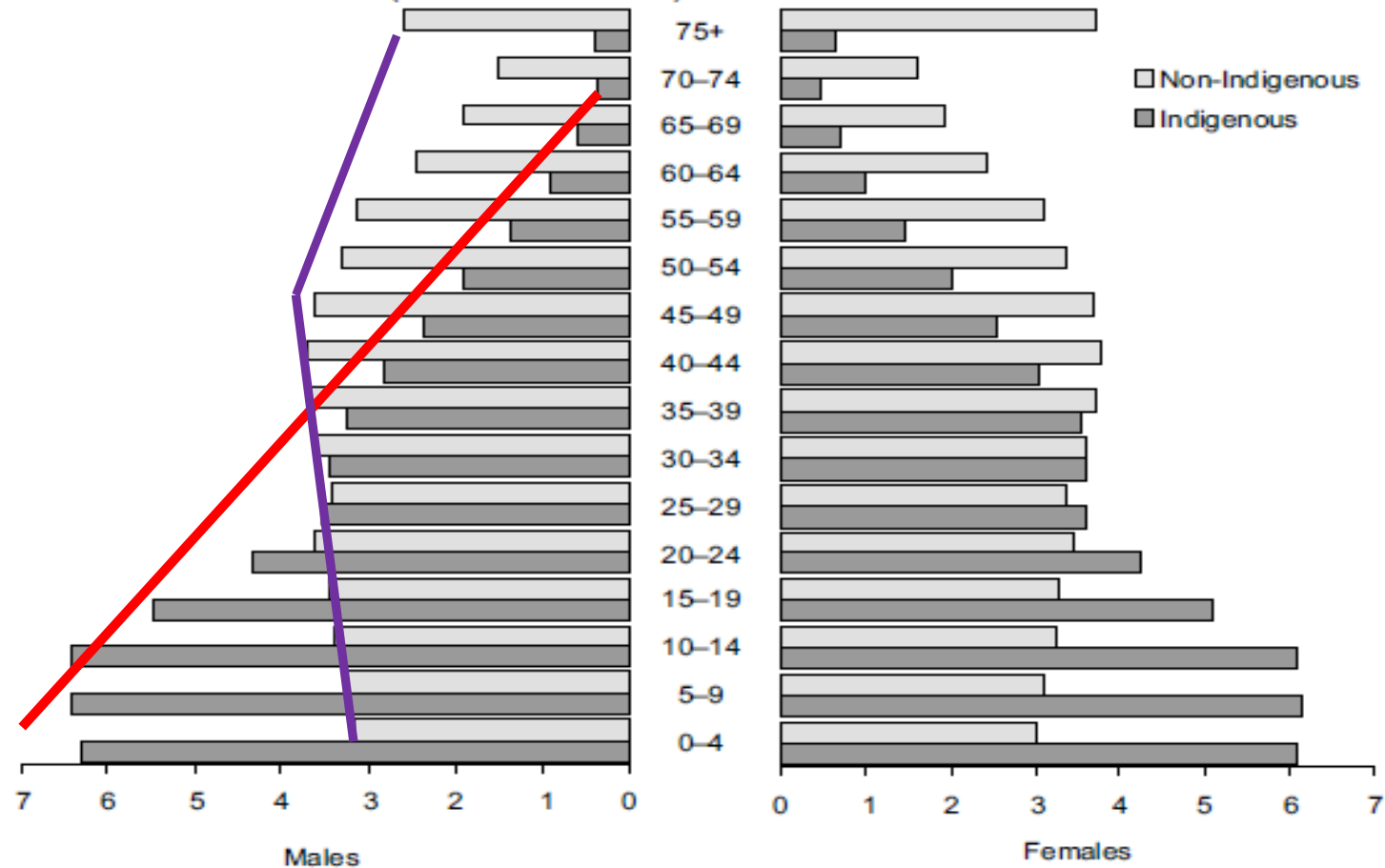
- Relatively small program
- Commenced in 2007
- Felt like we had a mammoth task ahead of us...moving mountains
- Very few large scale research projects nationally addressing STI and BBV

Background

- Aboriginal and TSI people make up 2.5% of Australian population ~>510,000
- Very young population
- Unspoken tension between researchers and Aboriginal communities
- Hangover of poorly conducted research (past and present)
- What do we need research for when we know what the problem is?
- Communities desire to be in control of research
- Capacity to undertake such research
- Sexual health and blood borne virus research- added complexities

Demographics

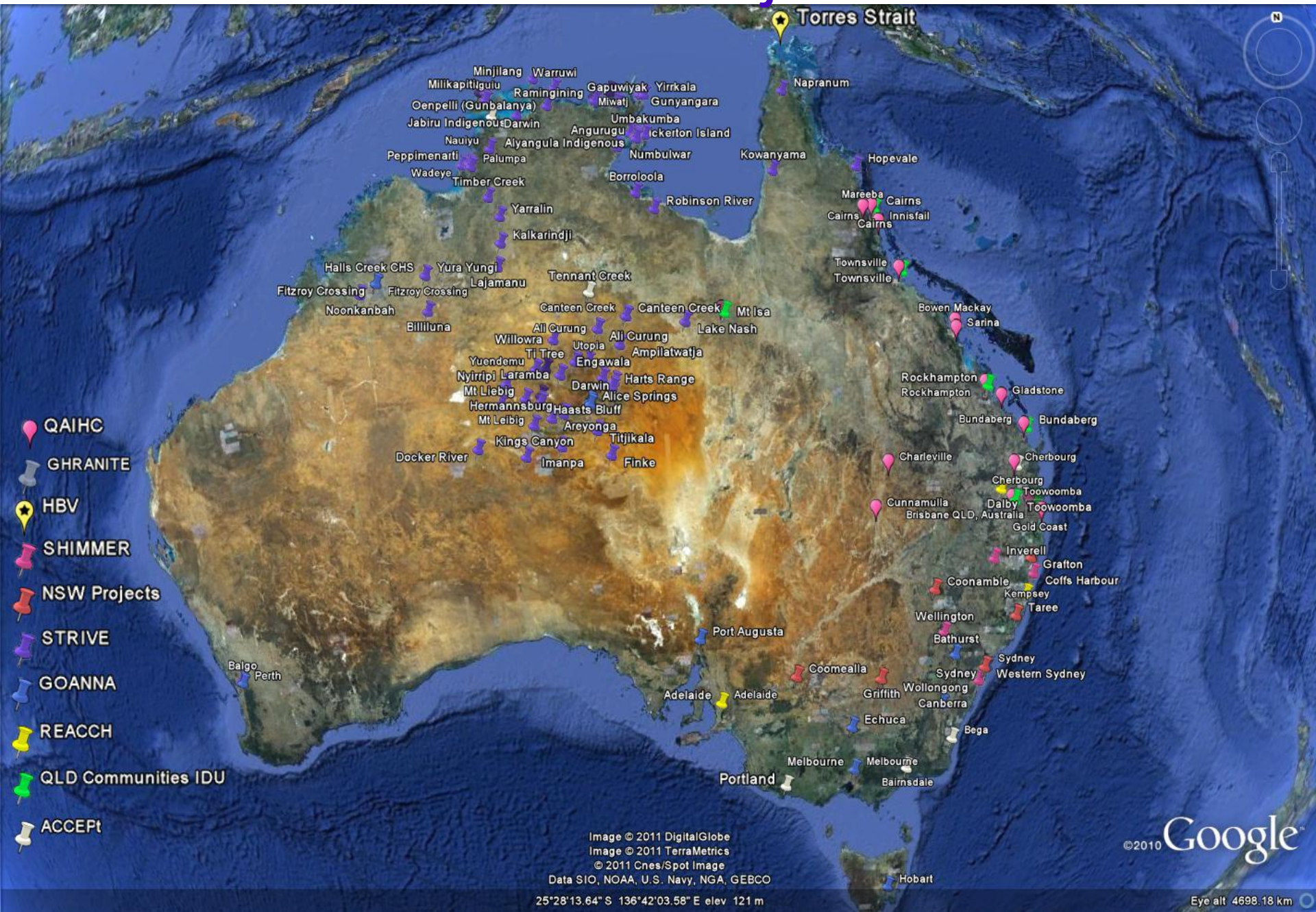
2.2 ESTIMATED RESIDENT POPULATION, BY INDIGENOUS STATUS AND AGE — 2006 (PRELIMINARY)



Challenging research practice

- NACCHO and peak agency MOU
- No research without practice- (no brainer)
- Ensured research efforts were prioritised
- Invested money into the sector
- Building capabilities within the sector
- Community control; challenging for community and for researchers especially UNSW Legal

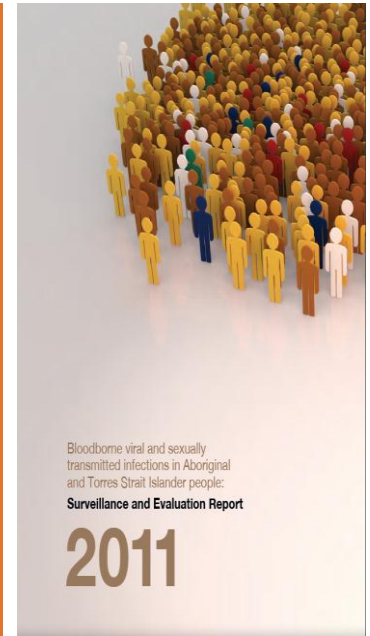
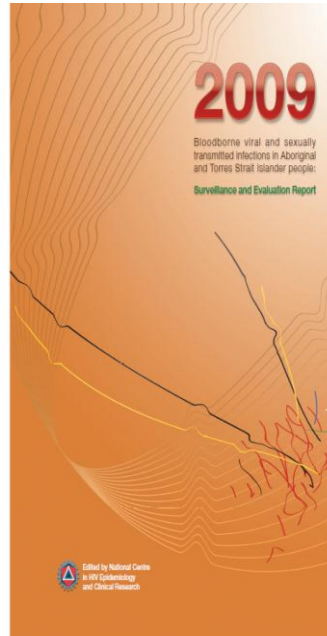
STI BBV Projects



