



Department for Health and Wellbeing

South Australian Sexually Transmissible Infections Implementation Plan 2019-2023

South Australia's plan for addressing the
Fourth National Sexually Transmissible
Infections Strategy 2018-2022



Government
of South Australia

SA Health

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Acronyms

BBV	blood borne virus
CALD	culturally and linguistically diverse
CDCB	Communicable Disease Control Branch, SA Health
HPV	human papilloma virus
LHNs	Local Health Networks
RHS	Refugee Health Service, SA Health
SAMESH	South Australia Mobilisation + Empowerment for Sexual Health
SASBAC	South Australian STI and BBV Advisory Committee
SIN	Sex Industry Network
STI	sexually transmissible infections

Background

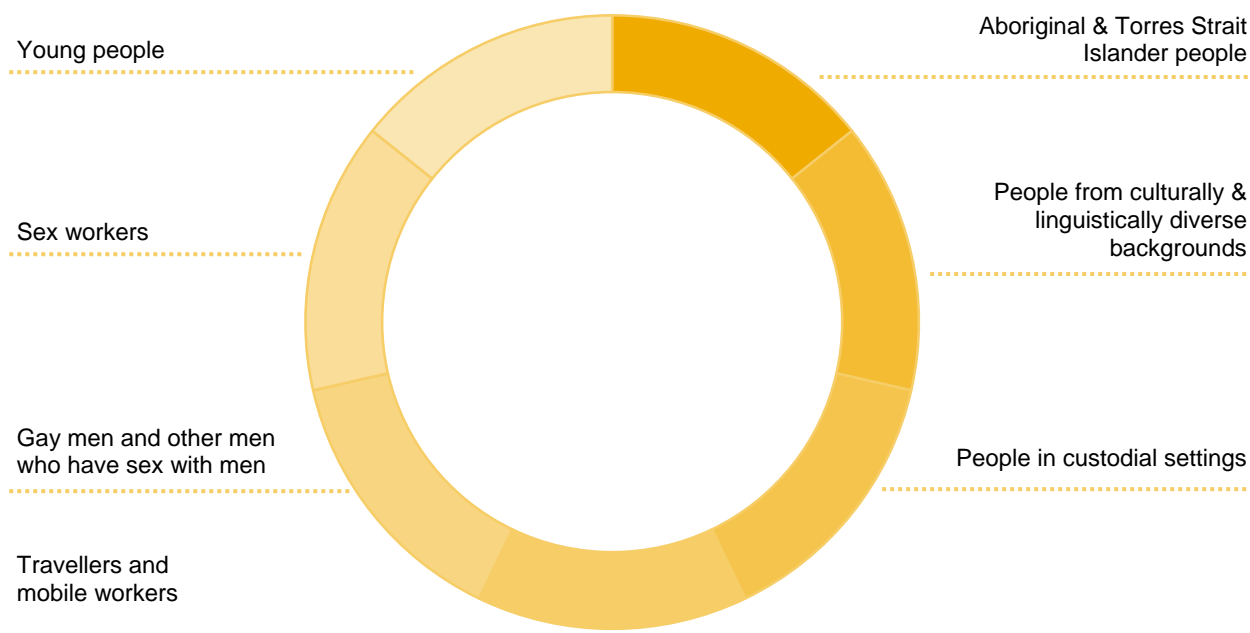
The 'South Australian Sexually Transmissible Infections Implementation Plan 2019-2023' (Implementation Plan) builds on the work carried out under the 'South Australian Sexually Transmissible Infections Implementation Plan 2016-2018'.

This Implementation Plan uses the priority populations, goals, targets, priority areas and key areas for action as per the '[Fourth National Sexually Transmissible Infections Strategy 2018-2022](#)' and should be read in conjunction with the national strategy.

Funded within existing resources, most undertakings build upon current relationships and work activities to create new capacity to address items in this Implementation Plan. Other activities may require new funding streams to achieve objectives, and to meet performance indicators and output measures.

A summary of the progress made under the previous Implementation Plan is provided in [Appendix 1](#).

Priority populations and settings



Note: This graphic is not intended to reflect equal priority or prevalence among groups.



Geographic locations with high prevalence and/or incidence of STI.



Places where priority populations live, work and socialise.

Schools.



Community, primary health and other health service, including sexual health services, including Aboriginal Community Controlled Health Services / Aboriginal Medical Services.



Other services that support priority populations including peer-based services, homelessness services and mental health services.



Custodial settings.

Goals and targets

Goals

- > Reduce transmission of, and morbidity and mortality associated with, STI in Australia.
- > Eliminate the negative impact of stigma, discrimination and legal and human rights issues on people's health.
- > Minimise the personal and social impact of STI.

Targets

1. Achieve and maintain HPV adolescent vaccination coverage of 80 per cent.
2. Increase STI testing coverage in priority populations.
3. Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis.
4. Eliminate congenital syphilis.
5. Minimise the reported experience and expression of stigma in relation to STI.

