



Government of **Western Australia**
Department of **Health**

*Western Australian Sexual Health and
Blood-borne Virus Strategies 2019-2023*

Implementation Progress
Report 2021

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1. Introduction

In July 2019, the Western Australian (WA) Sexual Health and Blood-borne Virus Advisory Committee (WA SHaBBVAC) endorsed the five *WA Sexual Health and Blood-borne Virus Strategies 2019–2023 (WA Strategies)*. The development of the *WA Strategies* was led by the WA Department of Health with significant contribution from state government and non-government clinical, community and workforce organisations.

The *WA Strategies* provide an agreed framework for a high quality and coordinated response to prevention and control of blood-borne viruses (BBVs) and sexually transmissible infections (STIs) in WA. They include the:

- *WA Sexually Transmissible Infections Strategy*
- *WA Human Immunodeficiency Virus (HIV) Strategy*
- *WA Hepatitis B Strategy*
- *WA Hepatitis C Strategy*
- *WA Aboriginal Sexual Health and Blood-borne Virus Strategy*

In March 2020, a baseline *Implementation Report 2020* was developed following comprehensive consultation with key stakeholders. Using a traffic light coding system, the report identified coverage and gaps relating to the *Key actions* for each priority population within the *Action areas* for each of the *WA Strategies*, and made recommendations to address the 'red' and 'orange' coded areas.

The *Implementation Progress Report 2021* provides a summary of activities that have been delivered during 2020 to address the recommendations established in the *Implementation Report 2020*. Activities reported are in direct response to the recommendations, not the key action area in its entirety. The traffic light coding will change commensurate with demonstrated new or increased coverage for *Action Areas* as identified through SHBBVP initiatives, projects and programs, and via key stakeholder and contracted organisations reporting to SHBBVP.

The *Implementation Progress Report 2021* provides a 'progress towards targets' update and a 2020 'data dashboard' for each of the *WA Sexual Health and Blood-borne Virus Strategies 2019-2023 (WA Strategies)*.



2. *WA STI Strategy*

Implementation Progress Report 2021

2.1 WA STI Strategy – At a glance

Guiding principles

Meaningful involvement of priority populations

Human rights

Access and equity

Health promotion

Prevention

Quality health services

Harm reduction

Shared responsibility

Commitment to evidence-based policy and programs

Partnership

Goals

1. Reduce transmission of STIs among priority populations in WA.

2. Reduce the morbidity and mortality associated with STIs.

3. Minimise the personal and social impact of STIs.

4. Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's sexual health.

Targets

1. Achieve and maintain HPV adolescent vaccination coverage of 80% or more.

2. Increase STI testing coverage of priority populations.

3. Reduce the incidence and prevalence of gonorrhoea, chlamydia and infectious syphilis.

4. Maintain virtual elimination of congenital syphilis.

5. Eliminate the reported experience and expression of stigma among priority populations affected by STIs.

6. Improve knowledge and behaviour regarding safer sex and prevention of BBVs.

Targets are measured by indicators

Action areas

Prevention and education

Testing and diagnosis

Disease management and clinical care

Workforce development

Enabling environment

Data collection, research and evaluation

6 key actions

6 key actions

6 key actions

6 key actions

6 key actions

6 key actions

Surveillance, monitoring and evaluation

Priority populations

Women | Young people | Aboriginal people | Sexually and gender diverse people | Sex workers
 People in or recently exited custodial settings | Travellers and mobile workers | People living with a disability
 People with mental health issues | Gay and bisexual men, and MSM | CALD

2.2 WA STI Strategy – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: ■ Significant coverage ■ Some room for improvement ■ Significant room for improvement

Prevention and education					
Prevention and education strategies are essential to reduce the transmission of STIs through improving knowledge, changing behaviours, increasing uptake of vaccinations and the provision of health hardware.					
Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Increase the capacity of schools, including Education Support Centres, to deliver comprehensive Relationships and Sexuality Education (RSE) in a safe, non-judgemental and supportive environment by using a whole school approach.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Continue capacity building teachers and schools through the pre-service and in-service teacher training. 2. Continue consumer engagement and workforce capacity building with current practising teachers on the Panel of Writers. 3. Continue to progress the action plan from the GDHR Impact Evaluation. 	<ol style="list-style-type: none"> 1. Curtin University are contracted to deliver a 2-day free teacher training annually with paid teacher relief for in-service teachers. This did not go ahead in 2020 due to COVID. Two training sessions are planned for 2021 to address this gap - one in the Metro area and one in Albany. The possibility of additional regional area training in Busselton (identified as an area of need) is being explored. Pre-service teacher training was largely conducted online in 2020 due to COVID. During 2020, 27 teachers completed the pre-service teacher training in, and there were 45 attendees (teachers and school nurses) at the afterschool workshops. 2. Engagement with current practising teachers through the Panel of Writers was largely on hold in 2020 due to COVID but panel members will continue to work on GDHR improvements throughout 2021. 3. Website improvements in line with the GDHR Impact Evaluation and recommendations from the Panel of Reviewers/Writers have continued in 2020 and include: a restructured topic based 'Resource' section with filtering capabilities and improved user functionality; new lesson plans addressing identified gaps; improved background teacher notes and essential information; 				

Prevention and education

4. Continue to implement GDHR improvements recommended from lesson plan trials by the Panel of Reviewers/Writers.
5. Continue to use the data from the *WA Survey of Secondary Students and Sexual Health (WA SSSASH)* to inform improvements to the GDHR website.
6. Map the GDHR website to the *International Technical Guidance of Sexuality Education* and conduct a gaps analysis.
7. Continue maintaining strong sector relationships (e.g. Department of Education (DoE), School Drug Education and Road Aware (SDERA))
8. Continue systematic review of GDHR content to ensure content is current, accurate and comprehensive (i.e. offers education in real life contexts that include such things as alcohol and other drug use and the associated risks).
9. Explore professional development collaborations with SDERA to establish better links between RSE and drug education.

additions to the FAQ section. In the 2019-2020 financial year there were 105,005 users of the GDHR website which was a 25,100 increase from 2018-2019. 41% of all users were from Australia and 15,481 users were from Western Australia.

4. Data from the WA SSSASH has been used to inform the priorities for new content and updates. New statistics have been referenced and updated in the parent resource *Talk soon. Talk often. (TSTO)* and in the new lesson plan content.
5. Mapping the GDHR website to the *International Technical Guidance of Sexuality Education* and gap analysis has not yet commenced.
6. Strong sector relationships continue with the representation of the following organisations on the GDHR Advisory Group: DoE, Sexual Health Quarters (SHQ), University of NSW, Australian Research Centre in Sex, Health and Society, Curtin University, School Curriculum and Standards Authority. Additionally, Child and Adolescent Health Services (CAHS) informally accepted an invitation to join the Advisory Group. There were a number of staff changes at CAHS and introductory meetings were held with the new staff members to continue the collaborations that had begun in 2019. All Advisory Group members and a number of other content experts formed a reference group for consultation to build the new TSTO parent section of the GDHR website.
7. Collaborations with the University of Tasmania to adapt TSTO for their state.
8. The systematic review of GDHR content has continued throughout 2020. The Annual GDHR report outlines the updates and improvements implemented in 2020.
9. Collaborative professional development plans were made with SDERA for 2020, however, these were all put on hold due to COVID.

Prevention and education

2. Support further increases in the number of adolescents including Aboriginal adolescents completing the HPV vaccination series as per the National Immunisation Strategy and the Western Australian Immunisation Strategy 2016–2020.

Recommendations:

1. Work with Immunisation, Surveillance and Disease Control (ISDC) team to plan strategies to increase uptake of vaccines.
2. Continue to support ISDC with the development of the school-based vaccination education program.
3. Identify areas with low vaccination rates for targeted intervention.

1. A new Background Teaching Note on HPV vaccinations was added to GDHR. Content was reviewed by ISDIC.
2. Collaborations continued to develop the school-based vaccination education program. Lesson plans were drafted and reviewed. This project was then put on hold due to COVID.
3. Geospatial mapping of vaccination rates identified areas of possible targeted intervention. Targeted intervention projects were put on hold due to COVID.
4. The school-based HPV vaccination program was impacted by school closures due to COVID.

3. Increase use of and access to peer-based and outreach STI prevention and education services for priority populations by increasing opportunities for people to undertake peer training and enhancing service linkage with peer-based services or programs.

Recommendation:

1. Explore opportunities to engage peers in STI projects and support community organisations to respond to needs of priority populations.

1. The Youth Educating Peers (YEP) Project is contracted to deliver peer sexual health and blood-borne virus education to young people and professionals who work with young people. This includes information about specific STIs, using condoms and other barrier methods, where to get tested and treated and normalising these behaviours. The YEP Project established the YEP Youth Reference Group (YRG). The YRG includes young people from a variety of backgrounds including young people who are gender diverse, sexually diverse, Aboriginal young people, young people living with a disability, young people from CaLD backgrounds, young people with experience of disadvantage such as poverty and homelessness and young people from regional areas. The YRG will provide feedback on YEP program development, resource creation and social media, and have already continued to the development of NAIDOC Week social media content that included a campaign video focused on STI testing.

Prevention and education

The YEP Project engaged with 576 young people across 34 youth workshops and events, and 307 professionals across 17 professional development workshops and webinars. The YEP Project also significantly increased their online presence in 2020.

The *YEP Youth SHBBV Referral Resource* was updated and relaunched. The updated resource has been accessed on the YEP website 277 times since it was uploaded, has been promoted at all youth and professional workshops and webinars, and has been heavily promoted on social media including an educational video on how to use the resource which reached 1078 screens.

Magenta are a service provider contracted to provide peer-led sexual education and support for sex workers in WA. In 2020 Magenta engaged in 1068 incidences of peer education with sex workers.

In 2020 the 'PrEP for sex workers' resource that was translated into Simplified Chinese, Thai and Korean. These translations consulted language speaking peers to ensure that not only the translations were correct but also that they didn't use stigmatising and over clinical language.

4. Promote consistent and effective use of safer sex hardware including condoms and other barrier methods by increasing discreet access to free or affordable condoms and increasing acceptability of condom use among priority populations.

Recommendation:

1. Emphasis of role in condom in reducing STIs. Address misconceptions among young people around condoms and other contraceptives (e.g. that condoms are not needed if on the Pill).

1. In 2020 the Department of Health provided 39 condom dispensers to 17 locations (multiple sites in some locations) across 3 regions (Wheatbelt, Goldfields, Pilbara) and the metro area. Over 80% of the dispensers were provided to regional or remote sites.

The YEP Project is contracted to delivery education on safer sex to prevent STIs, included using condoms and other contraceptive methods. The YEP Project engaged with 576 young people across 34 youth workshops and events, and 307 professionals across 17 professional development workshops and webinars. The YEP Project also created and shared social media content focusing on condoms and contraception across multiple platforms.