The issues

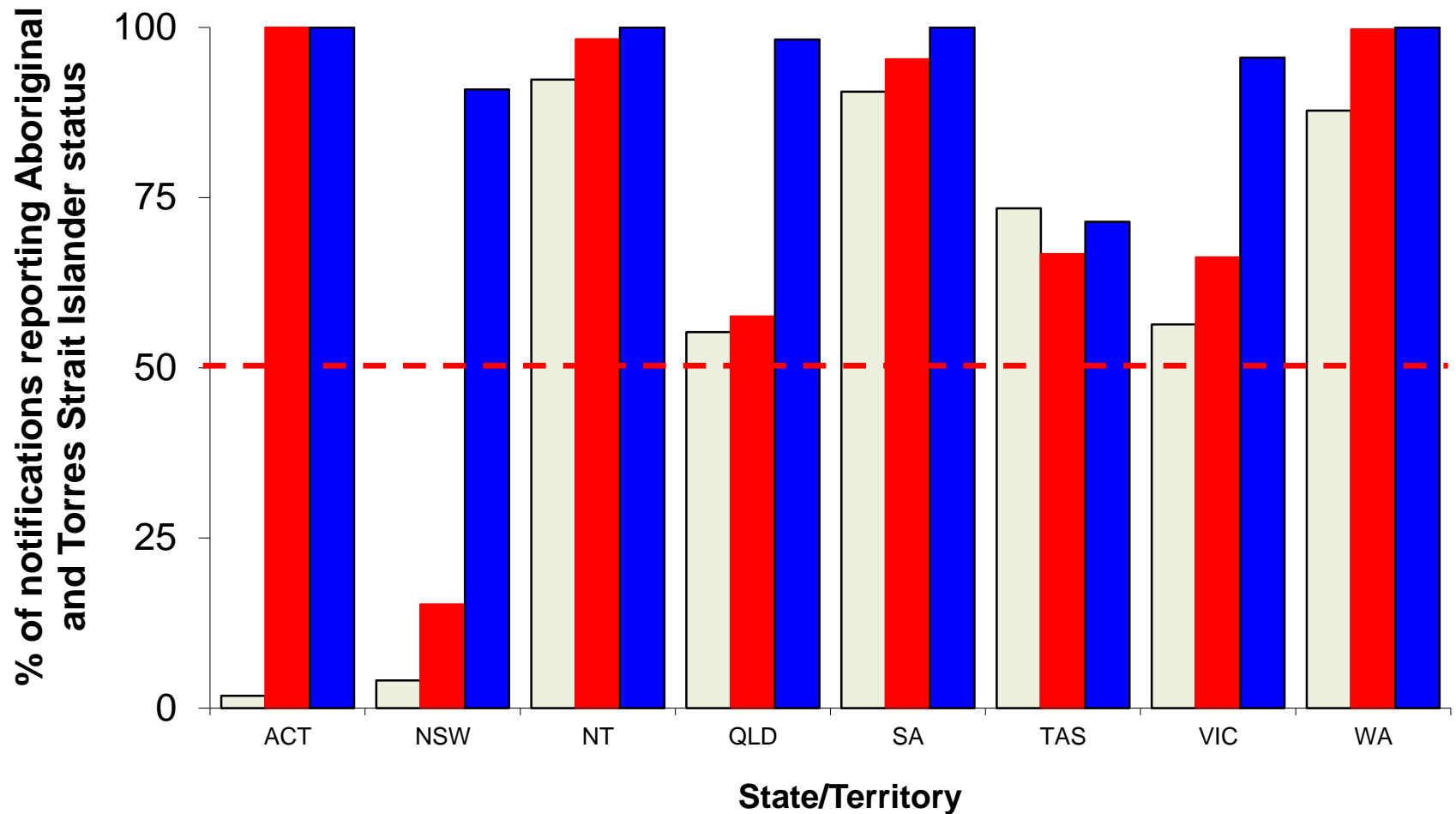
- Very young population
- STIs- sustained and high rates of diagnoses + unknown quantity in urban and regional areas
- Poor reporting for Aboriginal and TSI status in data sets most populous states
- HIV – stable but different and highly vulnerable epidemic
- Increasing risk for BBV associated with IDU
- Viral Hepatitis – disproportionate rates

Aboriginal & TSI surveillance Reports



- Developed specifically to inform community of issues
- Written in a much more comprehensible way

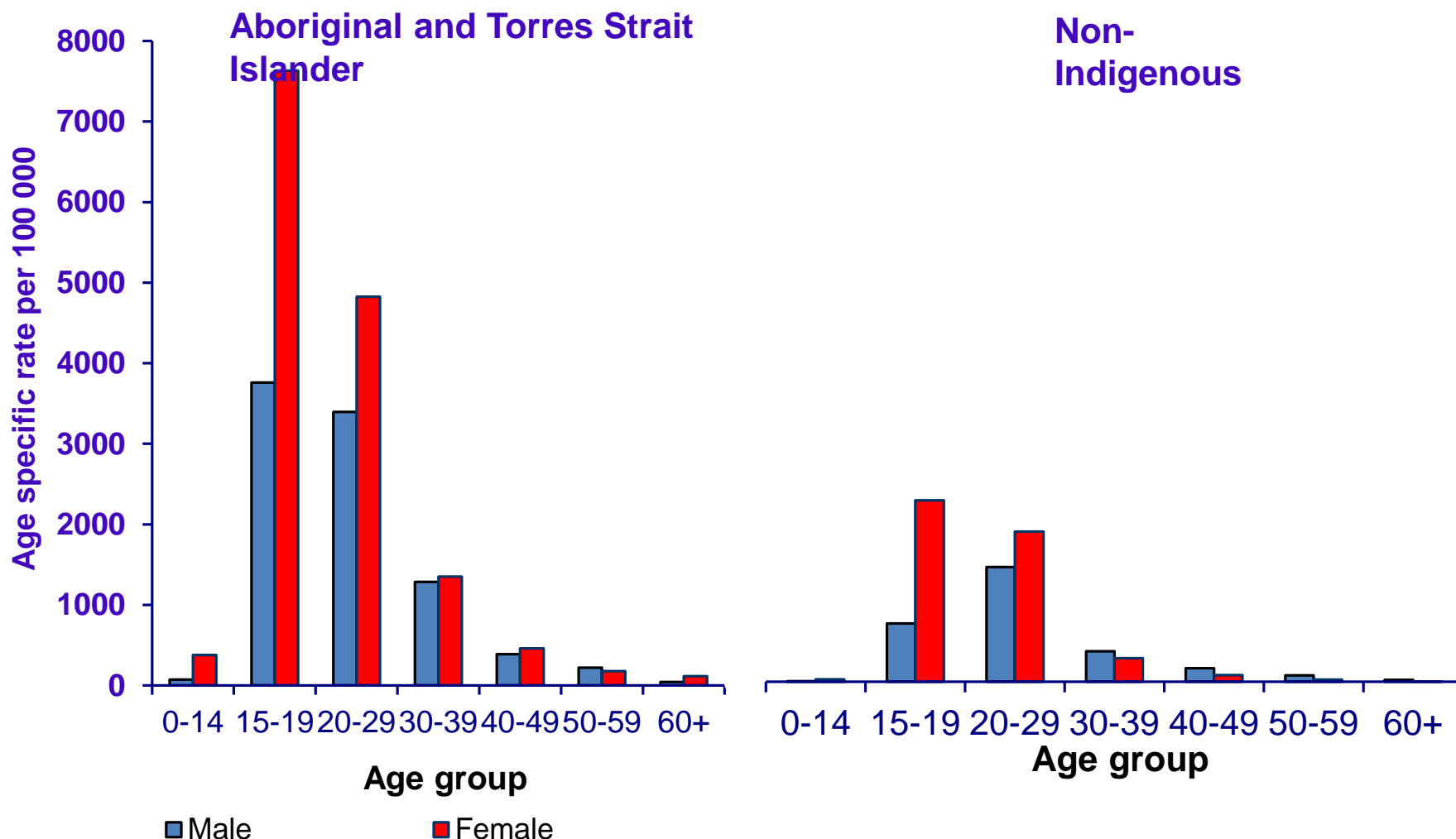
Reporting of Aboriginal and Torres Strait Islander status at diagnosis of selected sexually transmitted infections, by State/Territory, 2010



■ Chlamydia ■ Gonorrhoea ■ Infectious syphilis

Source: State/Territory health authorities

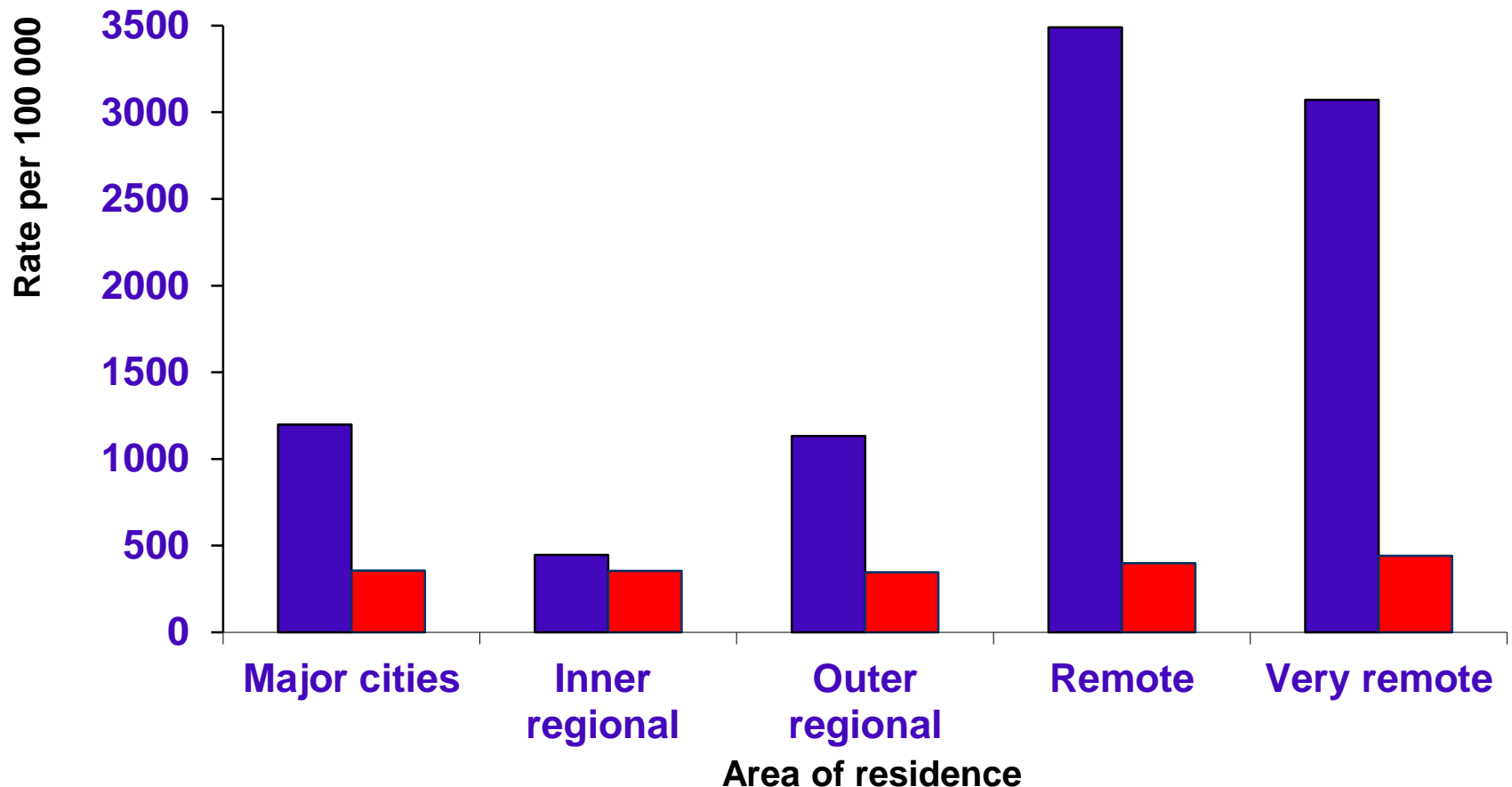
Rate of diagnosis of chlamydia in 2010 by Aboriginal and Torres Strait Islander status¹, sex and age group



¹ Jurisdictions (NT, SA, TAS, VIC & WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses

Source: State/Territory health authorities

Chlamydia by Aboriginal and Torres Strait Islander status¹ and area of residence, 2010



■ Aboriginal and Torres Strait Islander

■ Non-Indigenous

¹ Jurisdictions (NT, SA, TAS, VIC & WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses

Source: State/Territory health authorities

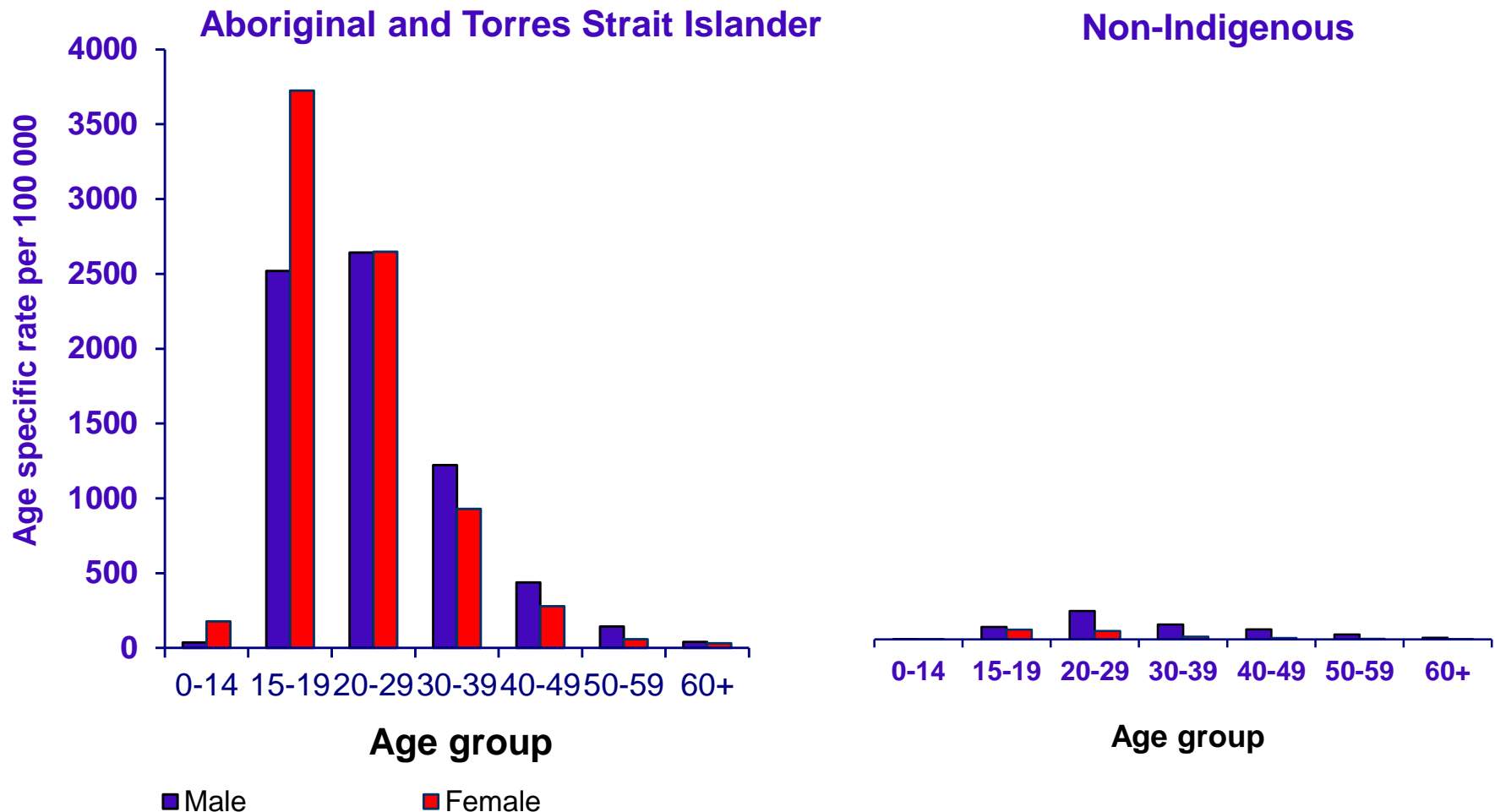
Donovanosis¹ diagnoses by Aboriginal and Torres Strait Islander Status and year



¹ Jurisdictions (NT, QLD & WA) reporting diagnoses of donovanosis

Source: State/Territory health authorities

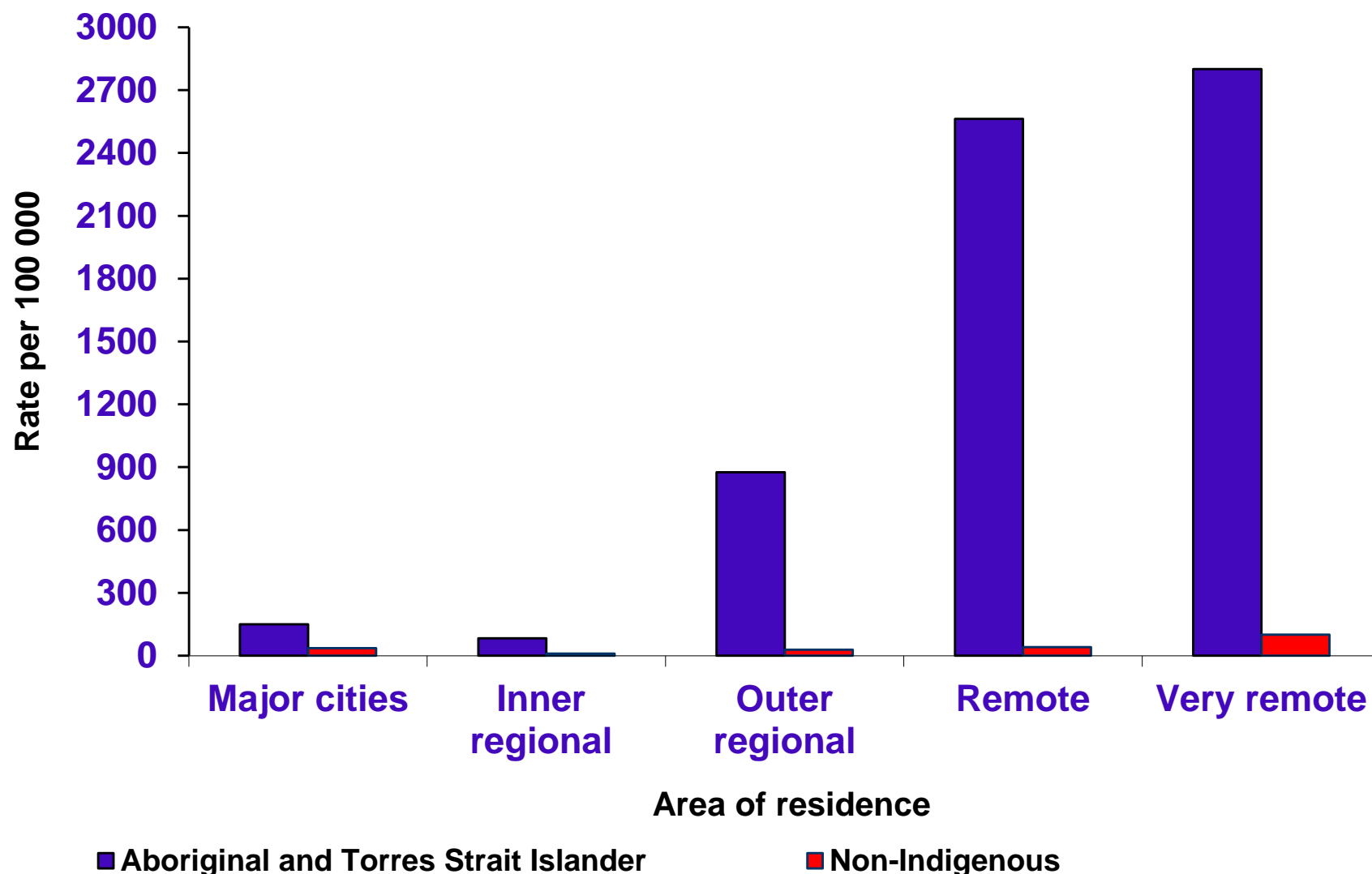
Rate of diagnosis of gonorrhoea by Aboriginal and Torres Strait Islander status¹, sex and age group, 2010



¹ Jurisdictions (NT, QLD, SA, TAS, VIC, ACT & WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses

Source: State/Territory health authorities

Gonorrhoea by Aboriginal and Torres Strait Islander status¹ and area of residence, 2010



¹ Jurisdictions (NT, QLD, SA, TAS, VIC, ACT & WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses

Source: State/Territory health authorities

STRIVE- STI in Remote communities Improved and Enhanced primary care



- A cluster randomised trial addressing STI in remote Aboriginal communities
- High and sustained prevalence of STIs - remote
- Untreated STIs: 10% lead to PID in 12m (*Oakshott, 2010*) + poor outcomes in pregnancy + Potential for HIV transmission
- Limited success in reducing STI prevalence in regions, despite dedicated program activity
- Encouraging findings by applying a comprehensive and systematic approach to reducing STI prevalence (*Huang, 2008; Su & Skov, 2008*)



STRIVE- Rationale

- To test whether a Sexual Health Quality Improvement Program (intervention) can achieve best practice targets in clinical sexual health service delivery, and if so...
- Will the achievement of the targets result in reduced community prevalence?