Priority areas

Education and prevention

- > Implement prevention education and other initiatives, including supporting improved sexual health education in schools and in community settings where people live, work and socialise, to improve knowledge and awareness of healthy relationships and STI and reduce risk behaviours associated with the transmission of STI.
- > Reinforce the central role of condoms in preventing the transmission of STI.
- > Support further increases in HPV vaccination coverage in adolescents in line with the National Immunisation Strategy.

Testing, treatment and management

- > Increase comprehensive STI testing to reduce the number of undiagnosed STI in the community.
- > Increase early and appropriate treatment of STI to reduce further transmission and improve health outcomes.

Equitable access to and coordination of care

- > Ensure equitable access to prevention programs and resources, testing and treatment in a variety of settings, including sexual health, primary care, community health and antenatal care services, with a focus on innovative and emerging models of service delivery.

Workforce

- > Increase workforce and peer-based capability and capacity for STI prevention, treatment and support.

Addressing stigma and creating an enabling environment

- > Implement a range of initiatives to address STI-related stigma and discrimination and minimise the impact on people's health-seeking behaviour and health outcomes.
- > Continue to work towards addressing the legal, regulatory and policy barriers which affect priority populations and influence their health-seeking behaviours.

Data, surveillance, research and evaluation

- > Continue to build a strong evidence base for responding to STI and associated new and emerging challenges, informed by high-quality, timely data and surveillance systems.

South Australian STI Implementation Plan 2019-2023

* Program funded through the South Australian STI and BBV Non-government Contracted Health Services Funding Program

1. EDUCATION AND PREVENTION

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
1. Implement a national STI education initiative for priority populations to improve the community's understanding of STI, improve knowledge of risk behaviours and safer sex practices, assist in reducing STI related stigma and support pathways to early testing and treatment.	SA Health – Communicable Disease Control Branch (CDCB)	Collaborate with the Australian Government Department of Health to coordinate local implementation activities related to the national STI education initiative.
2. Implement targeted, age and culturally appropriate STI prevention education initiatives and resources for priority populations using a variety of relevant channels, including digital platforms (for example, social media) and sites frequented by priority populations.	SA Health – CDCB	South Australian STI and BBV Non-government Contracted Health Services Funding Program.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
3. Better connect priority populations to STI prevention education and services, including through outreach and peer-based approaches in priority settings.	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
SHINE SA	SA Sexual Health Education and Workforce Development Program*.	

1. EDUCATION AND PREVENTION

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
4. Promote consistent and effective condom and other barrier method use and increase access to and acceptability of condoms amongst priority populations, including by increasing knowledge of where to access free and affordable condoms and other barrier methods and how to correctly and safely use them.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	> Department for Correctional Services > SA Health – SA Prison Health Service	Continue to provide access to free condoms and lubricant as per the SA Prisoner Blood Borne Virus Action Plan.
	SA Health – Local Health Networks (LHNs)	Provide access to free condoms, lubricant and other barrier methods in targeted service locations.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
5. Encourage partnerships between health services, schools, educational institutions and community organisations to improve the delivery, availability and accessibility of sexual health education and services for all young people and strengthen linkages to testing and treatment.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	> Primary Health Networks > SA Health – LHNs	Encourage partnerships to support linkage to STI testing and treatment for young people.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
6. Support comprehensive relationships and sexuality education in schools that improve knowledge, attitudes, skills and behaviours to engage in respectful relationships and reduce risky behaviours and encouraging help-seeking behaviour in a holistic manner.	SHINE SA	SA Sexual Health Education and Workforce Development Program*.

1. EDUCATION AND PREVENTION

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
7. Ensure PrEP for HIV prevention is combined with STI prevention education, access to condoms, and recommended regular STI testing.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	PrEP provided in combination with comprehensive STI prevention education, access to condoms and guideline-based STI testing.
	Primary Health Networks	Support education for GPs regarding the importance of STI prevention when prescribing PrEP for HIV.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
8. Increase access to HPV vaccination of eligible individuals under the National Immunisation Program and support the actions to expand vaccination coverage outlined in the National Immunisation Strategy.	SA Health – CDCB	Continue to provide the school-based HPV immunisation program.
	Adelaide Sexual Health Centre	Continue to provide HPV vaccinations for eligible clients.
	Primary Health Networks	Support initiatives to increase access to HPV vaccination of eligible individuals in primary care settings.
	SA Health – Refugee Health Service (RHS)	Continue to provide HPV vaccinations as part of the catch up schedule for eligible newly arrived refugee and asylum seeker clients.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.