Prevention and education

	<p>GDHR includes lesson plans, background teacher notes and frequently asked questions to assist in the role of educating young people about condoms and contraception. New lesson plans were added on 'Safer sex' and 'Keeping safe in sexual situations' that use the Laugh and Learn campaign videos as a stimulus for the lesson.</p> <p>Magenta had sales of 278,448 pieces of safer sex hardware in 2020.</p>				
<p>5. Implement targeted age appropriate and culturally secure STI prevention education initiatives and resources for priority populations via a range of channels including digital platforms and social media to enhance accessibility of STI prevention messages.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Increase commitment to ensuring that campaigns and STI prevention education is inclusive of minority priority groups to expand and enhance the acceptance of key sexual health messages. 2. Map prevention and education initiatives and resources for priority populations that are currently funded and provided and complete a gap analysis to guide future interventions. 	<ol style="list-style-type: none"> 1. New overarching sexual health campaign (Healthysexual) concept design began in 2020 with key stakeholder and consumer consultation. This campaign aims to be inclusive of all priority populations and all demographics with the key messages that sexual health is part of wellbeing for all people and aims to enhance acceptance of key sexual health messages with a sex positive approach. <p>The YEP Project established the Youth Reference Group (YRG). The YRG includes young people from a variety of backgrounds including young people who are gender diverse, sexually diverse, Aboriginal young people, young people living with a disability, young people from CaLD backgrounds, young people with experience of disadvantage such as poverty and homelessness and young people from regional areas. The YRG will provide feedback on YEP program development, resource creation and social media, and have already continued to the development of NAIDOC Week social media content that included a campaign video focused on STI testing.</p> <p>SHQ implemented 1) a pilot community education program for young Aboriginal residents at a Perth residential college and 2) a pilot collaboration program with WA Youth Policing and the Balga Teen Parent Centre and 3) the HERS project in partnership with AseTTs for young CaLD women.</p>				

Prevention and education

	<p>2. This initiative has not formally commenced but some gaps analysis has been considered in the development of the new Healthysexual campaign.</p> <p>A Steering Group consisting of government and non-government stakeholders has been established to review SHBBVP's multicultural STI factsheets.</p>				
<p>6. Ensure STI prevention education, access to condoms and recommended regular STI testing is promoted alongside Pre-exposure prophylaxis (PrEP) for HIV prevention to minimise the risk of increased STI transmission in those using PrEP, and to ensure timely treatment of STIs.</p> <p>Recommendation:</p> <p>1. Continue to support workforce development in prescribers of PrEP to ensure best practice STI prevention education, testing and disease management occurs for consumers of PrEP.</p>	<p>1. ASHM developed a two-page Decision Making in PrEP tool, describing the prescribing pathway for PrEP in WA and summarises the key eligibility and recommended assessment criteria for primary care providers in WA who wish to prescribe PrEP, as well as outlining ongoing patient education and monitoring requirements. ASHM also delivered two HIV PrEP session updates in Perth and Bunbury.</p>				

Testing and diagnosis

Early detection and intervention can have significant effects on reducing the transmission of STIs by ensuring the community receive the treatment and follow-up that they require.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Ensure antenatal syphilis testing is conducted as a priority in all public and private sector health services in metropolitan, regional and rural WA. This includes ensuring the testing and diagnosis of all STIs including syphilis is conducted as part of routine antenatal care to minimise the risk of mother-to-child transmission and adverse health outcomes for infants.</p> <p>Recommendation:</p> <p>1. Continue to raise awareness of syphilis antenatal testing in health professionals and the community through multifaceted channels including social marketing, provision of clinical guidelines and workforce development.</p>	<p>1. A sexual health campaign targeting pregnant women ran throughout 2020. This included paid outdoor advertising (public toilets and GP offices) and targeted digital and social media (FB, Snapchat, Instagram. Posters and letters were sent to public health units, antenatal clinics, sexual health clinics, obstetricians, gynaecologists, midwives and NGOs. A poster was adapted for Aboriginal/CaLD populations and distributed to regional areas.</p> <p>A quick guide for the testing and treatment of syphilis was produced in March 2020. After notifications of syphilis in the metropolitan area increased across diverse populations, and particularly the sub-populations of women that are of reproductive age, the guidelines were amended to represent the changing epidemiology. To increase awareness of syphilis in the metropolitan area a large mailout of quick guides occurred to a variety of health worker; midwives, GPs, obstetricians and gynaecologists, head of emergency medicine etc.</p> <p>After an increase in notifications in pregnant women in the metropolitan area Metropolitan Communicable Disease Control Directorate in partnership with sexual health physicians have undertaken workforce development. Maternity hospitals in the metro area have received education at clinical meetings to raise awareness of syphilis to healthcare providers.</p>				

Testing and diagnosis

- 2. Use novel approaches to increase acceptability, accessibility and uptake of STI testing in priority populations, with a focus on regional and remote areas.**

Recommendations:

1. Encourage sharing of information between regional and remote areas, community services, and government organisations to ensure that innovative programs can be adapted to reach multiple priority populations.
2. Explore options for SMS results notifications.

1. 3 STI and BBV Quarterly Forums were held during the period, due to the June Forum being cancelled due to COVID. Across the 3 Forums there were 19 presentations from 12 different organisations and services including SHBBVP. Forum attendees were from a wide range of government, non-government and private organisations. Forums transitioned to the use of Microsoft Teams for online attendance and past forums and presentations are available to access on the Department of Health Corporate website.

The YEP Project delivered one face to face regional professional workshop in Geraldton that had 30 attendees from a variety of local services.

The Department of Health commenced regular presentations of trends in the questions received via the Get the Facts website at the quarterly SHARE forum hosted by SHQ.

The annual Regional Sexual Health Teams Workshop was held from 19-20 October in Perth. In total 38 people attended the workshop from 17 organisations. The workshop provided an opportunity for participants to network, share ideas and upskill on relevant sexual health topics.

2. To be progressed.

- 3. Promote and maintain the use of regularly updated evidence-based clinical guidelines and resources for accurate STI testing and diagnosis.**

Recommendation: Nil

Nil recommendations

Testing and diagnosis

<p>4. Identify strategies to normalise STI and BBV testing and incorporate into routine practice.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Provide guidance to primary health care professionals on how to incorporate opportunistic STI and BBV testing into service delivery. 	<ol style="list-style-type: none"> 1. A quick guide for the testing and treatment of syphilis was produced in March 2020. After notifications of syphilis in the metropolitan area increased across diverse populations, and particularly the sub-populations of women that are of reproductive age, the guidelines were amended to represent the changing epidemiology. To increase awareness of syphilis in the metropolitan area a large mailout of quick guides occurred to a variety of health worker; midwives, GPs, obstetricians and gynaecologists, head of emergency medicine etc. <p>In 2020 there were frequent updates made to the SilverBook website which is a resource for primary care providers in the diagnosis, treatment and management of patients for STIs. In conjunction to the SilverBook website two additional print copy quick guide resources were updated as required; a quick guide to testing for STIs and quick guide to the management of STIs.</p>				
<p>5. Enhance evidence-based guidance and stewardship on antimicrobial resistance (AMR) and utilise best practice testing procedures to enable appropriate antibiotic prescribing.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. AMR education to be included in education of priority populations. 	<ol style="list-style-type: none"> 1. In 2020 there were multiple cases of AMR shigella diagnosed in MSM. Due to travel restrictions, these cases were deducted to be locally transmitted cases. In response a fact sheet was drafted to be disseminated through GPs to people who are diagnosed with Shigella so that they are aware that if they are MSM and the antibiotics originally prescribed don't resolve the symptoms further testing and treatment will be required. 2. WA Department of Health continues to support and monitor the Western Australian Gonococcal Surveillance Programme. Reports are received quarterly and are monitored so that responsive clinical alerts can be disseminated if and as required. 				

Testing and diagnosis

6. Develop the capacity of health infrastructure in regional and remote areas to increase testing and diagnosis during STI outbreaks and epidemics.

Recommendation:

1. Continue to support the enhancement of the regional and remote services to be mobilised and responsive to outbreaks and epidemics through networking and capacity building.

1. The Regional Sexual Health Teams have expanded and now included syphilis specific positions in the Pilbara, Goldfields and Kimberley. The syphilis response is a key priority for these teams and regional Syphilis Outbreak Response Teams have been established. The Regional Sexual Health Teams workshop included a syphilis session where the regions provided updates on their epidemiology and activities.

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Disease management and clinical care

Timely and effective treatment, clinical care and contact tracing using innovative models and specialist support play an important role in preventing the transmission of STIs and reducing the long-term harm and burden of disease.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Identify and implement evidence-informed approaches for improving partner notification systems and contact tracing activities and efforts, particularly in regional and remote areas, to enhance the diagnosis and treatment of people who may not otherwise realise they have been exposed to an STI and reduce the rates of onward transmission and reinfection with STIs.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> Expand current data collection tools to ensure that systems allow evaluation of how effectively contact tracing is occurring in health services and appropriately monitor time to testing and time to treatment of known contacts. Explore options to implement SMS partner notification systems. 	<ol style="list-style-type: none"> In 2020 an options paper for the development of a database system to better manage and monitor cases and contacts of cases of infectious syphilis was endorsed by WA Syphilis Outbreak Response Group. The system GoData is being explored as a potential IT solution that will meet the recommendations stipulated in the options paper. To be progressed. 				
<p>2. Promote and maintain the use of regularly updated evidence-based clinical guidelines and resources for STI treatment and management to ensure high quality, appropriate and consistent disease management and clinical care.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations</p>				

Disease management and clinical care

<p>3. Utilise innovative models of care for disease management and clinical care such as nurse-led models of care and outreach clinics.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Encourage sharing of information between regional and remote areas, community services, and government organisations to ensure that innovative programs can be adapted to reach multiple priority populations. 2. Explore telehealth options for rural, regional and remote patients to increase access. 	<ol style="list-style-type: none"> 1. 3 STI and BBV Quarterly Forums were held as the June Forum was cancelled due to COVID. Across the 3 Forums there were 19 presentations from 12 different organisations and services including SHBBVP. Forum attendees were from a wide range of government, non-government and private organisations. Forums transitioned to the use of Microsoft Teams for online attendance and past forums and presentations are available to access on the Department of Health Corporate website. 2. CDCD advocated for the extension of telehealth options for sexual health and reproductive services during COVID. 								
<p>4. Develop the capacity of health infrastructure in regional and remote areas to enhance the delivery of disease management and clinical care during STI outbreaks and epidemics.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Continue to support the enhancement of the regional and remote services to be mobilised and responsive to outbreaks and epidemics through networking and capacity building. 	<ol style="list-style-type: none"> 1. The Department of Health continued to provide the syphilis videoconference series in 2020. 6 sessions were provided in 2020 and included a variety of topics such as interpreting syphilis results, symptoms and defining stages of syphilis, syphilis interactive case scenarios, contact tracing, syphilis point of care testing and questions from the field. 								
<p>5. Improve active follow-up for disease management and clinical care using methods such as SMS reminders for treatment and recall systems to ensure those diagnosed with an STI receive appropriate and timely treatment.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Continue to explore and implement strategies, such as point-care-testing, that remove barriers for follow up to treatment. 	<ol style="list-style-type: none"> 1. In July 2020 the WA Syphilis point-of-care testing (PoCT) program commenced. Twenty-one services have registered in the program and there have been 25 staff trained as advanced trainers (train-the-trainers) and 31 staff have been trained as basic operators. 3700 syphilis PoCT have been distributed to sites. 								

Disease management and clinical care

6. Ensure best practice and timely treatment of STIs to reduce likelihood of complications and adverse outcomes, especially in pregnant women and their infants.

Recommendation:

1. Maintain and expand on access to up-to-date clinical guidance for healthcare workers particularly for those who work closely with sub-populations that are particularly vulnerable or at risk such as pregnant women and their infants.

1. During 2020 there were three congenital syphilis investigations conducted that align with the recommendations of the WA SORG. These investigations offer opportunity to learn how syphilis in pregnancy was not diagnosed and explore systemic changes that could occur to ensure that women are diagnosed and treated of infectious syphilis earlier in their pregnancy and prevent congenital syphilis.

The SilverBook testing guidelines for women who are pregnant were updated multiple times during 2020. The testing guidelines introduced a medium risk category which stated that women at increased risk of syphilis should test an additional two times during pregnancy after the test that occurs at the first antenatal visit.

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Workforce development

The facilitation of appropriate and successful prevention, testing and treatment initiatives will continue to rely on a highly skilled and adequately trained healthcare workforce. Support and education for staff and volunteers working with people at risk of or affected by STIs, in a variety of settings, is central to the response to STIs in WA.

Key actions

1. Increase accessibility of training and professional development opportunities for healthcare staff in rural and regional areas by using digital platforms for local organisations to leverage.

Recommendation:

1. Continue to explore digital solutions for training such as online training modules, videos, video conferencing and recordings.

Activities aligned with recommendations

1. 3 STI and BBV Quarterly Forums were held as the June Forum was cancelled due to COVID. Across the 3 Forums there were 19 presentations from 12 different organisations and services including SHBBVP. Forum attendees were from a wide range of government, non-government and private organisations. Forums transitioned to the use of Microsoft Teams for online attendance and past forums and presentations are available to access on the Department of Health Corporate website.

2020	2021	2022	2023

Workforce development

The development of an ASHM syphilis online learning module for midwives has commenced.

ASHM developed a syphilis online learning module for primary care.

The Department of Health launched three educational videos for Aboriginal people in 2020:

- 1) [What is an STI?](#)
- 2) [What you need to know about Hepatitis B](#)
- 3) [We need to yarn about syphilis.](#)

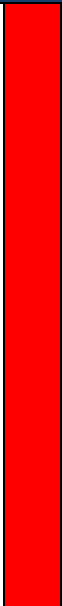



Combined, these videos have had almost 30,000 views.