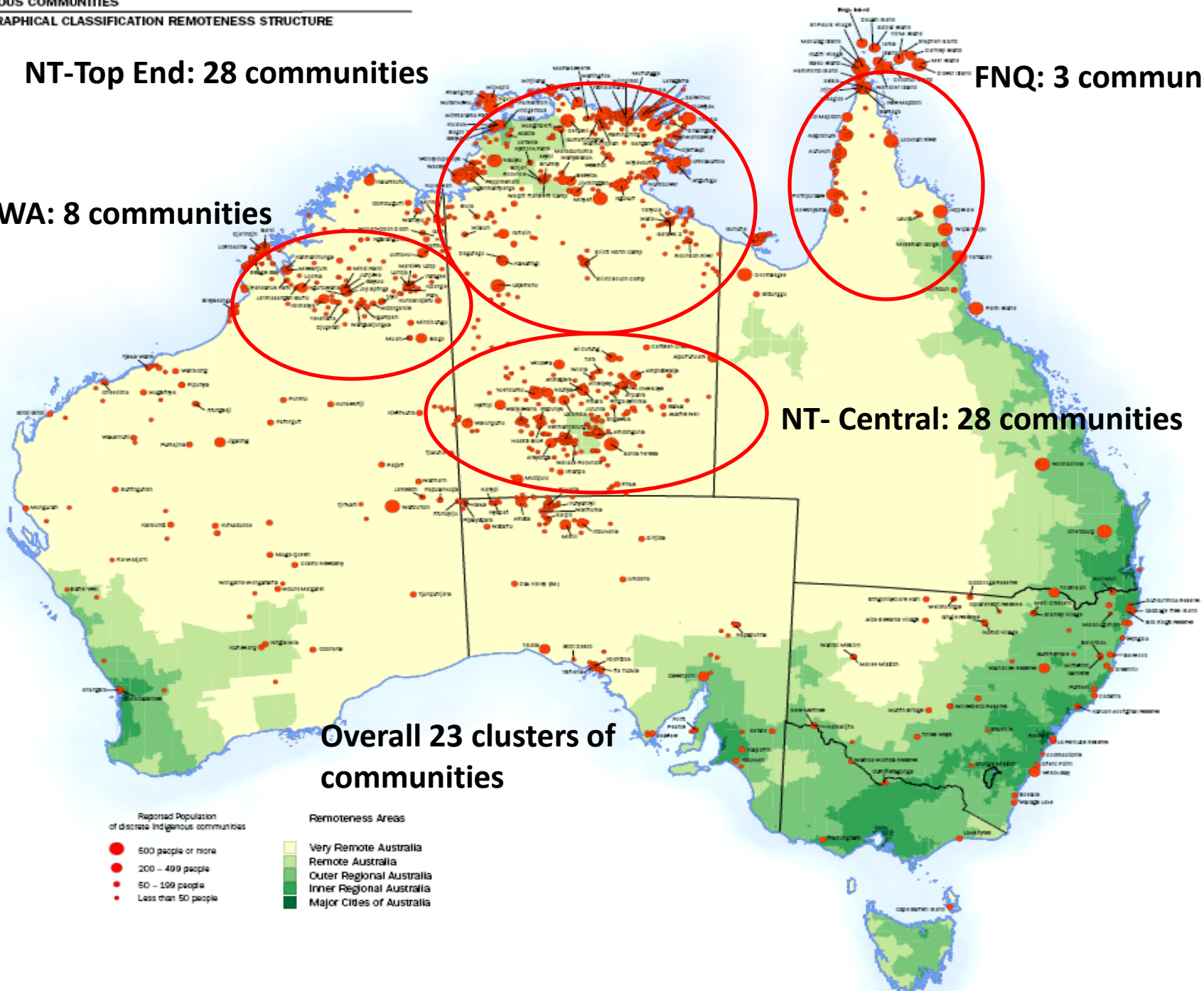
NT-Top End: 28 communities

FNQ: 3 communities

WA: 8 communities

NT- Central: 28 communities

Overall 23 clusters of communities



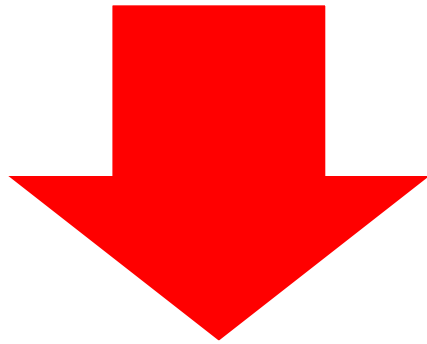
Stage 1: Planning and Development

Cluster Randomisation

Year 1	Year 2	Year 3
8 trial clusters	16 trial clusters	23 trial clusters
15 control clusters	7 control clusters	0 control clusters

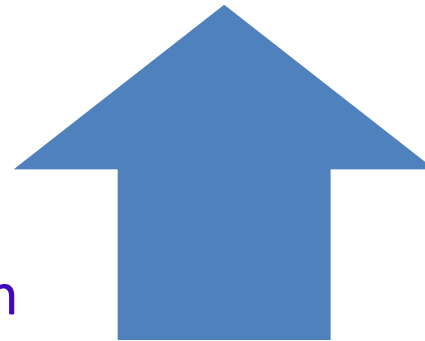
STRIVE outcomes

- **Primary outcome**



Prevalence of chlamydia,
gonorrhoea and
trichomonas in 16-34
year olds

- Testing coverage
- Time to treatment
- 3 month testing for re-infection
- Contact tracing



STRIVE Indicators and Targets

SCREEN

Resident population aged 16-34 years

Target **80%**

TREAT QUICKLY

Symptomatic infection – treat immediately

Target **95%**

Asymptomatic infection – treat within 7 days of receiving a pathology result

Target **80%**

TEST FOR RE-INFECTION

For people with a positive result, test at 3 months after treatment

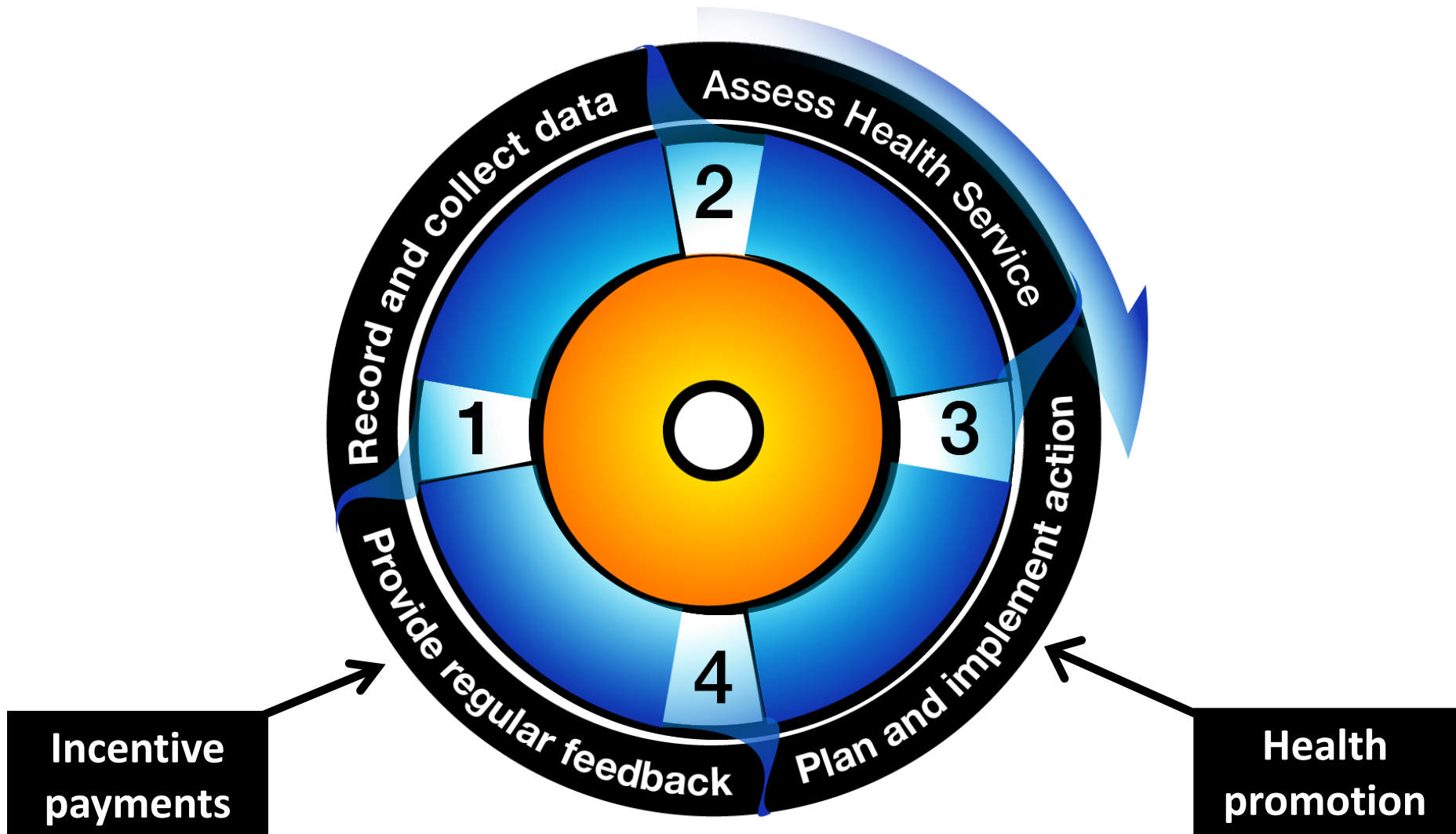
Target **80%**

CONTACT REFERRAL

Test and treat named contacts within 14 days

Target **50%**

STRIVE Sexual Health Quality Improvement Cycle



Progress

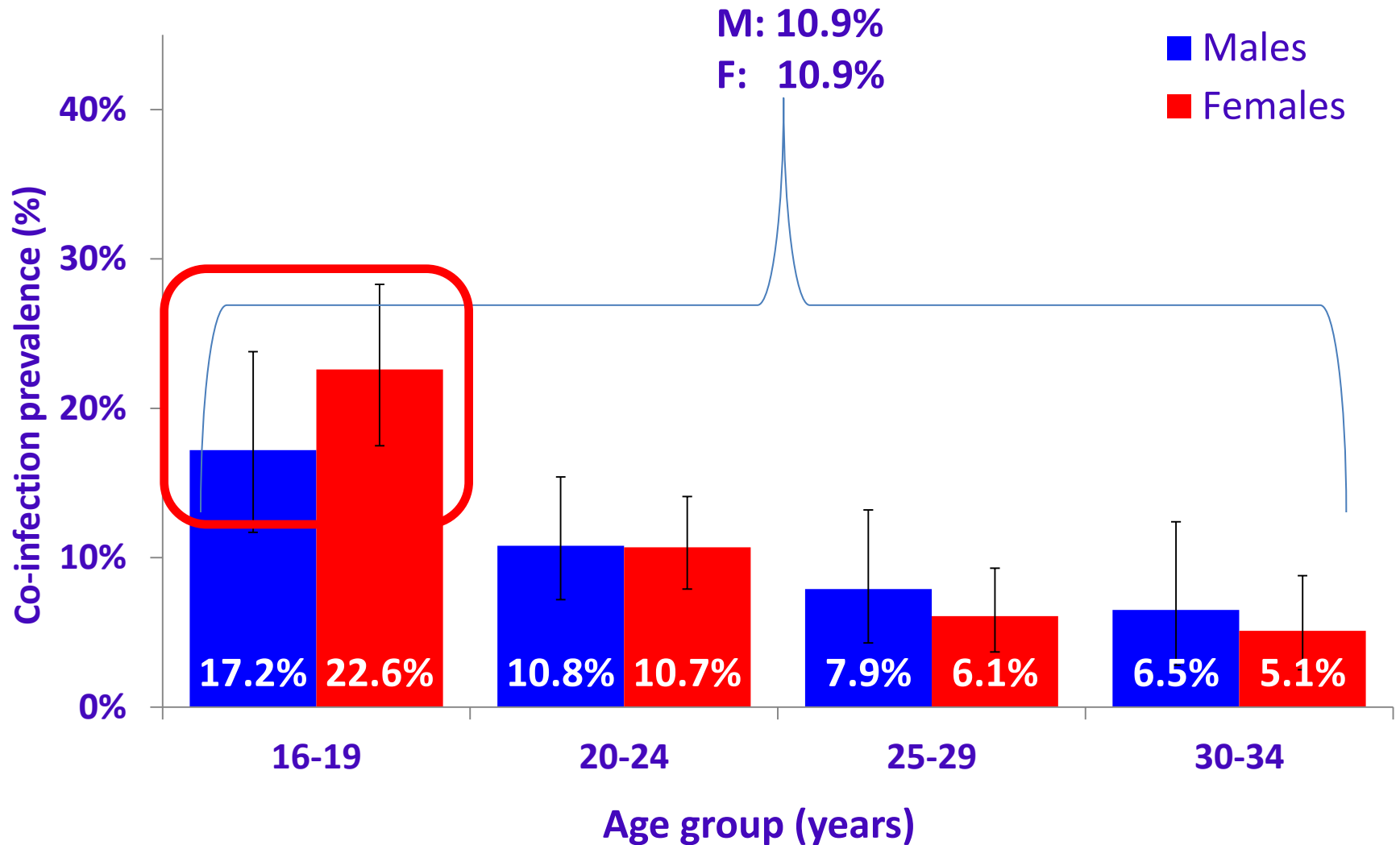


- Ethics and early consultations complete (3 years)
- First round of communities randomised
- Baseline prevalence survey completed
- Baseline testing data and positivity data collated from laboratories
- Consultation data being aggregated
- Upgrades to PIMS completed
- Baseline QI cycles completed in R1 clusters

