

STI CONTROL AND HIV PREVENTION PROGRAM

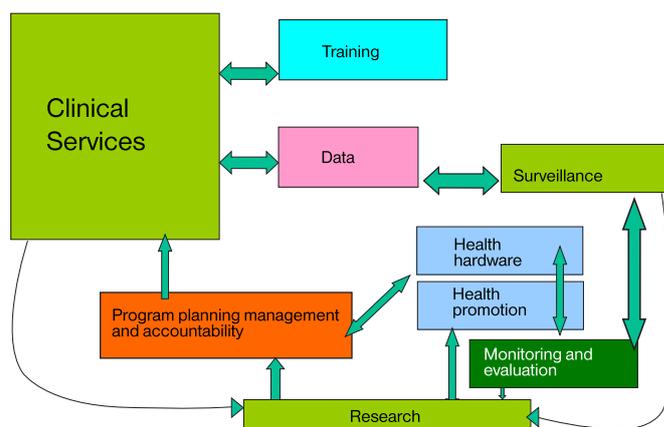
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Program planning, management and accountability

In the past year the STI control and HIV prevention program has consolidated and continued its core activities. Provision of primary health care in the APY Lands to control STIs is an ongoing task, which intensifies during the Annual Screen, but continues throughout the year integrated with other clinical activity. Strategies include periodic population-wide and ongoing opportunistic syphilis, gonorrhoea and chlamydia screening and treatment, syndromic treatment, adherence to contact tracing, and offering confidential HIV testing to people at higher risk. These strategies rely upon the ongoing training of both male and female community-based staff. The long-term nature of this effort, based upon the Eight Way Model, is reflected in:

- Sustained major reductions in syphilis prevalence for over twenty years (20% in 1985 to 0.8% in 2006)
- Sustained significant reductions in chlamydia prevalence for eleven years with a 41% reduction to 5.3% in 2006 from 9.0% in 1996
- Reductions in gonorrhoea prevalence over eleven years by between 14-71% from 14.3% in 1996
- Gradually increasing quantity of interval screening with a 160% increase in testing in 2006 compared with 1996
- Reduction of the interval to treatment from a mean of 17 days in 1996 to 9.6 days in 2006
- Research involving community-based gonorrhoea culture has been undertaken to look at potential reasons for rise in gonorrhoea prevalence since 2004

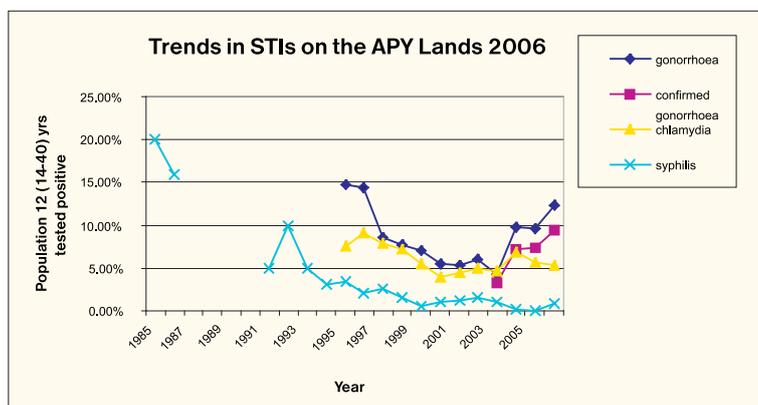
Eight Ways to Beat HIV, Nganampa Health Council



Clinical services

This year 1025 people in the core population 14-40 years of age on the APY Lands participated during the Annual STI Screen. In order to maintain the quality of data, an annual population update is undertaken in a standardised manner over several weeks just preceding the STI Screen each year. The participation rate of 75% was the equal highest participation rate since annual screening commenced, equal to the 2005 participation rate. The male participation rate was high (72%) as was the participation in 15-24 year olds (76%) who are most at risk of STIs.

The prevalence of chlamydia in 2006 was 5.3%, syphilis 0.8% and gonorrhoea 12.3% (screening) and 9.4% confirmed. The prevalence of trichomonas in females during the 2006 STI screen based only upon the samples which received on-site microscopy was 11%, which is much lower than expected based upon other surveys in Central Australia, even taking into account the sensitivity of the method.



382 people, or 28% of the core population of 14-40 year olds from the APY Lands were reported to be away from the APY Lands during the first two weeks of the Annual STI Screen. Nine percent of the total 14-40 year old population of the APY Lands were in Alice Springs in this time period during this Annual Screen, and an equal percentage were in other parts of SA. This very large proportion of the population travelling at any particular time presents a significant challenge to effective STI control on the APY Lands, as almost 3 in 10 people are geographically absent, and not able to be offered STI care directly by NHC. In these circumstances,

maintenance of NHC outcomes become partly dependent on an effectual network of sustained STI primary health care services across all of Central Australia and other socially related areas, particularly within SA.

Health hardware

The ceremonial HIV project has completed its twelfth season, with distribution of single use equipment during traditional men's rituals an ongoing method employed to reduce risk of blood borne virus transmission. Condom distribution continues through free condom dispensers at strategic locations in the communities.

Health promotion

Health promotion involves presentation of the Young Anangu Women's Education package to older school-aged children, and similarly male's health education incorporates sexual health education to increase understanding of STIs, safe sexual practice and condom use, early self presentation, and single use equipment at ceremonies. Visits to deliver broad health, drug and alcohol, and sexual education continue with visits to Wiltja Residential college and Port Augusta Prison.

Training

Training is a core activity of this program, designed to provide the skills necessary for clinic staff with and without previous sexual health experience to be confident in delivering STI care on an ongoing basis.

Surveillance

This year, new innovations to basic STI surveillance include:

- Adaption of the database to log detailed information of mobility of the core population during the STI screen
- Adaption of database processes to allow more active and efficient use in co-ordinating and driving appropriate treatment and other management in real-time, rather than as a retrospective tool for recording infections and treatment
- New programming of the database to provide detail of gonorrhoea cultures to ensure there is adequate surveillance of antibiotic resistances over time. While passive ongoing collection of gonorrhoea cultures has been maximised, a reduction in air services will present a challenge to ongoing antimicrobial monitoring capacity
- Identification of antenates on the STI database for stricter and tailored management of STIs

Research

As part of the systematic exploration of a rise in gonorrhoea since 2004, on-site culture was undertaken for gonorrhoea from 563 participants during the 2006 Annual STI screen, and on-site plating for gonorrhoea was also undertaken by NHC staff prior to the Annual screen. This contributed 75 isolates up until the end of May (approximately seven times more than usually attained in this time period). All were in the less sensitive range to penicillin. This also contributes to evidence to establish the validity of the piv_{ng} supplementary PCR test for gonorrhoea by comparison with the gold standard of culture.

Monitoring and evaluation

Outcome measures continue to be monitored and analysed on a regular basis in order to determine program direction. These include prevalence and incidence of endemic STIs, treatment rate and length of delay until treatment, sensitivities of gonorrhoea cultured from the APY lands, HIV testing and reasons for such testing, and contact tracing processes.