A Contact Tracing in Regional and Remote Areas video was developed and launched in 2020 to provide guidance for health professionals. The video is available on the WA Syphilis Outbreak Response site, Lets Yarn and in the Regional Orientation Document.

After the creation of the *Structured Administration Supply Arrangement* for syphilis treatment a video was produced to increase clinician confidence in administering LA-Bicillin. This video was done in partnership with South Terrace Clinic and offers step-by-step process on administering LA-Bicillin and techniques and strategies to increase patient comfort receiving the treatment.

The Department of Health continued to provide the syphilis videoconference series in 2020. 6 sessions were provided in 2020 and included a variety of topics such as interpreting syphilis results, symptoms and defining stages of syphilis, syphilis interactive case scenarios, contact tracing, syphilis point of care testing and questions from the field.

Workforce development

<p>2. Encourage collaboration and capacity building between health services, community organisations and the government sector, including between different government departments, in relation to and for the purpose of improving prevention and education programs in schools and in the community health service delivery, and in relation to policies that impact priority populations.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Continue to create spaces that bring community health workers, primary health workers and government agencies together to encourage collaboration to reach priority populations. 	<ol style="list-style-type: none"> 1. 3 STI and BBV Quarterly Forums were held as the June Forum was cancelled due to COVID. Across the 3 Forums there were 19 presentations from 12 different organisations and services including SHBBVP. Forum attendees were from a wide range of government, non-government and private organisations. Forums transitioned to the use of Microsoft Teams for online attendance and past forums and presentations are available to access on the Department of Health Corporate website. <p>The Department of Health commenced regular presentations of trends in the questions received via the Get the Facts website at the quarterly SHARE forum hosted by SHQ.</p> <p>The annual Regional Sexual Health Teams Workshop was held from 19-20 October in Perth. In total 38 people attended the workshop from 17 organisations. The workshop provided an opportunity for participants to network, share ideas and upskill on relevant sexual health topics.</p>				
<p>3. Ensure healthcare professionals, including General Practitioners (GPs), are well informed and are aware of and have access to appropriate and current guidelines on testing and treatment so as to provide optimal information and support to patients.</p> <p>Recommendation: Nil</p>	<ol style="list-style-type: none"> 1. An additional quick guide for the testing and treatment of syphilis was produced in March 2020. After notifications of syphilis in the metropolitan area increased across diverse populations, and particularly the sub-populations of women that are of reproductive age, the guidelines were amended to represent the changing epidemiology. To increase awareness of syphilis in the metropolitan area a large mailout of quick guides occurred to a variety of health workers which included GPs. 				

Workforce development

<p>4. Support the capacity and role of community and peer-based organisations to provide appropriate prevention, education, advocacy and other care services to priority populations so as to enhance service access and equity for priority populations.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Conduct an audit and gap analysis of current peer-based programs to ensure coverage to priority populations. 	<ol style="list-style-type: none"> 1. Support status remains in place, recommendation to be progressed. 				
<p>5. Explore multidisciplinary models for STI prevention, testing and treatment.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Support and promote information sharing amongst services with successful and innovative models through networks, capacity building and case studies. 2. Conduct a systematic review of evidence for multidisciplinary models for STI prevention, testing and treatment. 	<ol style="list-style-type: none"> 1. In September a consultation workshop with the sector occurred to get input into a Metropolitan Syphilis Outbreak Response Action Plan. This consultation workshop brought together antenatal services, sexual health services, alcohol and other drug services, mental health services and emergency department staff. This consultation workshop lead to the formation of the Metropolitan Syphilis Outbreak Response Team which brings all the aforementioned services together to coordinate the syphilis response. 2. Royal Perth Hospital (RPH) Emergency Department (ED) in response to increasing notifications of infectious syphilis in people experiencing homelessness have commenced opportunistic testing. As follow up and patient management is outside of the scope of ED practice a process has been established with the sexual health testing clinic at RPH to collect receive the results of the syphilis serology completed in ED and responsibility for treatment, contact tracing and further patient management becomes RPH sexual testing clinics. This has lead to increased testing of an at-risk community and numerous diagnosis of syphilis that could have potentially gone undiagnosed. 				

Workforce development

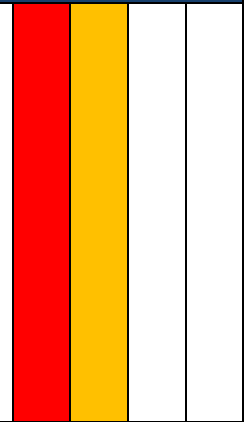
6. Improve the recruitment and retention of staff, particularly in regional and remote areas, to ensure a high level of expertise and workforce capacity exists across all areas by providing incentives.

Recommendation:

1. Support service providers to develop and implement strategies to attract and retain staff working in sexual health and BBVs.

1. The Department of Health works closely with the WA Country Health Service and the Aboriginal Health Council of WA to support sexual health staff in the regions by coordinating networks, providing orientation support and regional visits. In addition, a workforce development working group was set up as part of the WA SORG to discuss issues such as staffing and retention of the sexual health workforce.

In 2020 additional funding was secured by WACHS to provide longer term contracts for staff working in the syphilis funded positions in the Kimberley, Pilbara and Goldfields.



Enabling environment

To ensure health and community care in WA is accessible to all, supportive and enabling environments that are culturally secure must be provided to anyone living with or at risk of STIs. This will include participation of priority populations in service design and implementation, addressing stigma and discrimination within the healthcare workforce, upholding client rights and responsibilities, and addressing regulatory health and systemic barriers to service access.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Enhance STI education, prevention, testing and treatment initiatives to ensure they support efforts to reduce STI-related stigma.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Share best practice initiatives throughout the sector (e.g. at Quarterly forums). 2. SiREN to share and disseminate best practice initiatives through its website, social media handles and e-news. 	<ol style="list-style-type: none"> 1. 3 STI and BBV Quarterly Forums were held as the June Forum was cancelled due to COVID. Across the 3 Forums there were 19 presentations from 12 different organisations and services including SHBBVP. Forum attendees were from a wide range of government, non-government and private organisations. Forums transitioned to the use of Microsoft Teams for online attendance and past forums and presentations are available to access on the Department of Health Corporate website. The Department of Health commenced regular presentations of trends in the questions received via the Get the Facts website at the quarterly SHARE forum hosted by SHQ. 2. SiREN produce and share a broad suite of publications, tools and resources on their website to support organisations with research and evaluation strategies. 				

Enabling environment

<p>2. Implement systematic changes at the organisational and policy level to reduce stigma and discrimination by developing inclusive work practices, building system capability to ensure equity and undertaking routine organisational assessment to identify gaps and inform opportunities for improvement.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Review current national and state policies, guidelines and resources. Update state policies, guidelines and resources to include information and guidance on stigma and discrimination. 2. Periodically assess levels of workforce stigma. 3. Share best practice from sector. 	<ol style="list-style-type: none"> 1. WA Health require a Disability Access Inclusion Plan (DAIP) for all contracts for community services providers, with reviews required on an annual basis. 2. WA jurisdiction reporting on STIGMA Indicators will inform gaps and needs assessment to inform policy review for population groups experiencing stigma and discrimination. Populations include, general public, people who inject drugs, people living with hepatitis C, men who have sex with men, sex workers, health care workers, students, people living with HIV, young people. 3. Rainbow tick – Organisations are encouraged to apply for 'Rainbow Tick' accreditation to align with best practice. https://www.gjp.com.au/standards/rainbow-tick-standards/ Ongoing advocacy and support regarding access to abortion and access to sexual health telehealth (COVID). 				
<p>3. Review and address legal, institutional and regulatory frameworks and system policies that may perpetuate discrimination or serve to create barriers to health access and equity for priority populations, and work to ameliorate legal and regulatory barriers to an appropriate and evidence-based response.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Encourage and support production of documents and initiatives that advocate or support the health of priority populations and remove social, legal or institutional barriers that prevent priority groups from accessing health services and appropriate healthcare. Support the generation of research evidence (e.g. Law and Sex worker Health study). 	<ol style="list-style-type: none"> 1. In a body of work commenced to advocate for the reform of the <i>Health Insurance Act 1973</i>. The proposed reforms are to allow registered nurses, Aboriginal health workers and Aboriginal health practitioners to order Medicare rebate eligible pathology for STIs. WA DoH deems this an important piece of work in improving the sustainability of the health sector as well as an important ethical reform to improve access to healthcare. 				

Enabling environment

<p>4. Support the healthcare workforce in providing non-discriminatory and non-stigmatising care to improve the quality of interactions with clients and encourage health service access by providing attitudes and values training to all specialists, primary healthcare workers and community-based service providers interacting with clients or consumers.</p> <p>Recommendation:</p> <p>1. Advocate and support improvements of non-discriminatory and non-stigmatising care for trans people and sex workers.</p>	<p>1. SHQ was awarded a grant to collaborate with WAAC to develop a STI and BBV harm reduction resource for trans and gender diverse people in WA.</p> <p>A review has commenced of the Enhanced Surveillance Forms for STIs to better capture sex, gender and sexuality. By more effectively collecting data relating to health of trans and gender diverse people there can be better and more targeted advocacy within WA.</p>				
<p>5. Collaborate across community organisations, health services and government departments to establish a dialogue and address social determinants that may hinder positive health behaviours and access to services, including stigma, discrimination, isolation, low socio-economic status, STI status and incarceration history.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations</p>				
<p>6. Implement education and health promotion initiatives using a range of platforms, including social media messaging, to address STI-related stigma and discrimination expressed in community and healthcare settings</p> <p>Recommendation:</p> <p>1. Continue to monitor reach and effectiveness of social marketing campaigns and support</p>	<p>1. The YEP Project significantly increased their online presence in 2020 and commenced the use of TikTok to increase engagement with young people. The YEP Project delivered 11 targeted social media campaigns including #YourHealthYourWay, #SociallyDistantSTITesting and NAIDOC Week. The 11 campaigns had a total reach of 233 636 screens. The YEP Project noted follower and page likes on Facebook increased significantly during targeted social media campaigns.</p>				

Enabling environment

<p>organisations to implement social marketing into service delivery.</p>					
<p>7. Address the political, administrative and community context in which sexual health education and promotion in schools is situated, including issues such as stigma and misunderstanding, to enhance support for comprehensive and inclusive schools-based RSE.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Continue to strengthen relationships with Department of Education. 2. Continue to monitor and review national and international developments in this space. Collaborate with key stakeholders to strengthen advocacy. 3. Continue to update resources and tools for schools on the GDHR website to strengthen advocacy in this space. 4. Utilise current data and research to support advocacy. 	<ol style="list-style-type: none"> 1. DoE continues to be a member of the GDHR Advisory Group. 2. DoH is a representative on the SSSASH Reference Group for the 7th school survey. 3. GDHR undergoes a continual process of improvement and update in line with the GDHR Impact Evaluation, recommendations from the Panel of Reviewers/Writers and contributions from the GDHR Advisory Group. A full list of updates and improvements to the GDHR website can be found in the GDHR Annual Report. A new initiative to offer schools small grants to run RSE projects and improve resourcing started at the end of 2019 and was implemented in 2020. 15 schools were successful in their applications of up to \$850 per school. From this project the DoH are now engaging with one school to develop a video-based resource designed and created by the students to use on the GDHR website. 4. The WA SSSASH data and research is used to determine priority areas for improvement on the GDHR website and suite of school resources. The most recent survey continues to demonstrate the importance of reliable online resources and the need for more support for parents to engage with their children on RSE. The review of Get the Facts, a website for young people, began in 2020 and the development of a parent TSTO subpage on GDHR is underway. 				