2. TESTING, TREATMENT AND MANAGEMENT

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
9. Develop and implement tailored promotion and engagement strategies for priority populations to improve the uptake of STI testing and treatment.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	Continue to provide accessible, free and confidential STI testing for priority populations and work collaboratively with sector partners to design appropriate messages to increase STI testing.
	Primary Health Networks	Promote and support strategies to improve uptake of STI testing and treatment for priority populations in primary care.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
10. Identify areas of need and frequency required for STI testing for priority populations.	SA Health – CDCB	Monitor STI surveillance trends and provide timely information to key stakeholders to inform response activities as required.
	SA Health – RHS	Provide information and advice on areas of need regarding Refugee and Asylum Seeker populations.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	Provide sentinel surveillance information on local trends to inform response activities.
	Primary Health Networks	Provide data on STI testing frequency and demographics to inform targeted response activities.
11. Regularly update, maintain and promote the use of evidence-based national clinical guidelines and resources for STI testing and treatment, including guidance on AMR and stewardship.	SA Health – CDCB	Review and promote related SA clinical guidelines which include STI content (i.e. Perinatal Practice Guidelines).
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	Continue to provide the South Australian STI Diagnosis and Treatment Guidelines, which reflect local STI/BBV epidemiology and antimicrobial sensitivities.
	Primary Health Networks	Promote clinical guidelines and resources for STI testing and treatment to the primary care workforce.
	SA Health – LHNs	Promote the use of SA Health STI and related guidelines across all relevant clinical settings.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.

2. TESTING, TREATMENT AND MANAGEMENT

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
12. Provide a range of testing methods and opportunities across settings for priority populations, including point-of-care testing and integration of testing in existing services, with a focus on rural, regional and remote areas.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	<ul style="list-style-type: none"> > Continue to provide accessible, acceptable, free, confidential and non-judgemental STI/BBV testing services for all priority populations. > Continue to provide results by short message service (SMS).
	Primary Health Networks	Investigate opportunities to integrate STI point-of-care testing in primary care settings and integration of STI testing in existing services.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
13. Ensure strong links are in place between comprehensive voluntary STI and HIV testing.	<ul style="list-style-type: none"> > Adelaide Sexual Health Centre > SA Health – RHS > SA Health – LHNs 	Continue to provide comprehensive STI and BBV testing as indicated.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	Primary Health Networks	<ul style="list-style-type: none"> > GP workforce education initiatives in place. > HealthPathways include information directing strong linkage between HIV and STI testing.
14. Identify evidence-based approaches for enhancing partner notification systems.	SA Health – CDCB	<ul style="list-style-type: none"> > Establish the SA Syphilis Register. > Establish the role of Aboriginal STI Education and Partner Notification Officer. > Provide support to enhance partner notification systems.
	Adelaide Sexual Health Centre	<ul style="list-style-type: none"> > Continue to provide the state-wide STI/HV partner notification service for syphilis and HIV, in collaboration with SA Health. > Provide advice to primary care to encourage partner notification for gonorrhoea and chlamydia.
	Primary Health Networks	Provide support and education for GPs to encourage partner notification as part of routine STI management.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
15. Identify opportunities to scale up evidence-based interventions aimed at reducing STI, with a focus on repeat chlamydia infections and infections causing pelvic inflammatory disease, and other complications in young people.	SA Health – CDCB	Facilitate evidence and information sharing to identify interventions to reduce STI via the STI and HIV Subcommittee of SASBAC.

2. TESTING, TREATMENT AND MANAGEMENT

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
16. Develop the capacity of health infrastructure in remote and very remote areas to effectively respond to outbreaks and epidemics.	SA Health – CDCB	Work in partnership with remote and very remote areas to effectively respond to outbreaks and epidemics as required.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	SA Health – LHNs	Identify options to develop the capacity of health infrastructure in remote and very remote areas to enhance outbreak and epidemic preparedness.

3. EQUITABLE ACCESS AND COORDINATION OF CARE

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
17. Increase the coverage of publicly funded sexual health services, particularly in rural, regional and remote areas, in places with high numbers of young people and people who are ineligible for subsidised health care.	SA Health – CDCB	Investigate opportunities to review publicly funded sexual health services in South Australia in partnership with Adelaide Sexual Health Centre and SHINE SA.
18. Identify and scale up successful innovative models of STI service delivery tailored to the needs of priority populations and sub-populations, including multidisciplinary team approaches and shared care models.	SA Health – CDCB	Evaluate and review service models and available evidence annually to identify opportunities for scale up.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	<ul style="list-style-type: none"> > Continue to support research and demonstration projects where possible. > Continue to provide accessible, acceptable, free, confidential and non-judgemental STI/BBV testing services for all priority populations.
	SA Health – RHS	Continue to provide accessible, culturally acceptable, free, confidential and non-judgemental STI/BBV testing services for newly arrived refugee and asylum seeker populations.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
19. Improve the coordination of and partnerships between STI services and other relevant service providers to better link priority populations with STI prevention, testing and treatment and improve access and acceptability of sexual health services.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	Continue working in partnership with NGO service providers to better link priority populations with STI services.
	Primary Health Networks	Support and encourage the development of partnerships to better link priority populations with STI services.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMEESH	SA Targeted HIV and STI Prevention Program*.