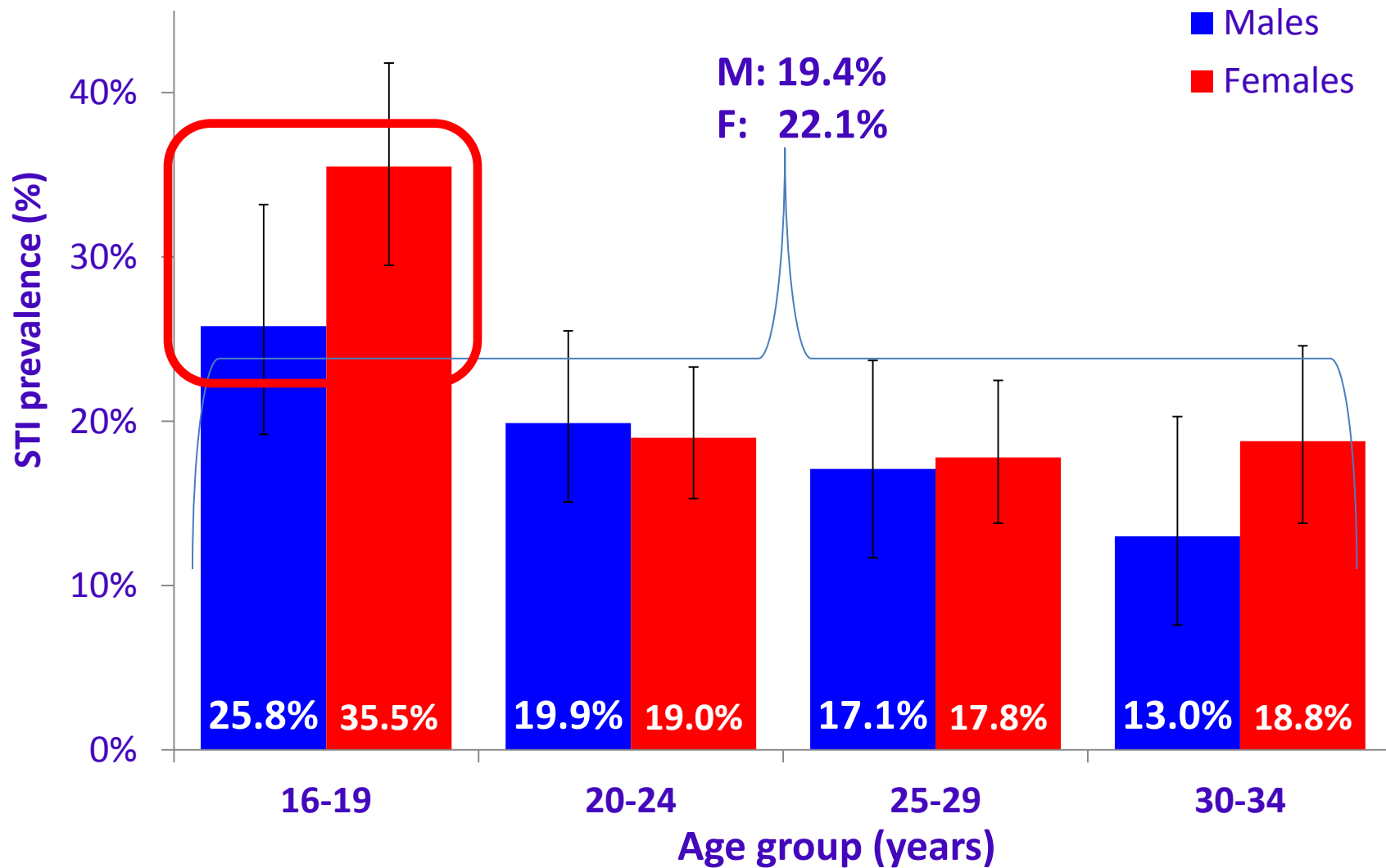
Prevalence study results - overview

- Conducted Jun-Dec 2010
- Median testing period: 46 days (IQR: 22-76) per service
- Strategies were used
 - 61% Opportunistic testing
 - 27% Opportunistic PLUS check - well women's, well men's, adult health, young person's
 - 11% Check only
- Median CT/NG tests done: 114 (IQR:82:128) per cluster

Results - Co-infections* (n=1828)



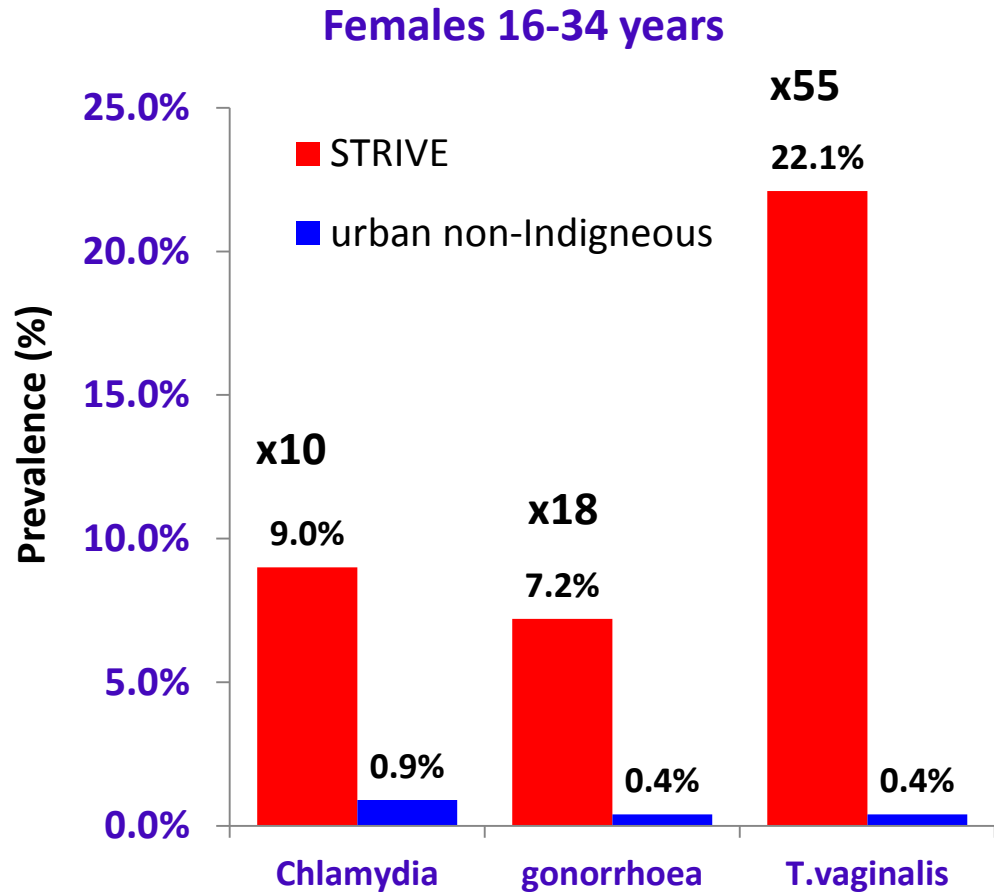
Results - Any STI* (n=1828)



*One of any of the three STIs

Summary

- High prevalence of STIs in remote communities participating in STRIVE
- STRIVE vs. urban non-Indigenous
- Emphasises the importance on focusing activities in remote settings



CT: Hocking J, Sex Health, 2006: age group: 18-35
NG: McDonagh P, Sex Health, 2009 – mean age: 28
TV: Uddin R, Sex Health, 2011: mean age: 30

Baseline Findings



- Systematic approach to STI control – prevalence vs. rest of year
- Many young people accessing PHC
- Many being tested but not to a level commensurate to address underlying community prevalence
- Many more women accessing and being tested than young men some areas 2:1
- Unacceptably high levels of STI prevalence especially in 16-19
- Early signs of QI acceptable
- Very pleasing results of data report back



Research Excellence in Aboriginal Community Controlled Health [REACCH]

- NHMRC Centre for Clinical Research Excellence
- Partnership with NACCHO
- 5 Urban and regional ACCHS
- STI and BBV research translation to clinical practice
- Quality improvement
- Chlamydia project- increase testing, barriers to testing clinician and patients
- HBV audits
- Healthy liver program evaluation

Research Excellence in Aboriginal Community Controlled Health [REACCH]

- Very few primary care services (Aboriginal or mainstream) have access to good routine data on their service activity that can be used for quality improvement or developing other research projects
- Have installed software onto existing PMS data extraction text recognition

Data items and collection

Patient Management System

All consults
Year of birth
Age at date of consult
Sex
Consultation date
ATSI – Yes / No
Country of birth
STI/BBV test – Yes/No
All patients tested
Test result

**Secure electronic
collection of de-identified
encrypted data**

Extraction
software

Network
Database



Analysis and reports



PARTICIPATING SITES RETAIN OWNERSHIP OF OWN DATA

Data as it leaves the ACCHS

20070405094343_MD_MEASURE.enc.txt - Notepad

File Edit Format View Help

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Typical GRHANITE Data

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3fba9b55-e01d-488b-93f0-78b02e396595	1981	M	0		27
35ed6db8-0bda-4371-b4e5-2f88da311c56	1981	M	0	3629	27
ccea6963-560d-4b9e-9b00-ab8c6b627336	1985	F	0	6054	23
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Patients

Patient_UUID	PROGRESS_ID	VISIT_DATE	AGEATCONSULTATION
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	50468	2008-11-05 00:00:00.000	22
	50469	2008-11-05 00:00:00.000	22
39082371-4753-42E7-9797-00292023D2EA	160470	2008-11-05 00:00:00.000	22
9B20246C-50B7-40FB-969A-0029B5C3C342	273160	2006-03-28 00:00:00.000	19
56C9DCD2-630F-49B2-875B-002C0F755D5E	44	2006-02-24 00:00:00.000	25
56C9DCD2-630F-49B2-875B-002C0F755D5E	150	2006-03-02 00:00:00.000	25
56C9DCD2-630F-49B2-875B-002C0F755D5E	152	2006-03-02 00:00:00.000	25
56C9DCD2-630F-49B2-875B-002C0F755D5E	295	2006-03-09 00:00:00.000	25

Consultation dates

Patient_UUID	PATHOLOGY_ID	LAB_NAME	REPORT_DATE	TEST_NAME	REPORT_TEXT
AA76D362-69D5-4BA2-911A-0009690B46C9	17728	dhm	2006-01-10 00:00:00.000	CHLAMYDIA PCR	\par Clin Notes : PREGNANT\par \par Chlamy
AA76D362-69D5-4BA2-911A-0009690B46C9	18524	Mayne Health Lavery Pathology	2006-01-24 19:54:00.000	CHLAMYDIA PCR (CHM-0)	\par \cf1 \ul POLYMERASE CHAI
AA76D362-69D5-4BA2-911A-0009690B46C9	23933	dhm	2006-05-10 00:00:00.000	CHLAMYDIA PCR	\par Clin Notes : 1ST PASS URINE AND VAGIN
17D4FD96-71AD-456A-8F5E-001CFA9E6ABC	108430	SULLIVAN NICOLAIDES PATH...	2008-10-27 13:08:00.000	CHLAMYDIA TRACH PCR 1	Clinical Notes : ...\par \par \par \b Chlamydia
6C8EB2DC-4AD6-4...			2008-01-16 10:56:00.000	CHLAMYDIA	\par \par \par \b EXAMINATION FOR CHLAM
D60318AF-F444-4...			2007-11-03 10:56:00.000	CHLAMYDIA	\par Clin Note : No Clinical Notes given.\par \pa
87BC2D42-5B9F-4...			2008-05-27 00:00:00.000	CHLAMYDIA PCR	\par Clin Notes : AT RISK\par \par Chlamydia t
E436CA4C-573D-4DAD-8D30-0183AFBAE368	10857	Capital Pathology	2008-09-03 00:00:00.000	CHLAMYDIA	\par \par \par \b EXAMINATION FOR CHLAM