Data collection, research and evaluation

To fully understand the burden of STIs among priority populations and guide further action, collection of enhanced behavioural data and relevant research and evaluation, including on the impact of stigma and discrimination, is essential.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Increase research efforts, utilising peer researchers where appropriate, in relation to STI prevalence and sexual health outcomes of priority populations for which there is a paucity of data, including transgender people and people who are currently in or have recently exited custodial settings, so as to inform and enhance programs and policies affecting these populations.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Liaise with universities to collaborate with relevant PhD and Masters students to fill potential gaps in current research. 2. Liaise with other sectors to investigate opportunities for collaborative research projects. 	<ol style="list-style-type: none"> 1. To be progressed. 2. To be progressed. 				
<p>2. Develop a digital solution that provides real-time access to state-wide patient records to improve the early detection and treatment of syphilis.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Continue to scope the development of a syphilis register. Source options based on scoping. 	<ol style="list-style-type: none"> 1. In 2020 an options paper for the development of a database system to better manage and monitor cases and contacts of cases of infectious syphilis was endorsed by WA Syphilis Outbreak Response Group. The system GoData is being explored as a potential IT solution that will meet the recommendations stipulated in the options paper. 				

Data collection, research and evaluation

<p>3. Investigate and monitor trends in the knowledge, attitudes, behaviours and experiences of priority populations in relation to their sexual health, including stigma and discrimination, and identify opportunities to expand this data and strengthen collaborative efforts so as to inform and improve the development and delivery of programs, policies and services.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Continue to support research efforts that examine the sexual health of priority populations and ensure findings are disseminated to relevant organisations. 	<ol style="list-style-type: none"> 1. The YEP Project promoted the findings and recommendations from both the 2019 YEP Youth Survey and Youth Sector Survey using multiple methods including via email to YEP's practice network and YACWAs membership base (over 3500 inboxes). YEP also conducted the 2020 surveys (139 young people; 124 professionals). <p>Stigma Indicators project developed with Centre for Social Research in Health (UNSW).</p>				
<p>4. Enhance state-wide capacity to respond to current and emerging trends in STIs</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Identify resources that promotes the identification of Aboriginal people and importance of correct data collection on forms and in information systems. 	<ol style="list-style-type: none"> 1. Aboriginal status has been included on pathology request forms as a field that the healthcare professional requesting the pathology test can complete in their electronic and hard copy forms. <p>A review of the Enhanced Surveillance Forms for STIs has commenced to align state data collection forms with best practice measuring tools for Aboriginality status. The form now collects Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander.</p> <p>The Chief Health Officer has written to private pathology providers to include Aboriginal status on pathology request forms in line with the <i>WA Public Health Act 2016</i>.</p>				

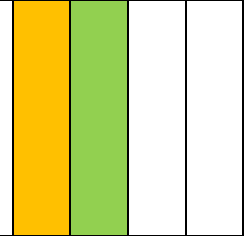
Data collection, research and evaluation

<p>5. Strengthen initiatives for monitoring, identifying and collaboratively addressing new and emerging issues in STIs, including AMR, Mycoplasma genitalium and the implications of STIs in Pelvic Inflammatory Disease (PID) and other associated morbidities, to inform and enhance best practice testing, diagnosis, disease management and clinical care.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Continue to support spaces that allow sharing of information particularly spaces that share research on upcoming sexual health trends and concerns to ensure WA remains responsive to emerging issues. 2. As emerging sexual health issues arise ensure that literature reviews occur to enable a critical view of the risk, from a WA context, those health issues pose to the health of the Western Australian community. 	<ol style="list-style-type: none"> 1. ASHM delivered a STI and BBV sexual health nursing course targeted at nurses and midwives providing care to patients who have or are at risk of BBVs and STIs. CDCD have developed a new resource in response to emerging cases of Shigella (shigellosis). 2. WA Department of Health continues to support and monitor the Western Australian Gonococcal Surveillance Programme. Reports are received quarterly and are monitored so that responsive clinical alerts can be disseminated if and as required. 				
<p>6. Build on the existing evidence base and address data gaps to ensure the maintenance of a current and evolving body of research by identifying new opportunities for meaningful research and supporting research across disciplines.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Continue to support research efforts that examine the sexual health of priority populations and ensure findings are disseminated to relevant organisations. 	<ol style="list-style-type: none"> 1. The YEP Project promoted the findings and recommendations from both the 2019 YEP Youth Survey and Youth Sector Survey using multiple methods including via email to YEP's practice network and YACWAs membership base (over 3500 inboxes). YEP also conducted the 2020 surveys (139 young people; 124 professionals). DoH funded project for SiREN undertaking research regarding Aboriginal women access to STI screening and reproductive health care. Stigma Indicators project developed with Centre for Social Research in Health (UNSW). 				

Data collection, research and evaluation

The YEP Project partnered with SiREN to develop a meta-analysis of the biennial youth sector surveys from the previous 10 years. The report is due in 2021 as it has been delayed.

DoH sat on the reference group for a research project examining predictors of testing for STIs in young people. Findings are to be published in 2021.



2.3 WA STI Strategy – Progress towards targets

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: ■ Target met ■ Tracking to meet target by 2023 ■ Progress made towards target ■ Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
1. Achieve and maintain HPV adolescent vaccination coverage of 80% or more	Complete HPV vaccination series for 15-year-old males and females	NHVPR/AIR and Rates Calculator	Males	65.67%	79.8%	81.2%	82.0%
			Females	76.52%	81.3%	81.8%	83.5%
	Numerator: Number of males and females turning 15 years reported to the National Human Papillomavirus Vaccination Program Register (NHVPR)/Australian Immunisation Register (AIR) that comply with the recommended vaccine dosage and administration as per the Australian Immunisation Handbook Denominator: Number of males and females turning 15 years in reporting year and registered in the Australian Immunisation Register		Note: The HPVR ceased operating on 31 December 2018. All HPV vaccinations are now be recorded on the Australian Immunisation Register (AIR). 2018, 2019 and 2020 data not available at time of report.				
2. Increase STI testing coverage of priority populations	Proportion of 15–24 year olds receiving a chlamydia or gonorrhoea test in the previous 12 months	Testing data and Rates Calculator	Proportion (15–24yrs)	31%	34%	36%	25%
	Numerator: Number of individuals aged 15–24 years tested at least once in the previous 12 months						
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population,						

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	
	Aboriginal and non-Aboriginal, 15–24 year age group							
3. Reduce the incidence and prevalence of gonorrhoea, chlamydia and infectious syphilis	Annual rate of gonorrhoea, chlamydia and infectious syphilis notifications	WA Notifiable Infectious Diseases Database (WANIDD) and Rates Calculator	Chlamydia	Number	11,503.8	11,519	11,582	10,776
				ASR/100,000 pop.	459.6	460.8	463.2	433.1
	Gonorrhoea		Number	2,627.6	3,416	3,929	3,570	
			ASR/100,000 pop.	104.1	132.6	152.0	139.4	
	Infectious syphilis		Number	200.0	327	414	564	
			ASR/100,000 pop.	7.8	16.6	22.1	27.5	
	Denominator: ABS Estimated Resident Population, Aboriginal and non-Aboriginal, by sex		<p>Note: The increase in infectious syphilis was the result of an increase in the metropolitan area among men-who-have-sex-with men (MSM), and an infectious syphilis outbreak among Aboriginal people across northern Australia that reached WA in mid-2014</p> <p>http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-infectious-syphilis-outbreak.htm</p>					
4. Maintain virtual elimination of congenital syphilis	Number of congenital syphilis notifications	WANIDD	Number	0.4	1	1	3	

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	
5. Eliminate the reported experience and expression of stigma among priority populations affected by STIs	1. Proportion of people who report experiencing stigma and discrimination in respect to STI status	Centre for Social Research in Health, University of New South Wales (UNSW)	1. Data not available at time of report					
	2. Proportion of the general public who report feelings of stigma and discrimination towards people with an STI		2. Proportion	2017: 62%	58%	-	50%	
	Note: WA specific data. Survey not conducted in 2019.							
	3. Proportion of health professionals who report feelings of stigma and discrimination towards people with an STI		3. Proportion	2016: -	24%	-	-	
Note: National data, not WA specific (https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project). Survey not conducted in 2019. 2020 data not available at time of report								
6. Improve knowledge and behaviour regarding safer sex and prevention of BBVs	Increased knowledge of STIs and BBVs	Secondary Schools Survey, La Trobe University	Proportion of knowledge questions correctly answered	-	62.5%	-	-	
	Improved harm minimisation behaviours to prevent STIs and BBVs		Proportion of sexually active students reporting always or often using condoms in the past year	-	45.8%	-	-	
	Note: Data is for both Aboriginal and non-Aboriginal people. WA specific data not available prior to 2018 (WA Survey of Secondary School Students and Sexual Health 2018). As the survey is conducted every five years, no data is available for 2019 and 2020 at time of report							



STIs

2019–2023 baseline report

The big picture in 2020



- The notification rate for chlamydia was lower than the 2013-2017 baseline but gonorrhoea, infectious syphilis and congenital syphilis increased.

Notification rate per 100,000 population

Chlamydia

2013 to 2017 Average

2018

2019

2020

Comparison to baseline

459.6

460.8

463.2

433.1

↓ 6%

Gonorrhoea

104.1

132.6

152.0

139.4

↑ 34%

Infectious syphilis

7.8

16.6

22.1

27.5

↑ 254%

Number of congenital syphilis notifications

0.4

1

1

3

↑ 650%

Prevention and education



- The HPV vaccination rate among adolescents was below the 2023 target of 80%.
- Sexual health knowledge among secondary school students was high but consistent condom use was low.

HPV three-dose vaccination coverage for 15-year-olds

Males

65.7%

79.8%

81.2%

82.0%

↑ 16.3%

Females

76.5%

81.3%

81.8%

83.5%

↑ 7.0%

Proportion of knowledge questions correctly answered by secondary school students

–

62.5%

–

–

–

Proportion of sexually active students reporting always or often using condoms in the past year

–

45.8%

–

–

–

Testing



- The proportion of 15 to 24 year olds receiving a chlamydia or gonorrhoea test in the previous 12 months decreased, likely as a result of the COVID-19 lockdown.

Proportion of 15–24 year olds receiving a chlamydia or gonorrhoea test in the previous 12 months

31%

34%

36%

25%

↓ 6%

Stigma and discrimination



- Feelings of stigma and discrimination towards people with an STI were high.

Proportion of the general public who report feelings of stigma and discrimination towards people with an STI

2017
62%

58%

–

50%

↓ 12%

Proportion of health professionals who report feelings of stigma and discrimination towards people with an STI

–

24%

–

–

–



3. WA HIV strategy

Implementation Progress Report 2021

3.1 WA HIV Strategy – At a glance

Guiding principles

- Meaningful involvement of priority populations
- Human rights
- Access and equity
- Health promotion
- Prevention
- Quality health services
- Harm reduction
- Shared responsibility
- Commitment to evidence-based policy and programs
- Partnership

Goals

1. Virtually eliminate HIV transmission in Australia within the life of this strategy.
2. Maintain the virtual elimination of HIV transmission among PWID, sex workers and from mother to child.
3. Reduce mortality and morbidity related to HIV.
4. Minimise the personal and social impact of HIV.
5. Eliminate HIV-related stigma, discrimination, and legal and human rights issues on people's health.

Targets

1. Increase the proportion of people with HIV (in all priority populations) who know their HIV status to 95%.
2. Increase the proportion of people diagnosed with HIV on treatment to 95% within six weeks of diagnosis for those newly diagnosed, reducing this timeframe further over the life of the strategy.
3. Increase the proportion of people on treatment with an undetectable viral load to 95%.
4. Reduce the incidence of HIV transmission in men who have sex with men (MSM).
5. Reduce the incidence of HIV transmission in other priority populations other than MSM - people living with HIV; Aboriginal people; culturally and linguistically diverse (CALD) people from high HIV prevalence countries; people who travel to high prevalence countries; sex workers; PWID; people in custodial settings; and sexually and gender diverse people.
6. Maintain the virtual elimination of HIV among sex workers, PWID and from mother to child through the maintenance of effective prevention programs.
7. Ensure all people attending public sexual health services and general practices are assessed for pre-exposure prophylaxis (PrEP) eligibility.
8. Ensure at least 75% of people living with HIV report good quality of life.
9. Reduce the reported experience of stigma among people living with HIV, and the expression of stigma, in respect to HIV status.