3. EQUITABLE ACCESS AND COORDINATION OF CARE

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
20. Build capacity of health services to provide opportunistic STI testing and enhanced STI management.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	Continue to provide expert clinical STI/BBV speakers and training for the sexual health and primary care workforce.
	Primary Health Networks	Support primary care clinics to provide opportunistic STI testing and build capacity for enhanced STI management.
	SA Health – LHNs	Support initiatives to build capacity in LHN services to provide opportunistic STI testing and management.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.

4. WORKFORCE

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
21. Ensure delivery of effective training and education for the multidisciplinary workforce to support the delivery of high quality, non-stigmatising and culturally appropriate STI prevention, testing and treatment services across priority populations.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	Provide specialist clinical knowledge through training and education in partnership with other workforce development providers.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
22. Implement initiatives to support the integration of appropriate, opportunistic STI prevention and testing into routine health care.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	Continue to promote opportunistic STI prevention and testing through workforce development initiatives, including through specialist phone advice for health professionals.
	SA Health – RHS	Provide training and support to primary care on culturally appropriate STI screening practices with clients from refugee and asylum seeker backgrounds.
	SA Health – LHNs	Support the development of initiatives to integrate opportunistic STI prevention and testing in routine health care.
	SA Health – SA Prison Health Service	<ul style="list-style-type: none"> > Offer STI and BBV testing to all new admissions to prison using standardised order forms. > Consider options for increasing testing uptake.
	Primary Health Networks	Support initiatives which promote the integration of opportunistic STI prevention and testing in primary care.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
23. Continue to explore and share experiences of innovative multidisciplinary models for STI prevention, testing and treatment, particularly in rural and remote areas and areas of workforce shortage.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Primary Health Networks	Support innovative, multidisciplinary projects and programs in primary care settings to drive up targeted STI prevention, testing and treatment rates.
	SA Health – LHNs	Support innovative, multidisciplinary projects and programs in LHN settings to drive up targeted STI prevention, testing and treatment rates.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.

4. WORKFORCE

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
24. Support the capacity and role of community organisations to provide education, prevention, support and advocacy services to priority populations.	SA Health – CDCB	Continue to provide support for community organisations funded under the STI and BBV Funding and Planning Framework.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.

5. ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
25. Implement initiatives to address STI-related stigma and discrimination expressed in community and healthcare settings.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Adelaide Sexual Health Centre	Continue to provide free, non-judgemental, confidential specialist clinical services.
	Primary Health Networks	Support initiatives to address STI-related stigma and discrimination in primary care settings.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SA Health – LHNs	Implement initiatives to address STI-related stigma and discrimination in LHN settings.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMEESH	SA Targeted HIV and STI Prevention Program*.
26. Ensure that STI education, prevention, testing and treatment initiatives support efforts to counteract STI-related stigma.	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMEESH	SA Targeted HIV and STI Prevention Program*.
27. Monitor laws, policies, stigma and discrimination which impact on health-seeking behaviour among priority populations and their access to testing and services and work to ameliorate legal, regulatory and policy barriers to an appropriate and evidence-based response.	SA Health – CDCB	Coordinate the identification of and monitoring to legal, regulatory and policy barriers via the STI and HIV Subcommittee of SASBAC.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.

5. ADDRESSING STIGMA AND CREATING AN ENABLING ENVIRONMENT

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
	SHINE SA – SAMEESH	SA Targeted HIV and STI Prevention Program*.
28. Review and address institutional, regulatory and system policies which create barriers to equality of STI prevention, testing, treatment and support for priority populations.	SA Health – CDCB	Coordinate the response to regulatory, policy and system barriers via the STI and HIV Subcommittee of SASBAC.
	SIN	SA Targeted STI and BBV Prevention Program for Sex Workers*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.
29. Establish a dialogue between health and other sectors aimed at reducing stigma and discrimination against people with STI and affected individuals and communities.	SA Health – CDCB	Through the STI and HIV Subcommittee of SASBAC, identify stakeholders and coordinate activities to establish a dialogue between health and other sectors to address STI stigma.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
	Relationships Australia SA – PEACE	SA STI and BBV Program for People from Culturally and Linguistically Diverse Backgrounds*.
	SHINE SA	SA Sexual Health Education and Workforce Development Program*.