STI & BBV test results

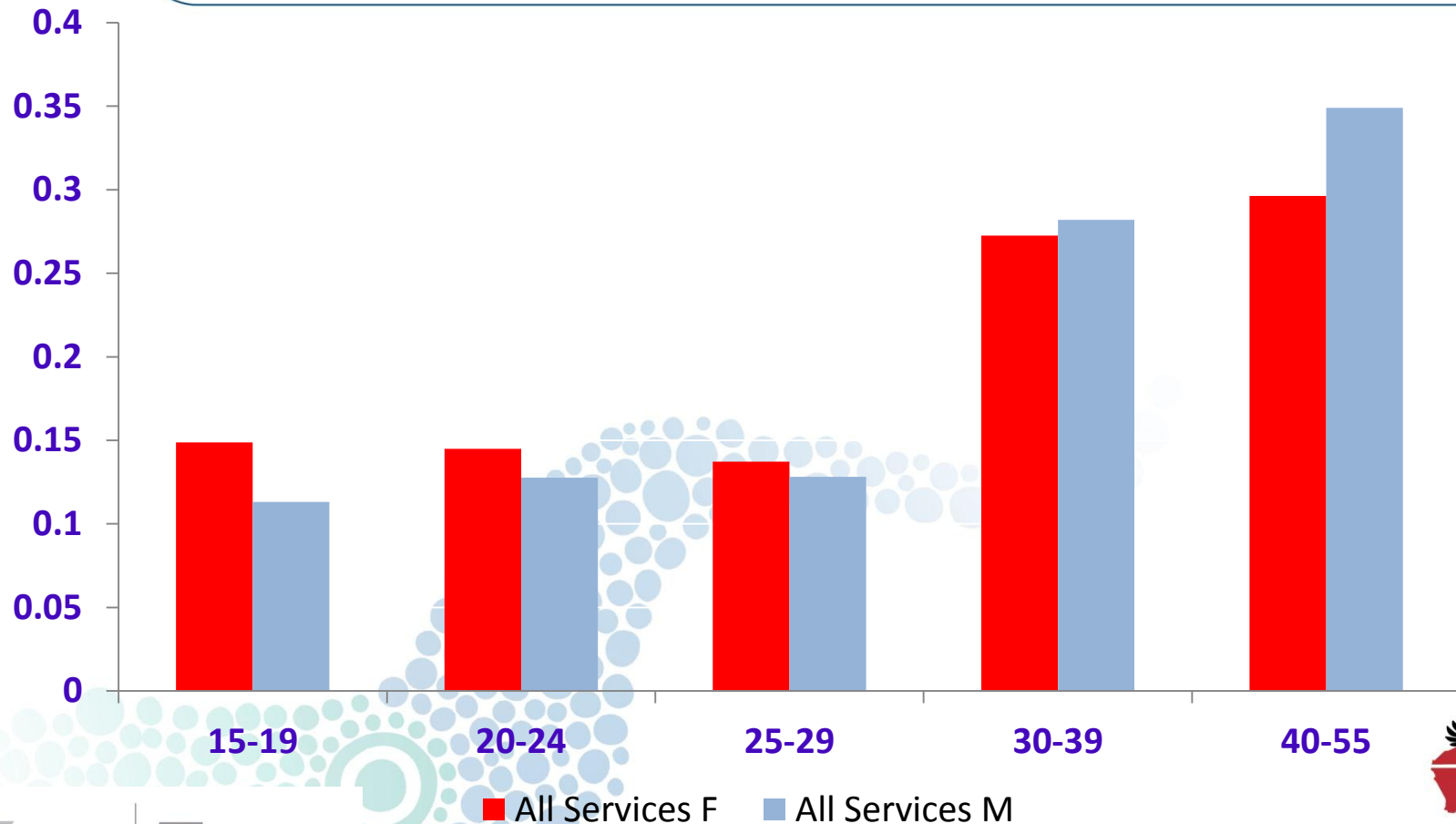


REACCH Services

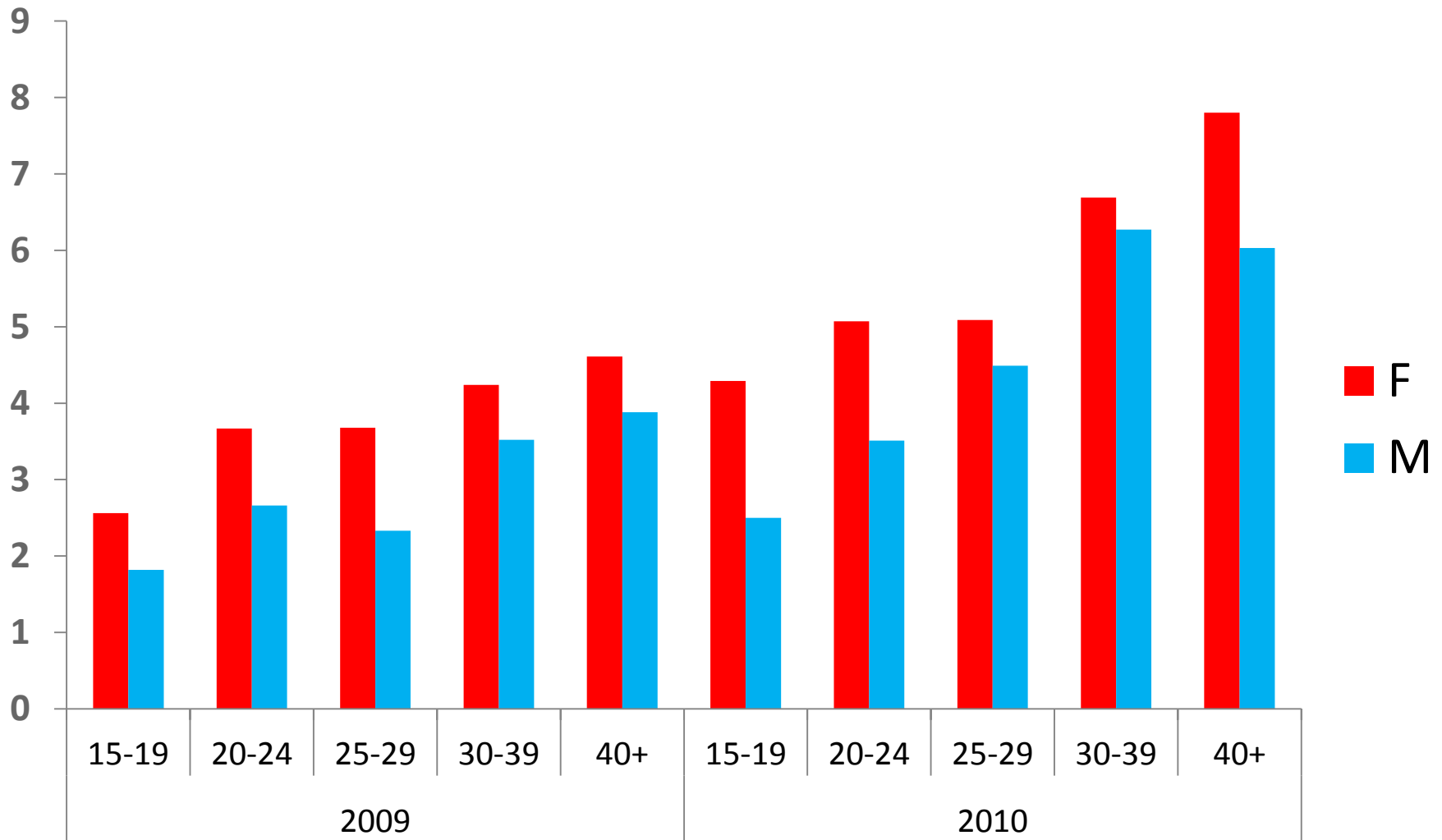
□ In 2009 and 2010 15,360 and 17,242 unique patients aged 15-54 accessed 4 ACCHS



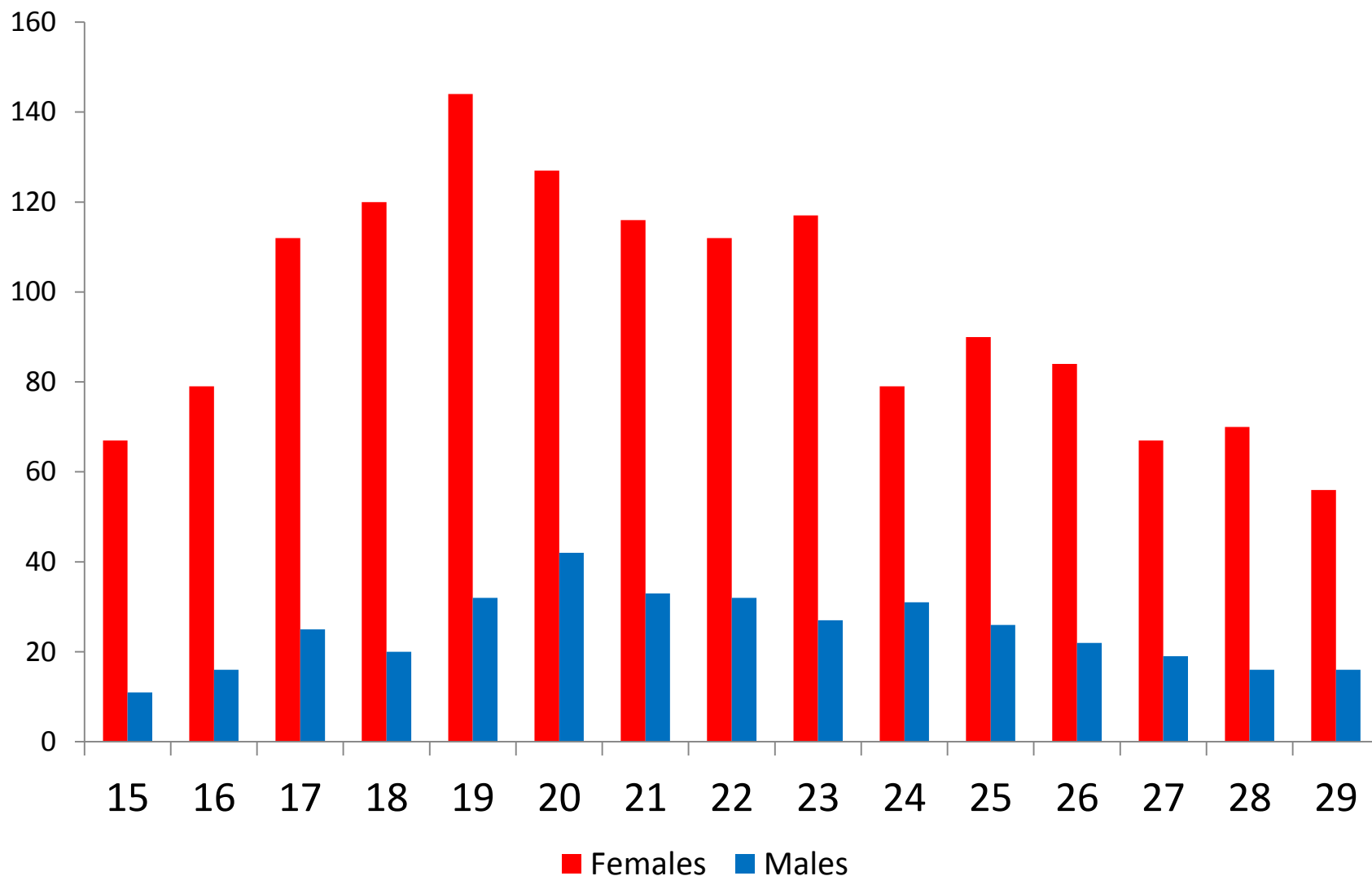
Proportion of all clients attending urban ACCHS services by sex and age, 2009-2010