Targets are measured by indicators

Action areas

Prevention and education	Testing and diagnosis	Disease management and clinical care	Workforce development	Enabling environment	Data collection, research and evaluation
6 key actions	5 key actions	7 key actions	7 key actions	5 key actions	5 key actions

Surveillance, monitoring and evaluation

Priority populations
 People living with HIV | Gay and bisexual men, and men who have sex with men | Aboriginal people
 Culturally and linguistically diverse people from high prevalence countries | People who travel to high prevalence countries
 Sex workers | People who inject drugs | People in custodial settings | Sexually and gender diverse people

3.2 WA HIV Strategy – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: ■ Significant coverage ■ Some room for improvement ■ Significant room for improvement

Prevention and education					
<p>Approaches to HIV prevention and education should combine community mobilisation, behavioural strategies, biomedical interventions and harm reduction initiatives in an organised effort to reduce the transmission of HIV. Further, a strong enabling environment can support the access and reach of combination HIV prevention initiatives. Biomedical approaches to HIV prevention such as pre-exposure prophylaxis (PrEP), treatment as prevention (TasP) and achieving an undetectable VL have revolutionised the HIV prevention toolbox. These biomedical interventions have also instigated a movement that aims to eradicate HIV-related stigma and discrimination through providing accurate and meaningful information based on a solid foundation of scientific evidence.</p>					
Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Review and revitalise generalised (wider community) and targeted (priority population) health promotion initiatives for HIV, ensuring that contemporary evidence is embedded within relevant, clear and consistent messaging, communicated through innovative mixed media channels.</p> <p>Recommendation:</p> <p>1. In consultation with key stakeholders, review existing messaging and assess whether dissemination initiatives are addressing gaps. Develop a plan for the renewal and dissemination of appropriate targeted messaging.</p>	<p>1. A Steering Group consisting of government and non-government stakeholders was established to review the existing SHBBVP multicultural factsheets, including HIV.</p>				
<p>2. Sustain effective HIV programs that encompass community-led and peer-based approaches for engaging with priority populations on strategies for safer sex, STI and HIV testing, and harm reduction.</p>	<p>1. SHQ and WAAC received funding to develop a resource to increase sexual health knowledge and awareness among trans and gender diverse populations in WA. Community members have been consulted throughout the process.</p>				

Prevention and education

<p>Recommendation:</p> <p>1. Continue to evaluate and support programs which are community-led and peer-based, ensuring that programs are effective in reaching priority populations.</p>					
<p>3. Provide contemporary HIV prevention and education programs in a range of settings, including community health services, schools and organisations or services that interact with priority populations.</p> <p>Recommendation:</p> <p>1. Identify settings where programs are not being provided and develop strategies to address this.</p>	<p>1. Organisations such as the WA AIDS Council are funded to provide contemporary HIV prevention and education programs. Once an assessment is completed, appropriate strategies will be implemented to identify additional settings.</p>				
<p>4. Improve access to PrEP and post exposure prophylaxis (PEP) by identifying gaps where knowledge among priority populations is low, or where healthcare provider options for PrEP and PEP is limited, and by introducing initiatives to mitigate these gaps.</p> <p>Recommendation:</p> <p>1. Identify where gaps exist in knowledge among priority populations and access; and develop strategies to increased access (e.g. GP training, outreach clinics, Telehealth for rural and remote settings).</p>	<p>2. ASHM developed a two-page Decision Making in PrEP tool, describing the prescribing pathway for PrEP in WA and summarises the key eligibility and recommended assessment criteria for primary care providers in WA who wish to prescribe PrEP, as well as outlining ongoing patient education and monitoring requirements.</p>				
<p>5. Seek to improve the health outcomes for people living with HIV (PLWH).</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				

Prevention and education

6. Ensure the wide distribution and availability of sterile injecting equipment, safer injecting education and other drug harm reduction education among people who inject drugs (PWID), including a focus on people living in regional, rural and remote areas.

Recommendation:

1. Explore options to improve availability of sterile injecting equipment out of hours, in regional areas and in prison settings. Identify and implement ways to reduce stigma experienced by some PWID from hospital-based health workforce.

1. To be progressed (prisons).

Two new NSP services were implemented in regional WA. A Needle and Syringe Dispensing Machine in Northam and a Needle and Syringe Exchange Program in Katanning.

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Testing and diagnosis

HIV testing is the gateway to HIV prevention, treatment, care and other support services. Testing that is conducted based on risk and in accordance with principles of informed consent, confidentiality, counselling and connection to appropriate services enables people to know their HIV status and adopt safer behaviours. Efforts to increase access to testing should be underpinned by community education and linkages to clinical services, particularly for home-based and point-of-care testing (POCT). Effectively directed HIV testing can support early diagnosis and in combination with rapid linkage into specialist care can ensure the newly diagnosed person receives relevant support and guidance on initiating ART and managing their health.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
1. Expand the use and accessibility of a range of HIV and STI testing options, that incorporate new testing technologies (such as home-based and point of care testing (POCT) with proven modalities for facilitating testing (such as peer-based and community-based initiatives) to improve rates of early diagnosis, and to reduce the structural, social and community barriers to testing faced by priority populations.	1. The Atomo HIV self-test for home use was approved by the Therapeutic Goods Administration (TGA) in 2020. The self-test kits can currently be purchased from the M Clinic outright.				

Testing and diagnosis

<p>Recommendation:</p> <ol style="list-style-type: none"> Using an evidence base and co-design methodologies, develop strategies to expand options for HIV and STI testing that incorporate new testing technologies. 					
<p>2. Improve the capacity of GPs, primary and community healthcare professionals to diagnose HIV</p> <p>Recommendation:</p> <ol style="list-style-type: none"> Continue to support and promote workforce development opportunities provided by ASHM and other relevant providers which strengthen WA's GPs, primary and community healthcare professionals to diagnose HIV at earlier stages and to communicate best practice information to patients. 	<ol style="list-style-type: none"> ASHM continue to support HIV s100 prescribers in WA and deliver the HIV s100 prescriber training course for GPs. Prescribers are informed of CPD activities, sector news and up to date research through the quarterly prescriber bulletins. 				
<p>3. Ensure that all people diagnosed with HIV are linked to specialist care and offered referrals to relevant support services as soon as possible following diagnosis.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> Conduct a gap analysis to identify areas/or priority populations where there are no relevant support services available. 	<ol style="list-style-type: none"> To be progressed. 				

Testing and diagnosis

<p>4. Continue to promote the use of evidence based clinical guidelines and resources in both training and clinical service delivery settings.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Identify where gaps exist in knowledge among priority populations and access; and develop strategies to increased access (e.g. GP training, outreach clinics, Telehealth for rural and remote settings). 	<ol style="list-style-type: none"> 1. ASHM was awarded a grant to develop an e-learning module targeting HIV in aged care settings. 				
<p>5. Continue to identify efficiencies in the HIV cascade of care that will improve individual and public health outcomes.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Recognising that the HIV cascade of care involves multiple providers, key agencies/organisations need to ensure strong communication protocols exist so that the patient pathway through the health system and system of social support is facilitated at points of need. Advocate for and support the inclusion of Aboriginal Liaison Officers, PLWH and other individuals from priority populations to assist in helping patients to navigate health systems. 	<ol style="list-style-type: none"> 1. To be progressed. 				

Disease management and clinical care

The lifelong management of PLWH requires a multidisciplinary approach to supporting disease management and clinical care in order to meet the varying needs of the individual. The ongoing clinical management for PLWH needs to factor in the management of HIV along with supported pathways for referral to manage any other health issues, encompassing models of shared care with GPs and communication protocols with other clinical specialists. Approaches to onwards referral for PLWH should consider any geographical, social, cultural and gender barriers with regards to accessing other services. As HIV treatment options evolve and newer simplified regimens become available, clinical monitoring of both the patient and emerging evidence on newer treatments should be integral to decision making. PLWH have a unique knowledge of their own treatment and management and need to be actively engaged as equal participants in the planning and delivery of their own care.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. As a priority, ensure that people newly diagnosed with HIV receive evidence-informed counselling and support on living with HIV, the benefits of rapid ART commencement and preventing onwards transmission.</p> <p>Recommendation:</p> <p>1. Using an evidence base and co-design methodologies, develop strategies to expand options for HIV and STI testing that incorporate new testing technologies.</p>	<p>1. Since the approval of the Atomo HIV self-test kits, the M Clinic have begun promotion and sales. This will be progressed further in 2021.</p>				
<p>2. Improve the health care provided to PLWH across WA, including regional and remote locations, by strengthening and coordinating linkages</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				

Disease management and clinical care

<p>3. Strengthen models of care to holistically meet the needs of PLWH who have more complex psychosocial needs by facilitating supported linkages to relevant services.</p> <p>Recommendation:</p> <p>1. Conduct a gap analysis to determine if the needs of PLWH from smaller populations (e.g. heterosexual men and women, CALD PLWH) have access to the supports they need.</p>	<p>1. The WA AIDS Council provides a holistic service to meet the needs of PLWH who have more complex psychosocial needs. A gap analysis to determine the needs of smaller populations is yet to be conducted.</p>				
<p>4. Monitor and evaluate the quality standards within models of aged care, ensuring that they are inclusive, respectful and meet the needs of PLWH.</p> <p>Recommendation:</p> <p>1. Building on the work and evidence base developed within WA and nationally, there is a need for coordinated advocacy to push the agenda for quality aged care which meets the need of the ageing population of PLWH.</p>	<p>1. To be progressed.</p>				
<p>5. Increase options to facilitate access to HIV treatment and care in those health services providing culturally relevant care to Aboriginal people and culturally and linguistically diverse (CALD) populations.</p> <p>Recommendation:</p> <p>1. In consultation with AHCWA and agencies working with Aboriginal people, consider developing targeted workforce development initiatives.</p>	<p>1. The WA AIDS Council SHAPE program provides culturally relevant care to Aboriginal people and CALD populations. A consultation with AHCWA and other agencies working with Aboriginal people to consider developing targeted workforce development initiatives has yet to be progressed.</p>				

Disease management and clinical care

<p>6. Ensure that PLWH receive the necessary support for developing health literacy on understanding life with HIV and sustained ART adherence, with support options that include community-based and peer-led approaches.</p> <p>Recommendation:</p> <p>1. Continue to support agencies and programs providing support to PLWH.</p>	<p>1. WAAC and Department of Health operated HIV Case Management Programs continued to be supported by SHBBVP in 2020.</p>				
<p>7. Facilitate options for PLWH that aim to improve mental health, resilience and social connectedness.</p> <p>Recommendation:</p> <p>1. Continue to support agencies and programs providing support to PLWH.</p>	<p>1. WAAC continued to be supported by SHBBVP in 2020.</p>				

Workforce development

The delivery of high-quality services that understand and respond to the needs of priority populations requires a multidisciplinary workforce of trained healthcare professionals and peer-based workers established in community and public health, aged care, sexual health clinics, general practices, Aboriginal Health Services (AHSs), AOD and mental health services. The development and promotion of up-to-date evidence-based clinical guidelines and training modules should be accessible to WA's healthcare workforce to support the delivery of best practice health care. Education on current scientific evidence on the prevention and management of HIV, and methods to address HIV or priority population related stigma and discrimination should be included in all STI and BBV training programs for community service providers and primary healthcare and specialist services.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Facilitate innovative workforce development initiatives that include multiple options for education and training, which include online learning, videoconference/ teleconference, information sharing platforms and face-to-face learning opportunities.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				
<p>2. Develop the awareness of the mainstream healthcare workforce on identifying stigma and discrimination related to HIV or priority populations, alongside methods for addressing these identified forms of stigma and discrimination.</p> <p>Recommendation:</p> <p>1. Support the development of appropriate training, which may include online training to increase awareness of, and address, stigma and discrimination.</p>	<p>1. ASHM delivered a STI and BBV sexual health nursing course targeted at nurses and midwives providing care to patients who have or are at risk of BBVs and STIs. The course is relevant for those working in Primary Health Care including General Practice; Aboriginal Medical Services; those working with young people; drug and alcohol settings; mental health; women's health and those that work with LGBTI clients. The session covered the impact of stigma and discrimination on health outcomes and ways to decrease these barriers.</p>				

Workforce development

<p>3. Target training for identified healthcare workforce sectors engaging with priority populations to ensure that high-quality professional development and support is provided.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. In consultation with relevant stakeholders, consider developing targeted workforce development initiatives. 2. Conduct a gap analysis to determine if workforce training is addressing the needs of specific groups less likely to be associated with HIV (e.g. women). 	<ol style="list-style-type: none"> 1. To be progressed. 2. To be progressed 				
<p>4. Continue to regularly update and strategically promote accessible evidence-based clinical guidelines and tools covering the HIV cascade of care to enable the professional development of healthcare workforce sectors, particularly general practices, delivering services to priority populations.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Review existing guidelines and update as relevant to WA and disseminate as required. 	<ol style="list-style-type: none"> 1. The WA PrEP Decision Making Tool was updated to align with National PrEP guidelines. Updates on other guidelines are to be progressed. 				
<p>5. Continue to explore and share experiences of innovative multidisciplinary models of care for HIV prevention and management, particularly models such as telehealth for rural and remote areas.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				

Workforce development

<p>6. Continue to support and promote s100 prescriber training and accreditation, particularly in areas of need, alongside the promotion of HIV shared care protocols.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>	<p></p>	<p></p>	<p></p>	<p></p>
<p>7. Support the capacity and role of community organisations to implement greater involvement of PLWH (GIPA)/meaningful involvement of PLWH (MIPA) principles in the provision of education, prevention, support and advocacy services to priority populations.</p> <p>Recommendation:</p> <p>1. In consultation with relevant stakeholders and with PLWH, increase awareness and implementation of MIPA principles.</p>	<p>1. To be progressed.</p>	<p></p>	<p></p>	<p></p>	<p></p>

Enabling environment

The foundation supporting the HIV response is the framework of principles, protocols, policies and laws that seek to create an enabling environment for public health and social change. It is however widely recognised that stigma and discrimination related to HIV and directed at priority populations remains as one of the most significant barriers to the HIV response. Increased efforts are needed to address stigma and discrimination, and also to ensure the meaningful involvement of PLWH and priority populations in all aspects of the HIV response. This strategy has a focus on the health and community sector; however, it acknowledges that issues such as “criminalisation impact on priority populations by perpetuating isolation and marginalisation and limiting their ability to seek information, support and health care.”