6. DATA, SURVEILLANCE, RESEARCH AND EVALUATION

Key areas for action (KAA)	Agencies addressing the KAA	Program/Activity
30. Strengthen systems for identifying, monitoring and collaboratively addressing STI as well as new and emerging issues, including AMR, and increases in prevalence and burden.	SA Health – CDCB	Continue to update and/or develop guidelines for the surveillance and investigation of STI as required.
	Primary Health Networks	Support General Practitioners to provide timely and complete Medical Notifications of STI to the CDCB.
31. Identify opportunities to improve the quality, completeness, timeliness and national standardisation of demographic and disease data, including Aboriginal and Torres Strait Islander status as well as opportunities for enhanced data collection, for surveillance purposes.	SA Health – CDCB	Continue participation with National Notifiable Diseases Surveillance System led quality improvement activities, including benchmarking against other States and Territories.
32. Identify ways to support a more coordinated, prompt response between jurisdictions, sexual health services and general practices to STI issues, including real-time accessibility of surveillance data, improved patient management and notification systems, and specialised local and regional support staff.	SA Health – CDCB	Continue to operate according to the National Guidelines for cross-border notification of laboratory and medical notifications.
33. Build on the existing evidence base by supporting research across disciplines to address data gaps and effectively inform the implementation of the priority actions of this strategy.	SA Health – CDCB	Continue to support research opportunities across disciplines to address data gaps and inform implementation of the National STI Strategy.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.
34. Continue to monitor trends in knowledge and attitudes about sexual health and sexual health behaviours among priority populations, and identify opportunities to expand this data and strengthen collaborative efforts.	SA Health – CDCB	Continue to support and build on behavioural research opportunities in priority populations in South Australia where possible.
	Aboriginal Health Council of SA	SA Aboriginal STI and BBV Program*.
	SHINE SA – SAMESH	SA Targeted HIV and STI Prevention Program*.
	Relationships Australia SA – Mosaic	SA Community Support and Counselling Service for People with HIV and Viral Hepatitis*.

Roles and responsibilities

The 'Fourth National Sexually Transmissible Infections Strategy 2018-2022' and this Implementation Plan acknowledge that achieving these goals requires collaboration between Commonwealth, State and Territory governments, clinical services, community organisations, service delivery organisations, professional bodies, research organisations and people living with BBV and/or STI, their families and communities.

SA Health

SA Health is primarily responsible for delivery of specialist, tertiary referral, STI and BBV clinical health services, training of specialist HIV and sexual health clinical workforce and service planning activities.

SA Health's responses to STI and BBV are guided by jurisdictional policy and planning that align with the National Strategies.

Partners

The non-government sector, in particular primary care clinicians, non-government organisations (NGO), peak bodies, professional organisations and research facilities, are a strong part of Australia's response to STI and BBV, and continue to play a vital role in the implementation and outcomes of the current National Strategies.

South Australian STI and BBV Advisory Committee (SASBAC)

SASBAC is the peak structure of the partnership between government, non-government organisations, researchers, clinicians and affected communities in South Australia, which underpins the public health response to HIV, STI and viral hepatitis (hepatitis B and hepatitis C). It monitors surveillance and epidemiology and provides expert strategic advice on the planning, implementation, monitoring and evaluation of the strategies and activities that make up the South Australian health system's response to STI and BBV.

STI and HIV Subcommittee of SASBAC

The STI and HIV Subcommittee provides advice to SASBAC on all aspects of STI and HIV with regard to primary prevention, promoting the sexual health of the population and the health and well-being of people affected by STI and HIV. This advice is considered in the context of priority populations identified in relevant SA Health implementation plans, action plans and strategies.

Monitoring and reporting

The Government of South Australia is committed to high-quality monitoring and evaluation, and to public accountability for its efforts to achieve the targets of the 'Fourth National Sexually Transmissible Infections Strategy 2018-2022'.

The 'South Australian Sexually Transmissible Infections Implementation Plan 2019-2023' will be monitored by SASBAC through the STI and HIV Subcommittee.

An annual progress report on the 'South Australian Sexually Transmissible Infections Implementation Plan 2019-2023' (covering the previous financial year) will be presented to SASBAC for review, after endorsement by the STI and HIV Subcommittee. Coordination of this process will be led by SA Health.

A 'Strategic Performance Framework Report' is conducted biennially to monitor, where data is available, South Australia's progress against the goals, objectives and targets of the national STI and BBV strategies. Compilation of the report is led by SA Health, with the final report being endorsed by SASBAC before being sent to its Subcommittees.

Appendix 1: Progress under the South Australian STI Implementation Plan 2016-2018

The 'South Australian Sexually Transmissible Infections Implementation Plan 2016-2018' was South Australia's localised plan for implementing the Third National Sexually Transmissible Infections Strategy 2014-2017 and the Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017.

As with this Implementation Plan, it was aligned to the key elements of the National Strategies, and was delivered in a partnership approach between government and non-government stakeholders across community, clinical and research settings.

Significant STI prevention and education activities were delivered across the Implementation Plan timeframe, including clinical STI service delivery across the Adelaide metropolitan region; the delivery of comprehensive sexual health and relationships education programs to schools across SA; peer education, outreach and support programs for sex workers, CALD communities and gay, bisexual and other men who have sex with men; workforce development activities were delivered spanning primary care, Aboriginal Community Controlled Health Services and tertiary settings; targeted STI screening programs were coordinated and supported across Aboriginal Community Controlled Health Services; and tens of thousands of condoms were distributed to services and organisations working with all priority populations.