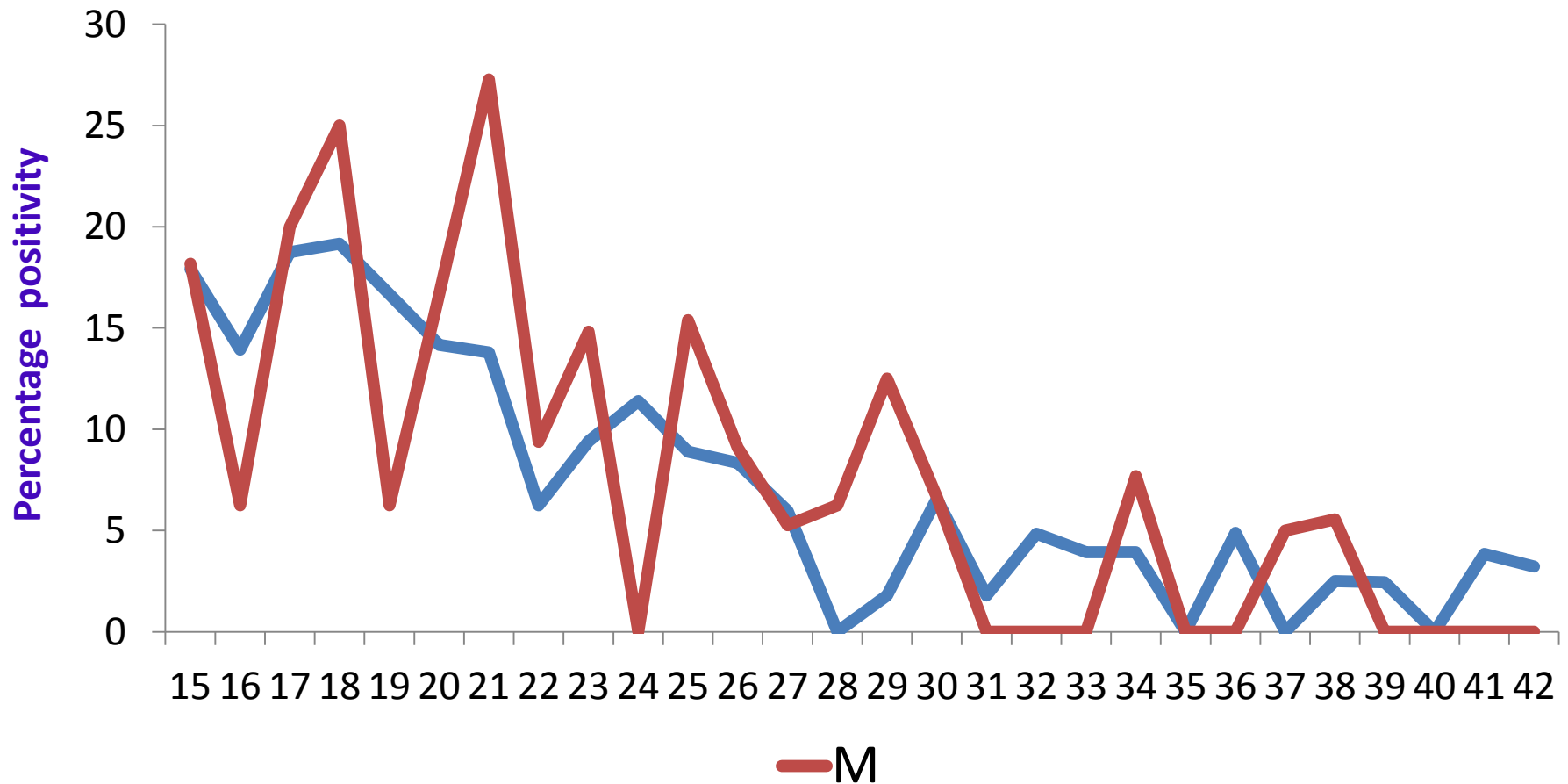
Number and mean number of visits per patient 2009-2010



Tests of chlamydia urban ACCHS



Chlamydia Positivity REACCH services by sex and age 2010





Queensland Injecting Drug Survey (QuIDS)

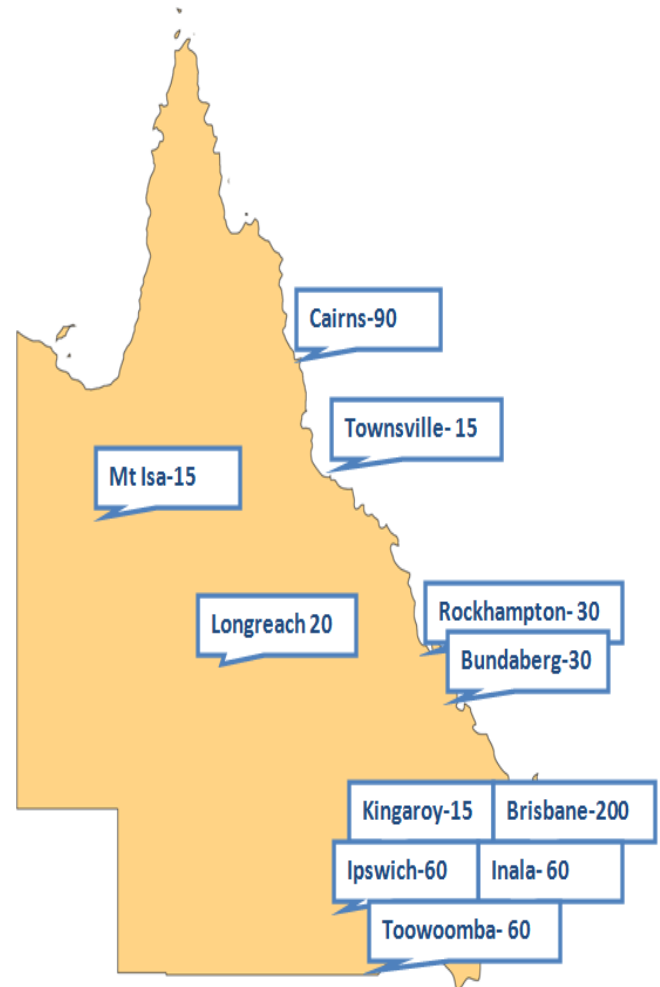


Why?

- Little research investigating the specific issues facing Indigenous injecting drug users in Australia
- Secondary sources and anecdotal evidence suggest increase in use, risk behaviours and Blood-borne viruses

Where and How?

- The project aimed to recruit 600 current injecting drug users (50% ATSI) from 11 sites across Queensland
- The sole criterion for inclusion in the study is having injected any drug twice or more in the last 12 months.
- Participants will be recruited into the study by:
 - 1) Peer Recruited Sampling
 - 2) Respondent Driven Sampling (RDS)



Interview Structure

(A) Questionnaire- approx 1h

Demography; Cultural Heritage; General Drug use; General Health; AOD use & dependence; SEWB; Psychosis; Shame; Social issues & Networks; Crime and Imprisonment; Risk Behaviours; Knowledge about BBV and Testing;

(B) Optional Study Element 1- Finger Prick Blood Test

HIV and Hep C

(C) Optional Study Element 2- Future Follow Up

All study optional study elements will have separate information and consent

Fieldwork progress

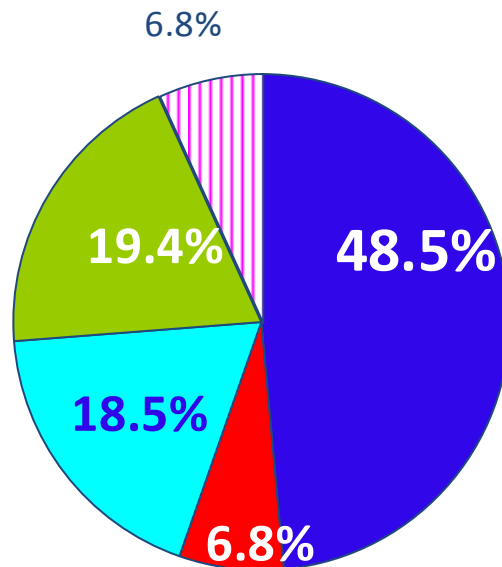
- All 11 sites have begun fieldwork
- 580 completed questionnaires received
- ~51 % of participants identify as Aboriginal and/or Torres Strait Islander
- Fieldwork expected to be completed by the end of September
- Preliminary data is not available before analysis as scannable questionnaires have been used



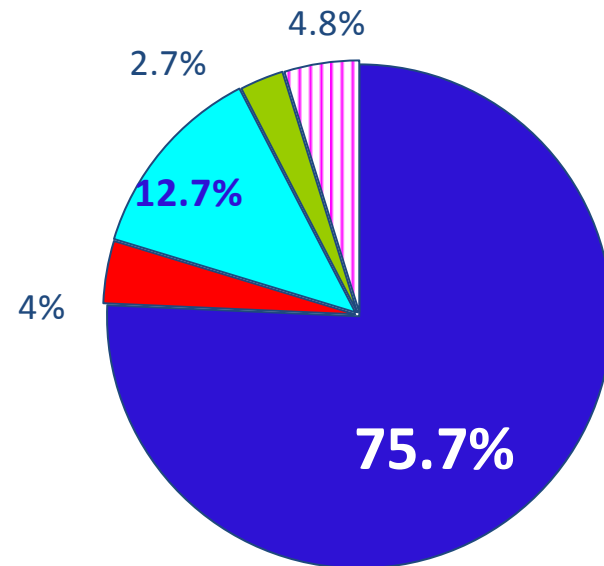


HIV diagnoses, 2006 - 2010, by exposure category and Aboriginal and Torres Strait Islander status¹

Aboriginal and Torres Strait Islander



Non-Indigenous



- Men who have sex with men
- Men who have sex with men and injecting drug use
- Heterosexual contact
- Injecting drug use
- Other/undetermined