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. For HIV health promotion and educational initiatives, prioritise consistent evidence-based messaging that dispels myths around HIV transmission and living with HIV, ensuring that all content produced counteracts stigma and discrimination related to HIV or directed at priority populations.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p> <p>New activity: In response to concerns about the prevalence of HIV among trans people compared to the general population, SHQ was provided with a grant to work in collaboration with WAAC to develop a sexual health risk assessment resource to increase the knowledge and perceptions of risk amongst transgender people regarding the transmission of BBVs and STIs.</p>				
<p>2. Provide initiatives to assist PLWH to challenge and address incidences of stigma and discrimination.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Ensure options exist to address incidences of stigma and discrimination (from support, interventions and linkages to legal advice where necessary), are promoted and known among PLWH. 	<ol style="list-style-type: none"> 1. SHBBVP funded the HIV/AIDS Legal Centre (HALC) to update the WA guide to HIV and the law <i>Disclosing your HIV Status in Western Australia</i>. The guide provides examples of situations where disclosure of HIV may or may not be legally required. It will also be updated to include updated legislation such as the <i>Public Health Act 2016</i>. 				

Enabling environment

<p>3. Make sure that health services are transparent in their approach to quality standards, including standards that uphold patient rights and address privacy and patient confidentiality.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Advocate for accessible and clear standards which safeguard quality patient care, patient rights, privacy and confidentiality. 	<ol style="list-style-type: none"> 1. There is more work to be progressed regarding this recommendation, however, various organisations have formal and informal policies and standards in place such as Rainbow Tick, Quality in Care (QIC) standards. 				
<p>4. Using an evidence base, review and address institutional, regulatory and system policies that create barriers within the HIV cascade of care, impact on health-seeking behaviour or perpetuate stigma and discrimination.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Working with priority populations and PLWH, identify critical institutional, regulatory and system policies that create barriers within the HIV cascade of care and advocate for these barriers to be addressed. 	<ol style="list-style-type: none"> 1. The WA AIDS Council worked closely with Department of Justice, advocating for changes in the Mandatory Testing and Prisons Amendment Bill and associated guidelines. 				
<p>5. Engage in dialogue with other government sectors to promote the use of up-to-date HIV-related science to improve policies affecting PLWH, and to discuss the impacts of wider public policy decisions on the health of priority populations.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Working with key agencies and organisations within the HIV response, ensure that up-to-date HIV-related science is used across policies and upcoming policy decisions which affect, or has the potential to affect PLWH and priority populations. 	<ol style="list-style-type: none"> 1. To be progressed. 				

Data collection, research and evaluation

The Australian HIV response has been successful to date due to the active partnership between PLWH and the community sector, researchers, clinicians and government. Identifying gaps and areas for improvement in mechanisms that collect and store data is critical in developing a clear picture of HIV in WA, and how the epidemic may be changing. While gaps in surveillance data exist across priority populations, the role of social, behavioural and clinical research continues to assist in providing information that bridges these gaps. The maintenance of a strong research agenda and evidence-based informing action should be balanced by avoiding unnecessary burden on service providers. Importantly, the principles enshrined within this strategy should inform all research, evaluation and surveillance activities.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Contribute towards and continue to support national research and evaluation projects on HIV and priority populations.</p> <p>Recommendation:</p> <p>1. Continue existing support and consider if additional projects can be supported.</p>	<p>1. Australian Needle Syringe Program Fingerpick Survey was conducted during 2020 in WA, which tests blood-spots provided for HIV.</p> <p>SHBBVP have continued to participate in a lead researcher capacity in the SiREN led research project - <i>Increasing Aboriginal Peoples' Use Of Services That Reduce Harms From Illicit Drugs</i>.</p>				
<p>2. With a focus on the HIV cascade of care, identify areas where data collection and storage can be improved or where data linkage projects can be developed to better monitor trends in priority populations.</p> <p>Recommendation:</p> <p>1. Analysis of cascade of care to identify areas where data gaps exist and where existing data collection may be enhanced.</p>	<p>1. SHBBVP participate in the HIV Cascade of Care national working group to remain informed of latest clinical data, to integrate into relevant programs and projects.</p>				
<p>3. Ensure that relevant research, evaluation and surveillance data is disseminated to services and organisations involved in the HIV response to inform future planning and delivery of projects.</p> <p>Recommendation:</p>	<p>1. In 2020, the World AIDS Day Quarterly Forum was hosted. The Communicable Disease Control Directorate continued to provide epidemiology updates, including testing and treatment up-take reports.</p>				

Data collection, research and evaluation

<p>1. Continue existing strategies for disseminating data (e.g. quarterly forums; regular epidemiology, testing, and treatment uptake reports on-line; provision of specific data on request; SiREN and develop additional strategies.</p>					
<p>4. Build the capacity of services and organisations involved in the HIV response to appropriately evaluate the effectiveness of current projects so that areas for improvement can be identified and incorporated into future planning.</p> <p>Recommendation:</p> <p>1. Continue ensuring that support options are provided for organisations working within the HIV response to increase evaluation capacity.</p>	<p>1. Through effective contract management, SHBBVP ensure that the sector is including a range of feedback and evaluation processes to measure population and client satisfaction.</p>				
<p>5. Investigate reported incidences of stigma or discrimination encountered by PLWH and using appropriate research frameworks, monitor actual and perceived drivers, facilitators and power structures causing HIV-related stigma and discrimination.</p> <p>Recommendations:</p> <p>1. Ensure that PLWH can report incidences of stigma and discrimination, and that these incidences are appropriately monitored and documented, to create a clearer picture in WA of the frequency, range and drivers of occasions of stigma/discrimination related to HIV.</p> <p>2. Identify gaps in evidence for priority populations (e.g. heterosexual people travelling to high prevalence countries), support research to address evidence gaps and disseminate key findings.</p>	<p>1. WA jurisdiction 'Stigma Indicators' project has been developed with Centre for Social Research (UNSW) to investigate HIV stigma via the HIV Futures Survey.</p> <p>2. To be progressed.</p>				

3.3 WA HIV Strategy – Progress towards targets

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: ■ Target met ■ Tracking to meet target by 2023 ■ Progress made towards target ■ Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013– 2017)	2018	2019	2020
Achieve the 95–95–95 HIV diagnosis and treatment targets							
1. Increase the proportion of people living with HIV (in all priority populations) who know their HIV status to 95%	Estimated proportion of people living with HIV who have been diagnosed	Indicator to be developed	Not applicable				
	HIV testing rates in WA:	Laboratory data and Rates Calculator	ASR/1,000 pop.	54.6	56.0	60.0	56.0
	Numerator: Number of annual HIV tests conducted in WA						
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population, Aboriginal and non-Aboriginal, all ages						
2. Increase the proportion of people diagnosed with HIV on treatment to 95% within six weeks of diagnosis for those newly diagnosed, reducing this timeframe further over the life of the strategy	Estimated proportion of people living with HIV dispensed treatment for HIV infection:	PBS treatment data and WA HIV Database	Proportion	-	90%	93%	-92%
	Numerator: Number of people dispensed treatment for HIV infection						
	Denominator: Estimated number of people diagnosed with HIV living in WA						

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013– 2017)	2018	2019	2020
3. Increase the proportion of people on treatment with an undetectable VL to 95%	Proportion of HIV patients on treatment with an undetectable VL	HIV specialist clinics in WA	Proportion	95%	-	-	-92%
	Numerator: Number of people newly diagnosed with HIV on treatment with an undetectable VL						
	Denominator: Number of people diagnosed with HIV on treatment						
Previous 5-year average data not available. Baseline figure is for cases diagnosed in 2016. 2020 figure is for cases diagnosed in 2019. 2018 and 2019 data not available at time of report.							
4. Reduce the incidence of HIV transmission in MSM	Number of annual HIV notifications reported in MSM	WA HIV Database	Number	56.4	30	36	36
5. Reduce the incidence of HIV transmission in other priority populations - people living with HIV; Aboriginal people; CALD people from high HIV prevalence countries; people who travel to high prevalence countries; sex workers; PWID; people in custodial settings; and	Number of annual HIV notifications reported in Aboriginal people, people from high HIV prevalence countries, people travelling to high HIV prevalence countries, people in custodial settings and gender diverse people.	WA HIV Database	Number: Aboriginal people	3.4	2	3	2
			Number: people born in high HIV prevalence countries	11.8	12	11	12
			Number: travelling to high HIV prevalence countries	9.0	8	9	7
			Number: in custodial settings	1.2	0	0	1
			Number: gender diverse people	0.8	0	0	1

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013– 2017)	2018	2019	2020
sexually and gender diverse people							
6. Maintain the virtual elimination of HIV among sex workers, PWID and from mother to child through the maintenance of effective prevention programs	Number of annual HIV notifications in sex workers and cases reporting injecting drug use and vertical acquisition	WA HIV Database	Number: sex workers	0.4	0	0	1
			Number: cases reporting injecting drug use	1.6	2	1	1
			Number: cases reporting vertical transmission	0.4	2	1	0
7. Ensure all people attending public sexual health services and high priority population caseload general practices are assessed for PrEP eligibility	Number of individual dispensed HIV drug regimens for PrEP	PBS data	Number	-	625	1,919	-2,187
	Proportion of eligible people on PrEP	PGCPS Survey	Proportion: non-HIV positive PGCPS respondents who had accessed PrEP in the previous 6 months	2017: 5%	-	25%	-
			Note: PrEP only available on PBS from 1 April 2018				
			Note: Perth Gay Community Period Survey (PGCPS) is a biennial study and was not conducted in 2018. Previous 5 yr. average data not available				
8. Ensure at least 75% of people with HIV report good quality of life	Proportion of HIV Futures Study participants who report their general health status and their general wellbeing to be excellent or good	HIV Futures Study	Proportion	-	63%	-	-
			Note: National data, not WA specific (https://www.latrobe.edu.au/_data/assets/pdf_file/0007/1058614/HIV-Futures-9.pdf). Quality of life data based on PosQoL indicator from HIV Futures 9 Study. PosQoL indicator not reported prior to the HIV Futures 9 Study. 2019 data not available at time of report				

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013– 2017)	2018	2019	2020	
9. Reduce the reported experience of stigma among people living with HIV, and the expression of stigma, in respect to HIV status	Proportion of people living with HIV who report experiencing stigma and discrimination in respect to their HIV status	Centre for Social Research in Health, University of New South Wales	Proportion	2016: 74%	56%	-	-	
	Note: National data, not WA specific. Previous 5 yr. average data not available. https://www.arts.unsw.edu.au/sites/default/files/documents/Stigma%20Indicators%20Summary%20HIV%20%2B%20MSM%202019.pdf 2019 data not available at time of report							
	Proportion of the general public who report feelings of stigma and discrimination towards people living with HIV		Proportion	2017: 62%	-	-	35%	
	Note: WA specific data. 2018 and 2019 data not available.							
	Proportion of health professionals who report feelings of stigma and discrimination towards people living with HIV		Proportion	2016: 6%	6%	-	-	
Note: National data, not WA specific. (https://www.arts.unsw.edu.au/sites/default/files/documents/Stigma%20Indicators%20Summary%20Health%20Workers%202020.pdf). (https://www.arts.unsw.edu.au/sites/default/files/documents/Stigma_Indicators_Summary_Health_Workers_FINAL.pdf). 2019 data not available at time of report								



HIV

2019–2023 baseline report

The big picture in 2020



- In 2020 the HIV notification rate decreased 26% compared to the strategy baseline period, the decrease was particularly notable in HIV notifications in men who have sex with men.
- With an estimated 92% of people diagnosed with HIV on treatment in 2020, WA is on track to achieving the 95% treatment coverage target by 2023. When an HIV-positive person is on treatment and their viral load is suppressed, the chance of onward transmission is negligible.