South Australia also contributed to research projects in the STI field, including the Test, Treat and Go 2 (TTANGO2) project through the Kirby Institute, to make point of care testing for chlamydia, gonorrhoea and trichomonas available in remote settings. The Adelaide Gay Community Periodic Survey was once again implemented in 2016 in partnership with Centre for Social Research in Health (University of New South Wales). In addition, South Australia's first peer based point of care testing service for HIV and STI was established for gay, bisexual and other men who have sex with men following a successful demonstration project run in collaboration with Burnet Institute and local clinical STI providers.

While there were many achievements at the implementation level, including increases in HPV vaccination coverage via the school based immunisation program, as well as a targeted program of HPV vaccination for eligible gay, bisexual and other men who have sex with men; overall progress against the targets set out in the SA STI Implementation Plan was limited.

The 2018 Surveillance of STI and BBV in South Australia report¹ indicated significant increases for most notifiable STIs. The notification rate of gonorrhoea increased from 45 per 100,000 population in 2014 to 74 per 100,000 population in 2017 and 2018, while the notification rate for chlamydia in 2018 remained stable compared to 2017 at 360 per 100,000 population. Infectious syphilis notification rates more than doubled over the Implementation Plan period from 5.1 per 100,000 in 2016 to 11.7 per 100,000 in 2018. Infectious syphilis notifications in the Aboriginal population rose to 90 per 100,000 in 2018. In part this was due to the multijurisdictional syphilis outbreak affecting Aboriginal and Torres Strait Islander peoples coming to South Australia in late 2016.

There was one case of congenital syphilis notified in 2017 connected to this outbreak, the first in South Australia since 1999. A single case of congenital syphilis is considered a sentinel public health event that requires a thorough investigation to identify any areas for improvement which may prevent future cases. A South Australia Syphilis Outbreak Working Group was convened in 2017 and initiated a targeted response to the outbreak, including an investigation of the congenital case.

Performance against key targets

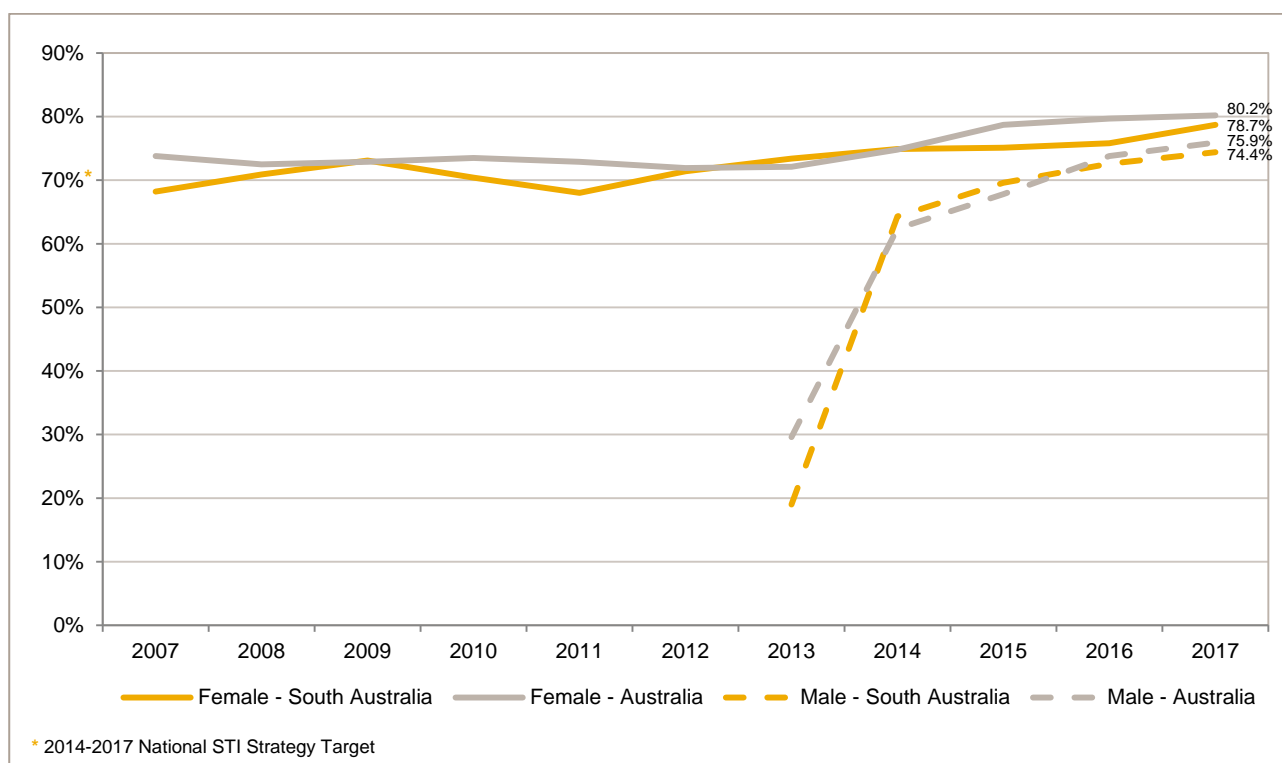
The following summarises South Australia's performance in relation to the targets set under the 'South Australian Sexually Transmissible Infections Implementation Plan 2016-2018'.