Source: State/Territory health authorities

1. Cases and populations from high prevalence countries were excluded from the non-Indigenous rate.

HIV International Comparison -Australia NZ and Canada

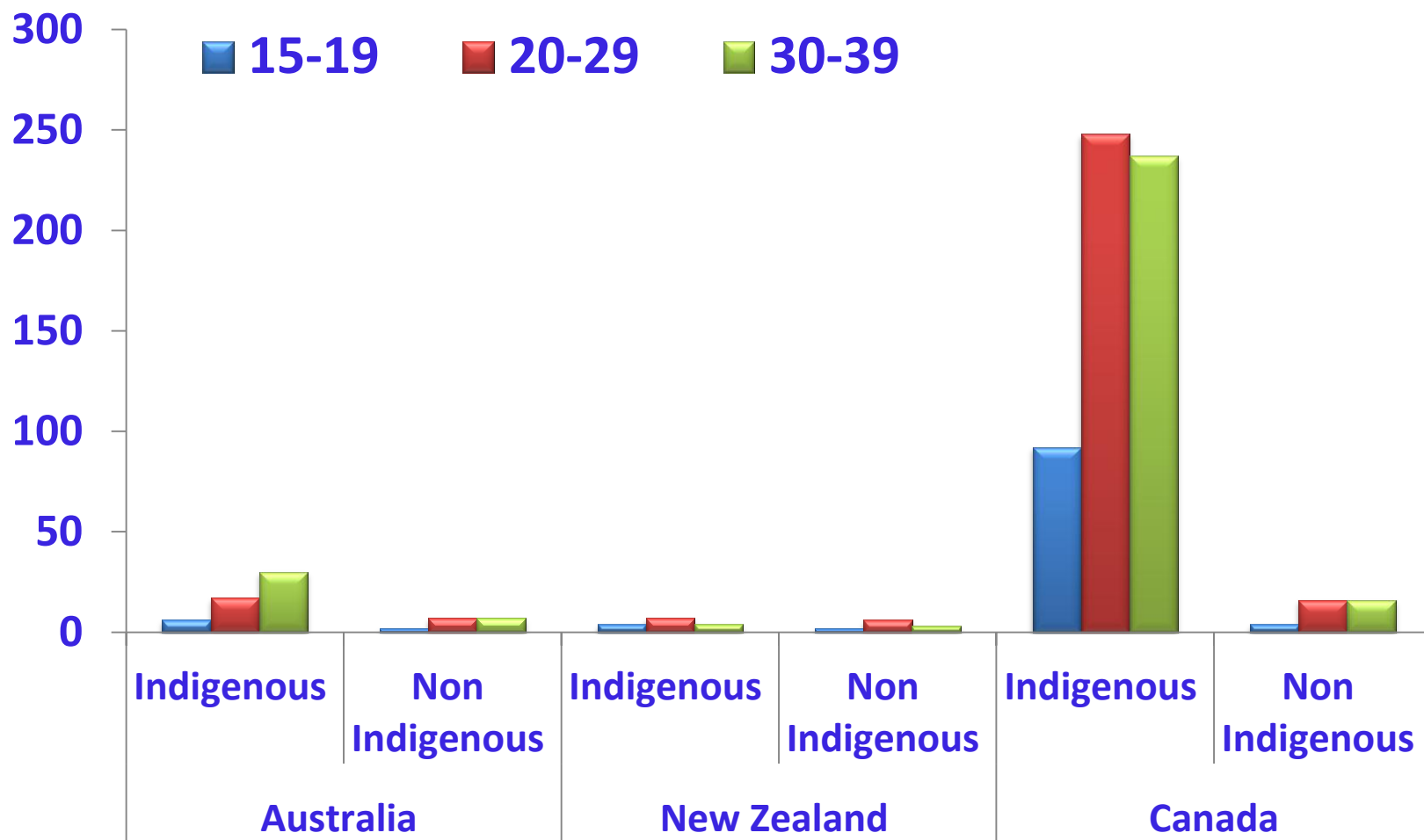
- Analysis of HIV diagnosis 1999-2008 Australia, Canada and New Zealand
- Indigenous vs. Non- Indigenous, by age, sex, Indigenous status and exposure category
- Compared Indigenous peoples with country of interest born notifications only i.e. excluded people from high prevalence countries

Results: Number and rate of HIV Diagnosis Indigenous Peoples 1999-2008

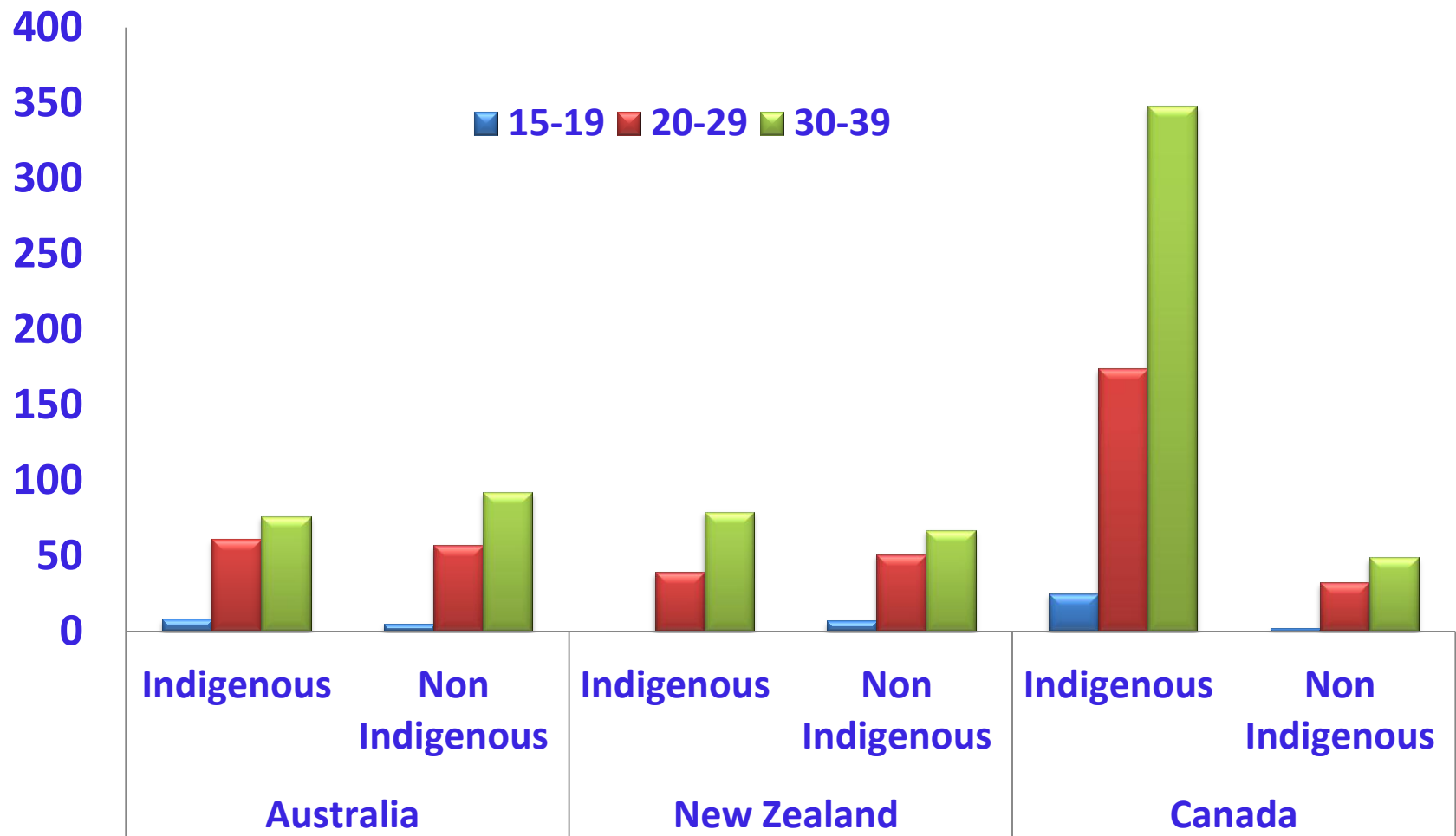
Country	Australia	NZ	Canada
Non- Indigenous -number if diagnoses	7589	929	5838
-age standardised rate*	26	13	24
Indigenous -number of diagnoses	185	129	1799
-age Standardised rate *	31	23	178

Age standardised rates Females

Indigenous & non-Indigenous 1999-2008



Age standardised rates Males Indigenous and non Indigenous 1999-2008



Rates of HIV by Exposure Category-1999-2008

Indigenous Rates per 100,000*

Exposure Category	Australia	Canada	NZ
MSM	31.4	35.6	30.8
Heterosexual (F)	12.5	55.2	3.8
Heterosexual (M)	7.2	49.3	3.2
IDU(F)	4.8	112.6	0.0
IDU (M)	8.4	107.7	0.65

* denominators are total Indigenous populations, not
“exposure category specific”

Discussion

- A dramatic difference in Indigenous HIV rates on the other side of the Pacific
- Possible explanations for Canadian rates
 - Less effective harm reduction?
 - Different types of drug use (cocaine, crack) ?
 - Impact of transactional sex?
 - Other social/economic factors?

Could it happen here?

- Australia and New Zealand have so far been very successful in the control of injecting-related HIV
- Already there are higher HIV diagnoses rates in Australia among Indigenous people related to
 - Injecting drug use
 - Heterosexual contact
- Clearer picture emerging about injecting drug practice among Aboriginal and Torres Strait Islander people



GOANNA

- National Survey of Young Aboriginal and Torres Strait Islander People



What is GOANNA?

- National survey of:
 - Young (16-29) Aboriginal and Torres Strait Islander people STIs and BBVs
- Focussing upon:
 - Knowledge
 - Risk practice
 - Health service access
- Limited evidence base for this population compared with other at risk populations:
 - MSM, IDUs, Sex Workers, Migrants, Prisoners, Homeless Persons

Methods

- Surveys at cultural, community and sporting events 2011-2013 (40 total) NAIDOC + Football/netball carnivals. Sampling from other surveys not sufficient for comparative analysis
- Goal: 3-4,000 surveys
 - 3-4% of target population
 - Every State/Territory
 - Urban, regional and remote
- Questions consistent with existing Australian data collection instruments
 - Australian Study of Health and Relationships
 - Secondary Students and Sexual Health Surveys

Survey instrument

- Survey is uploaded to PDAs (Personal Digital Assistants)
- Participants use PDA to answer survey
- Can be listened to in own language if needed (ideal for low literacy)
- Self-administered
 - Private
 - improved completeness
 - Translatable
 - Faster- skips
 - downloadable



Other information available through GOANNA

- Incarceration history
- Smoking history
- D& A Use
- Sexual History- age at first sex, how a person felt after last sex,
- S/T + urban and remote
- Testing history for BBV
- Types of services accessed for BBV

PDA Use

- 94% needed no assistance w/ PDA
- 97% prefer PDA to paper-based
- 83% considered PDA more private than paper-based



Thank you



Other Projects

- STI POC trial- 12 RCT cross over trial remote communities
- Determine whether the addition of point-of-care testing to standard diagnostic procedures significantly **decreases the repeat infection rate at three months among people with chlamydia or gonorrhoea infection in remote communities**

STI POC Tests

- Whether the addition of point-of-care testing to standard diagnostic procedures significantly increases the proportion of chlamydia and gonorrhoea infections **treated within 7 days of clinical contact;**
- **(ii)The acceptability of point-of-care tests to patients and health service staff in remote community settings;**
- **(iii)The cost effectiveness of the addition of point-of-care testing to standard diagnostic procedures in remote primary health care services.**
- **(iv)Performance of the POC test in a field setting**

STI and HIV Modelling Projects

- Mathematical modelling of infectious diseases
 - Prison modelling HIV increases
 - STI mobility
 - HCV and HIV injecting drug use

Summary

- Completed with community on board we will make a difference to peoples health
- Policy and practice relevant
- Will enable greatest improvements in Aboriginal peoples health in the future
- Traditional epidemiology combined with technology will make great advances in health
- It used to be like moving mountains now its like scuttling across the red desert sands of Pukatja

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James Ward

jward@kirby.unsw.edu.au