	2013 to 2017 Average	2018	2019	2020	Comparison to baseline
HIV notification rate	3.8	2.2	3.9	2.8	↓ 26%
Number of HIV notifications in MSM	56.4	30	36	36	↓ 38%
Number of HIV notifications in heterosexual people	34.2	22	60	30	↓ 12%
Number of HIV notifications in people who inject drugs	1.6	2	1	1	Stable
Number of HIV notifications in Aboriginal people	3.4	2	3	2	Stable

Testing



	2013 to 2017 Average	2018	2019	2020	Comparison to baseline
Number of HIV tests per 1,000 people	54.6	56	60	56	↑ 3%

Treatment as prevention



- With an estimated 93% of people diagnosed with HIV on treatment in 2018, WA is on track to achieving the 95% treatment coverage target by 2023. When a HIV-positive person is on treatment and their viral load is suppressed, the chance of onward transmission is negligible.
- Pre-exposure prophylaxis (PrEP) is a once-daily pill used by HIV-negative people as a prevention method that was listed on the Pharmaceutical Benefits Scheme (PBS) on 1 April 2018.

	2018	2019	2020	Target
Time to treatment <i>Proportion of people diagnosed with HIV who started treatment within one month of diagnosis</i>	–	93%	95%	95%
Treatment coverage <i>Estimated proportion of people living with HIV who are on treatment</i>	–	90%	93%	95%
Viral suppression <i>Proportion of people diagnosed with HIV who reached an undetectable viral load within 12 months of diagnosis</i>	–	95%#	–	95%
<i>Number of WA residents who received PrEP subsidised by the PBS</i>	–	625*	1,919	2,187

- Data not available at time of report



4. WA Hepatitis B Strategy
Implementation Progress Report 2021

4.1 WA Hepatitis B Strategy – At a glance

Guiding principles

Meaningful involvement of priority populations

Human rights

Access and equity

Health promotion

Prevention

Quality health services

Harm reduction

Shared responsibility

Commitment to evidence-based policy and programs

Partnership

Goals

1. Make significant progress towards eliminating hepatitis B as a public health threat.

2. Reduce transmission of and the mortality and morbidity caused by hepatitis B.

3. Minimise the personal and social impact of hepatitis B.

4. Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on the health of people living with hepatitis B.

Targets

1. Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months.

2. Reduce the number of newly acquired hepatitis B infections across all age groups by 50%, with a focus on priority populations.

3. Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80%.

4. Increase the proportion of people living with chronic hepatitis B receiving care to 50%.

5. Increase the proportion of people living with chronic hepatitis B who are receiving antiviral treatment to 20%.

6. Reduce hepatitis B attributable mortality by 30%.

7. Reduce the reported experience of stigma among people living with hepatitis B, and the expressions of stigma, in respect to hepatitis B status.

Targets are measured by indicators

Action areas

Prevention and education

Testing and diagnosis

Disease management and clinical care

Workforce development

Enabling environment

Data collection, research and evaluation

3 key actions

2 key actions

2 key actions

3 key actions

3 key actions

4 key actions

Surveillance, monitoring and reporting

People living with hepatitis B | People from culturally and linguistically diverse backgrounds | Aboriginal people
Children born to pregnant women living with hepatitis B | Other unvaccinated adults at higher risk of infection

Priority populations

4.2 WA Hepatitis B Strategy – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: ■ Significant coverage ■ Some room for improvement ■ Significant room for improvement

Prevention and education					
The following actions aim to improve hepatitis B related knowledge among the priority populations and to improve access to hepatitis B prevention initiatives, thus contributing towards achieving the goals and targets set out in this strategy.					
Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Improve hepatitis B related health literacy among priority populations in relation to the:</p> <ul style="list-style-type: none"> • risk factors and preventative factors • availability of hepatitis B vaccinations and testing • availability of treatment • need for regular monitoring. <p>Recommendation:</p> <p>1. Migrant Blood Borne Virus and Sexual Health Survey research at Curtin University will determine knowledge gaps to inform prevention and education efforts in CALD. Information from survey to be disseminated and implement strategies to address gaps.</p>	<p>1. A Steering Group was established to review the existing SHBBVP multicultural factsheets, including hepatitis B. While the Curtin Research is yet to be reported, Curtin University researchers provided some early insights into their research findings which were fed back to the group.</p> <p>Hepatitis WA were awarded a grant to allow for expansion of the reach of the existing Hepatitis B Community Engagement Project, and to enhance and expand the current clinical response component of that project.</p>				

Prevention and education

<p>2. Increase access to:</p> <ul style="list-style-type: none"> • hepatitis B vaccination for all priority populations including free vaccination for infants, adolescents, pregnant women and unvaccinated adults at higher risk of infections • other preventative measures such as condoms, sterile needles and syringes, and safer sex education <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				
<p>3. Develop partnerships to improve service coordination through the sharing of information and resources among:</p> <ul style="list-style-type: none"> • CALD communities and organisations • service providers already engaging with priority populations • research institutes working in the viral hepatitis area <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Investigate evidence and/or programs used in other jurisdictions. 2. Track progress in the Eliminate Hepatitis C Working Group. 	<ol style="list-style-type: none"> 1. The Steering Group that has been established to review the existing SHBBVP multicultural factsheets has contributed to development of partnerships. Liaison with local interstate and national organisations is also contributing to this review of resources. 2. The working group will consider if hepatitis B is within scope. 				

Testing and diagnosis

It is estimated that in Australia nearly 38% of people living with hepatitis B are undiagnosed, making regular testing essential for early diagnosis to allow for better access to treatment, ongoing care and better health outcomes for the priority populations. The following actions aim to decrease the number of undiagnosed cases among people in WA living with hepatitis B.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Increase access to routine and opportunistic testing</p> <p>Recommendation:</p> <p>1. Narrow cast social marketing targeting at-risk populations and general practitioners to increase testing and contact tracing.</p>	<p>1. <i>What you need to know about Hepatitis B</i> video launched June 2020 - available on YouTube. The video aims to provide information about hepatitis B risk, testing and care for Aboriginal people. The video has been promoted through relevant services.</p>				
<p>2. Employ evidence and peer-based approaches that promote testing among priority populations.</p> <p>Recommendation:</p> <p>1. Complete a grey and peer-reviewed literature review on peer-based models across priority populations.</p>	<p>1. To be progressed.</p>				

Disease management and clinical care

These actions aim to increase the number of people living with hepatitis B who are on treatment and engaged in care. To effectively achieve this, the following actions are recommended.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Increase the number of people living with chronic hepatitis B on treatment and engaged in care.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> Currently 5.8% treatment uptake. Efforts needed to increase treatment uptake to 20%. Increased general practitioners training and community s100 prescribers required. 	<ol style="list-style-type: none"> Continued to support ASHM to provide hepatitis B s100 prescriber training, with 40 GP prescribers approved by end of 2020. Treatment uptake increased to 6.8% by end of 2019. 				
<p>2. Improve the management and treatment of hepatitis B.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> Investigate options to enhance care options, such as, GP training, health pathways (through WAPHA). Liaise with Telehealth to investigate support options for rural and remote settings. 	<ol style="list-style-type: none"> As above, ASHM continue to be supported to provide s100 prescriber training. Discussions are also underway with a tertiary hospital liver clinic regarding strategies to increase GP engagement in hepatitis B treatment. To be progressed. 				

Workforce development

The following actions aim to develop a healthcare workforce that is highly skilled and adequately trained in the treatment and management of hepatitis B. To effectively achieve this, the following actions are recommended.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Improve awareness, knowledge and skills of the healthcare workforce in relation to early detection, monitoring and treatment of hepatitis B</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Map the workforce development opportunities currently funded and provided and complete a gap analysis. 2. Develop resources in conjunction with priority populations. 	<ol style="list-style-type: none"> 1. To be progressed. 2. To be progressed. 				
<p>2. Increase hepatitis B treatment prescriber course access, promotion and participation of non-accredited GPs working with priority populations, including those in regional and remote areas.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Investigate options to improve access to Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) training for rural and remote based general practitioners. 	<ol style="list-style-type: none"> 1. Online training options being investigated and implemented, and in some instances were necessitated by COVID-19 restrictions. 				

Workforce development

<p>3. Develop shared care models to better support new prescribers through linkages with experienced prescribers including the use of telehealth where required in regional and remote areas.</p> <p>Recommendation:</p> <p>1. Investigate shared care models in other jurisdictions to assess the effectiveness of peer support models.</p>	<p>1. Peer support models to be further investigated. Two ASHM hepatitis B sessions were held in 2020 - s100 prescriber training and hepatitis B case discussion - these sessions provide opportunity for networking with GP peers.</p>				
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Enabling environment

People living with hepatitis B are likely to experience discrimination and stigma. This can have a significant impact on their health outcomes and may prevent them from seeking support. To effectively address stigma and discrimination, the following actions are recommended.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Provide patients and consumers with information about their rights and responsibilities in relation to hepatitis B prevention, testing, treatment and care.</p> <p>Recommendation:</p> <p>1. Develop on-line and hard-copy health consumer resource.</p>	<p>1. Steering Group has been formed and is progressing resource development as above.</p>				

Enabling environment

<p>2. Monitor stigma and discrimination in the community that impacts on health-seeking behaviour of priority populations and their access to testing and treatment services.</p> <p>Recommendation:</p> <p>1. Liaise with Centre for Social and Health Research on stigma and discrimination indicators for WA.</p>	<p>1. Current stigma and discrimination indicators do not cover hepatitis B - to be progressed.</p>				
<p>3. Review and address institutional, regulatory and system policies that create barriers to equality of prevention (including access to vaccination), testing, treatment, care and support for priority populations, including people living with hepatitis B.</p> <p>Recommendation:</p> <p>1. Literature review and environmental scan on barriers to testing, treatment and care.</p>	<p>1. To be progressed.</p>				

Data collection, research and evaluation

There are a number of gaps in the research and surveillance related to hepatitis B. To fully understand the burden of disease caused by hepatitis B in WA, the following actions are recommended.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Identify opportunities to improve the timeliness, completeness and consistency of data collections.</p> <p>Recommendation: Nil</p>	Nil recommendations.				
<p>2. Explore the prevalence and nature of stigma and discrimination experienced by people living with hepatitis B in WA.</p> <p>Recommendation:</p> <p>1. Liaise with Centre for Social and Health Research on stigma and discrimination indicators for WA.</p>	1. As above, current stigma and discrimination indicators do not cover hepatitis B - to be progressed.				
<p>3. Identify gaps in knowledge among healthcare workforce and priority populations relating to hepatitis B prevention, testing, treatment and care.</p> <p>Recommendation:</p> <p>1. Complete a needs analysis among healthcare workers to identify gaps.</p>	1. To be progressed.				

Data collection, research and evaluation

4. Identify and address barriers in accessing hepatitis B vaccination, testing, treatment and care among priority population groups, including people from countries with an intermediate or high prevalence of hepatitis B.

Recommendation:

1. SHaBBVAC to review the gap workforce needs analysis and review literature review and environmental scan on barriers to testing, treatment and care. Support qualitative research with priority populations to understand barriers.