Target 1: Achieve HPV adolescent vaccination coverage of 70%

Australia: 'Coverage of HPV vaccination reached an estimated 79 per cent and 73 per cent for females and males respectively in 2016, exceeding the previous target of 70 per cent coverage nationally. Among Australian-born women and heterosexual men under 21 years attending sexual health clinics, the proportion diagnosed with genital warts fell to less than 1 per cent for both groups in 2016, and there has been a fall in the rate of detection of high-grade cervical histological abnormalities in women aged under 25 years.'²

South Australia: HPV vaccination coverage has remained relatively stable over the reporting period, with a slight increase noted in the 2 years from 2014-2017. Through the school based immunisation program delivered in South Australia, coverage was consistently maintained above the target set out in the National Strategy of 70%, with 78.7% of females and 74.4% of males reported as vaccinated in 2017.

Figure 1: HPV three-dose vaccination coverage for children turning 15 years of age, by sex, Australia & South Australia, 2007 to 2017³



Note: These data include children aged 15 who had received three doses of HPV vaccine by 30 June 2013, 2014, 2015, 2016 and 2017. Any doses administered after that date are not included and therefore the current coverage in this cohort may be higher than reported here. Only vaccinations reported to the National HPV Vaccination Program Register (NHPVR) are included. Children whose courses are considered to be incomplete according to the Chief Medical Officer guidelines and children who do not wish their details to be recorded on the HPV Register are excluded. Coverage for males is only available from 2013 when they were included in the NHPVR program routinely at age 12-13, with a catch up program for males aged 14-15 years delivered in 2013 and 2014. The NHPVR closed on 31 December 2018. Future HPV vaccination coverage data will be published on the Australian Department of Health's website – 2018 onwards data currently unavailable.

Target 2: Increase testing coverage in priority populations

Australia: 'There was some progress towards increasing STI testing coverage in priority populations—a target in the previous strategy. There was success in boosting comprehensive STI testing (in the 12 months prior to the survey) in gay and bisexual men—the rate rose from 37 per cent in 2012 to 45 per cent in 2016. Testing and diagnoses of chlamydia have increased since 2012, with the use of dual testing for gonorrhoea and chlamydia contributing to the rise in diagnoses of both of these infections.'

South Australia: STI testing data at a state-wide level is unavailable in SA. Testing data available from the Adelaide Gay Community Period Survey⁴ reveal that the proportion of HIV-negative gay, bisexual and other men who have sex with men reporting any STI testing has remained stable, however, the proportion of HIV-positive men in the survey reporting testing decreased to 72.2% in 2018 (from 90.7% in 2011).

The Aboriginal Health Council of SA receives de-identified, clinic-level testing and positivity data from nine ACCHS for the purposes of quality improvement in their STI programs. Aggregated STI testing data from participating ACCHS in South Australia showed an increase in STI screening of 113.1% between 2008 and 2016[†], including an increase of 106.6% in the number of unique individuals tested.

Target 3 & 4: Reduce the incidence of chlamydia and gonorrhoea

Australia: 'The notification rate for chlamydia remained stable between 2012 and 2015. However, there was an increase in 2016. This did not meet the previous stated target of reducing the incidence of chlamydia. Of the estimated 250 000 people aged 15 to 29 years with new chlamydia infections in 2016, only 28 per cent were diagnosed, indicating a significant and concerning gap in testing for STI in young people.'

'The notification rate for gonorrhoea increased by 63 per cent between 2012 and 2016 despite the previous national target of a reduction in incidence.'

'An analysis of Medicare-rebated chlamydia tests, also used as a proxy for gonorrhoea due to the introduction of dual testing, indicates that the increase in notifications of gonorrhoea nationally is likely to be due to true increased transmission, including a significant increase in women since 2007, while, for chlamydia, the increase in 2016 may be due to an increase in testing. However, these are likely to still only represent a proportion of people who are currently infected with these STI.'

South Australia: As can be seen from the tables below, and as was the case with Australia overall, these targets were not met at the SA level. Chlamydia and gonorrhoea notifications increased over the reporting period. The notification rates for both chlamydia and gonorrhoea by Aboriginal status reveal a rate increase over time that significantly exceeds the rate for non-Indigenous South Australians.

Due to the lack of testing data available, it is unclear whether these increases are a product of increased testing coverage or if they in fact represent a true increase in prevalence and incidence in SA.

Table 1: Annual number of chlamydia diagnoses, by sex and notification rate per 100,000, South Australia, 2014 to 2018

	2014	2015	2016	2017	2018
Female	3,289	3,134	3,136	3,225	3,486
Male	2,261	2,320	2,347	2,685	2,768
Indeterminate	0	0	0	0	2
Total number of notifications	5,550	5,454	5,483	5,910	6,256
<i>Notification rate</i>	329	320.7	320.1	342.8	360.3

[†] Data for 2016-2018 was not available at the time of writing this report.

Table 2: Annual number of chlamydia diagnoses, by Aboriginal status and notification rate per 100,000, South Australia, 2014 to 2018

	2014	2015	2016	2017	2018
Aboriginal	445	370	360	355	452
<i>Notification rate</i>	1,117	908.9	865.1	834.3	1039
Non-Indigenous	4,888	4,794	4,844	5,093	5,094
<i>Notification rate</i>	296.8	288.8	289.8	302.9	300.9
Not stated	217	290	279	462	710
Total number of notifications	5,550	5,454	5,483	5,910	6,256

Table 3: Annual number of gonorrhoea diagnoses, by sex and notification rate per 100,000, South Australia, 2014 to 2018

	2014	2015	2016	2017	2018
Female	247	242	396	465	452
Male	503	571	714	807	836
Total number of notifications	750	813	1,110	1,272	1,288
<i>Notification rate</i>	44.5	47.8	64.8	73.8	74.2

Table 4: Annual number of gonorrhoea diagnoses, by Aboriginal status and notification rate per 100,000, South Australia, 2014 to 2018

	2014	2015	2016	2017	2018
Aboriginal	227	188	226	253	346
<i>Notification rate</i>	569.9	472.0	555.2	608.0	813.2
Non-Indigenous	508	594	851	1,002	932
<i>Notification rate</i>	30.8	35.8	50.9	59.6	55.1
Not stated	15	31	33	17	10
Total number of notifications	750	813	1,110	1,272	1,288

Target 5: Reduce the incidence of infectious syphilis and eliminate congenital syphilis

Australia: 'Progress towards reducing the incidence of syphilis and elimination of congenital syphilis was not achieved. New diagnoses of infectious syphilis more than doubled between 2012 and 2016. This largely reflected a multijurisdictional syphilis outbreak in remote Aboriginal and Torres Strait Islander communities in northern and central Australia and a persistent increase in syphilis diagnoses among gay men and other MSM in urban areas. However, increased rates were also seen in females in non-remote areas.'

'The elimination of congenital syphilis in Australia remains an urgent public health priority. Between 2012 and 2016 there were 16 notifications of congenital syphilis nationally. The notification rate was 18 times higher in the Aboriginal and Torres Strait Islander population compared with the non-Indigenous population (5.4 and 0.3 per 100 000 live births respectively).'

South Australia: Notification rates of infectious syphilis more than doubled between 2016 and 2018 in SA. As with the national data, these increases were driven by dual outbreaks affecting Aboriginal and Torres Strait Islander people and gay, bisexual and other men who have sex with men. In 2017, SA also recorded a case of congenital syphilis. These targets were therefore not met, and work to address the multijurisdictional syphilis outbreak affecting Aboriginal and Torres Strait Islander people was commenced, including the establishment of a South Australian Syphilis Outbreak Working Group.

Table 5: Annual number of infectious syphilis diagnoses, by sex and notification rate per 100,000, South Australia, 2014 to 2018

	2014	2015	2016	2017	2018
Female	1	5	9	24	24
Male	28	63	79	135	179
Indeterminate	0	1	1	0	0
Total number of notifications	29	69	89	159	203
<i>Notification rate</i>	1.7	4.1	5.2	9.2	11.7

Table 6: Annual number of infectious syphilis diagnoses, by Aboriginal status and notification rate per 100,000, South Australia, 2014 to 2018

	2014	2015	2016	2017	2018
Aboriginal	3	11	12	29	39
<i>Notification rate</i>	7.5	27	28.8	68.2	89.6
Non-Indigenous	26	58	77	130	164
<i>Notification rate</i>	1.6	3.5	4.6	7.7	9.7
Not stated	0	0	0	0	0
Total number of notifications	29	69	89	159	203

Table 7: Annual number of congenital syphilis diagnoses, South Australia, 2014 to 2018

	2014	2015	2016	2017	2018
Total number of notifications	0	0	0	1*	0

* first case in SA since 1999.

References

- ¹ Fearnley E, Tribe I, Waddell R, Solly A (2018). *Surveillance of sexually transmitted infections and blood-borne viruses in South Australia*. Communicable Disease Control Branch, SA Health. Accessed online at: www.sahealth.sa.gov.au/SurveillanceNotifiableConditions.
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- ⁴ Broady, T., Mao, L., Bavinton, B., Jeffries, D., Bartlett, S., Calabretto, H., Narciso, L., Prestage, G., & Holt, M. (2019). *Gay Community Periodic Survey: Adelaide 2018*. Sydney: Centre for Social Research in Health, UNSW Sydney. <http://doi.org/10.26190/5ce786a5b6f58>

For more information

STI and BBV Section
Communicable Disease Control Branch
Telephone: 08 7425 7101
www.sahealth.sa.gov.au



www.ausgoal.gov.au/creative-commons