1. To be progressed

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4.3 WA Hepatitis B Strategy – Progress towards targets

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: ■ Target met ■ Tracking to meet target by 2023 ■ Progress made towards target ■ Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
1. Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months	Coverage of hepatitis B vaccination at 12 months and 24 months	ACIR and Rates Calculator	12 months	91.81%	93.43%	93.71%	94.47%
	Numerator: Number of children in the relevant cohort who have dose 3 by 12 and 24 months recorded on the Australian Childhood Immunisation Register (ACIR)		24 months	89.59%	89.63%	90.06%	91.44%
	Denominator: Number of children turning 12 and 24 months in the measurement year on the ACIR		Note: Figures are provided for the percentage of children fully immunised which includes hepatitis B immunisation				
2. Reduce the number of newly acquired hepatitis B infections across all age groups by 50%, with a focus on priority populations	Annual rate of newly acquired hepatitis B notifications	WA Notifiable Infectious Diseases Database (WANIDD) and Rates Calculator	Number	27.0	25	23	20
	Numerator: Number of newly acquired hepatitis B notifications						
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population, Aboriginal and non-Aboriginal, all ages		ASR/100,000 pop.	1.1	1.0	0.8	0.8

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
3. Increase the proportion of people living with chronic hepatitis B who are diagnosed to 80%	Estimated annual proportion of people living with chronic hepatitis B who have been diagnosed	Indicator to be developed	Not applicable				
	Annual rate of unspecified hepatitis B notifications	WANIDD and Rates Calculator	Number	547.6	461	422	502
	Numerator: Number of unspecified hepatitis B notifications		ASR/100,000 pop.	21.5	17.7	16.0	18.9
	Denominator: ABS Estimated Resident Population, Aboriginal and non-Aboriginal, all ages						
4. Increase the total proportion of people living with chronic hepatitis B receiving care to 50%	Proportion of people living with chronic hepatitis B who received monitoring for chronic hepatitis B	Data linkage study	Data not available at time of report				
	Numerator: Number of people who received monitoring for chronic hepatitis B						
	Denominator: Modelled estimate of the number of people living with chronic hepatitis B						
5. Increase the proportion of people living with chronic hepatitis B who are receiving antiviral treatment to 20%	Proportion of people with living chronic hepatitis B dispensed drugs for hepatitis B infection	PBS treatment data	Proportion	2015: 3.9%	5.8%	6.8%	-
	Numerator: Number of people dispensed drugs for chronic hepatitis B infection						
	Denominator: Modelled estimate of the number of people living with chronic hepatitis B		Note: Data not available prior to 2015. 2020 data not available at time of report				

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
6. Reduce hepatitis B attributable mortality by 30%	Estimated number of deaths attributable to chronic hepatitis B	Data linkage study	Data not available at time of report				
7. Reduce the reported experience of stigma among people living with hepatitis B, and the expression of stigma, in respect to hepatitis B status	1. Proportion of people living with chronic hepatitis B who report experiencing stigma and discrimination in respect to hepatitis B status	Centre for Social Research in Health, University of New South Wales (UNSW)	1. Data not available at time of report				
	2. Proportion of the general public who report feelings of stigma and discrimination towards people living with chronic hepatitis B		2. Proportion	2017: 58%	50%	-	31%
	Note: WA specific data Survey not conducted in 2019						
	3. Proportion of health professionals who report feelings of stigma and discrimination towards people living with chronic hepatitis B		3. Proportion	2016: 8%	18%	-	-
	Note: National data, not WA specific (https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project). Survey not conducted in 2019. 2020 data not available at time of report						



Hepatitis B

2019–2023 baseline report

The big picture in 2020



- The notification rate of both newly acquired and unspecified hepatitis B was lower than the 2013-2017 baseline.

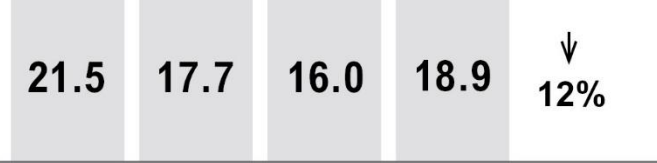
Newly acquired hepatitis B

notification rate per 100,000 population



Unspecified hepatitis B

notification rate per 100,000 population

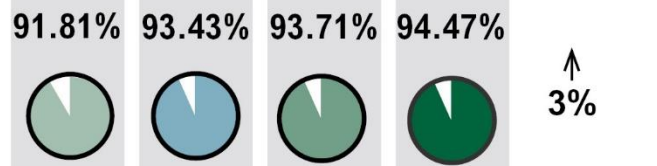


Prevention through immunisation

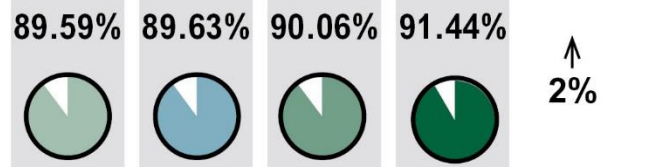


- Childhood vaccination at 12 months was approaching the 2023 target of 95%.

Coverage of hepatitis B vaccination At 12 months



Coverage of hepatitis B vaccination At 24 months

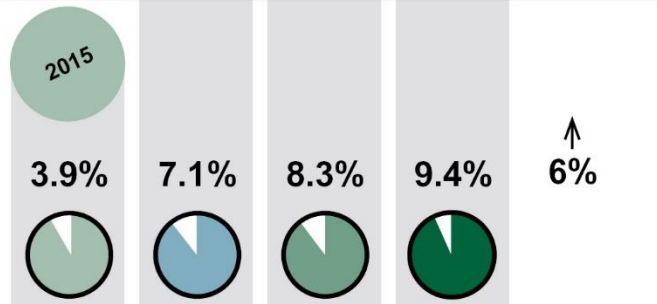


Treatment



- The proportion of people with living chronic hepatitis B who were dispensed drugs for hepatitis B infection in 2019 increased but remained below the 2023 target of 20%.

Proportion of people with living chronic hepatitis B dispensed drugs for hepatitis B infection

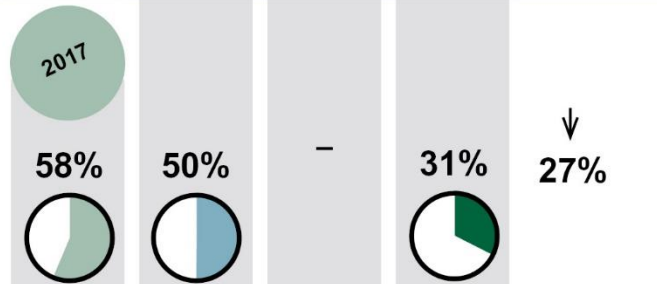


Stigma and discrimination

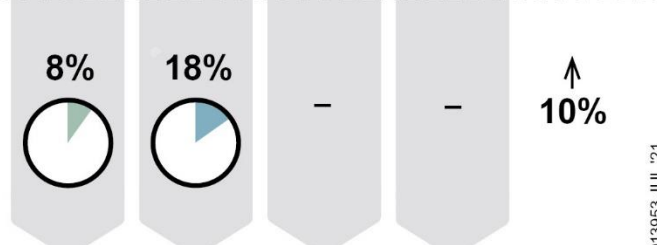


- Feelings of stigma and discrimination towards people living with chronic hepatitis B were high among the general public.

Proportion of the general public who report feelings of stigma and discrimination towards people living with chronic hepatitis B



Proportion of health professionals who report feelings of stigma and discrimination towards people living with chronic hepatitis B



- Data not available at time of report



5. *WA Hepatitis C Strategy*
Implementation Progress Report 2021

5.1 WA Hepatitis C Strategy – At a glance

Surveillance, monitoring and reporting

Priority Populations
People living with hepatitis C | People who inject drugs | People in or recently exited custodial settings | Aboriginal people | People from culturally and linguistically diverse backgrounds

Guiding principles

Meaningful involvement of priority populations

Human rights

Access and equity

Health promotion

Prevention

Quality health services

Harm reduction

Shared responsibility

Commitment to evidence-based policy and programs

Partnership

Goals

1. Make significant progress towards eliminating hepatitis C as a public health threat.

2. Reduce transmission of and morbidity and mortality caused by hepatitis C.

3. Minimise the personal and social impact of hepatitis C.

4. Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on the health of people living with hepatitis C.

Targets

1. Reduce the number of newly acquired hepatitis C infections by 60%, with a focus on priority populations.

2. Increase the proportion of people living with hepatitis C who are diagnosed to 90%.

3. Increase the cumulative proportion of people living with chronic hepatitis C who have initiated direct-acting antiviral (DAA) treatment to 65%.

4. Reduce hepatitis C attributable mortality by 65%.

5. Reduce the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status.

6. Increase the use of sterile injecting equipment for every injecting episode.

Indicators

Action areas

Prevention and education

Testing and diagnosis

Disease management and clinical care

Workforce development

Enabling environment

Data collection, research and evaluation

5 key actions

5 key actions

6 key actions

5 key actions

4 key actions

7 key actions

5.2 WA Hepatitis C Strategy – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: ■ Significant coverage ■ Some room for improvement ■ Significant room for improvement

Prevention and education					
There are a number of gaps in the research and surveillance related to hepatitis B. To fully understand the burden of disease caused by hepatitis B in WA, the following actions are recommended.					
Key actions	Activities aligned with recommendations	2020	2021	2022	2023
1. Implement innovative hepatitis C public education initiatives with a focus on transmission risk and harm reduction strategies and to raise awareness of DAA treatments. Recommendation: Nil	Nil recommendations.				
2. Increase the availability, range and distribution of sterile injecting equipment among PWID, especially in regional and remote areas and for Aboriginal PWID. Recommendation: Nil	Nil recommendations.				
3. Increase access to health, safer injecting and safe disposal information for PWID, including the utilisation of peer-based initiatives and education tailored to priority populations. Recommendation: Nil	Nil recommendations.				

Prevention and education

<p>4. Facilitate a coordinated partnership approach towards prevention and education initiatives and share the successes of these approaches with service providers.</p> <p>Recommendation:</p> <p>1. Eliminate Hepatitis C Working Group to consider this.</p>	<p>1. The Eliminate Hepatitis C Working Group met in February, July, September and November 2020, with representation from a range of stakeholders and service providers delivering hepatitis C prevention and education initiatives. A key action for this group is to promote 'champion' health professionals and practices working in the hepatitis C area. This will continue throughout the life of the Strategy.</p> <p>The Department of Health manages Service Agreements and funds peak organisations providing hepatitis C prevention and education projects targeting affected and at-risk communities in the community.</p>				
<p>5. Support the continued provision of and equitable access to evidence-based OTP for priority populations.</p> <p>Recommendation:</p> <p>1. Eliminate Hepatitis C Working Group to consider this.</p>	<p>1. Department of Health works with organisations and agencies that interact with people who are administered OTP, related to hepatitis C prevention and education, including drug and alcohol treatment services, services that provide needle and syringe programs (NSP)/needle and syringe exchange programs (NSEP) and other services that support priority populations.</p> <p>The Eliminate Hepatitis C Working Group provides a platform for agencies that work with people who are administered OTP, as it relates to hepatitis C testing and treatment. Agencies on this working group are currently involved in projects to increase the testing and treatment rates of people accessing AOD treatment facilities in WA.</p>				

Testing and diagnosis

Increasing the diagnosis rate of those living with hepatitis C will be a key target to achieve by the end of this strategy, and into the future. Accurately assessing the true prevalence rate of hepatitis C within WA, and measuring the success of this strategy, will depend on the delivery of non-discriminatory, innovative and complete testing processes.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Increase awareness of the importance of testing among priority populations including engagement in all stages of the testing process (antibody testing, confirmatory hepatitis C RNA and monitoring of liver condition).</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				
<p>2. Increase routine and opportunistic testing, through primary health care, community-based services, allied health services and within custodial services.</p> <p>Recommendation:</p> <p>1. Continue to support community based and other services that provide testing and consider how testing opportunities may be increased through other services.</p>	<p>1. Hepatitis C testing provided within various community-based services, including HepatitisWA, Peer Based Harm Reduction WA and M-Clinic for example, targeting people at high risk of hepatitis C.</p> <p>Testing within custodial settings is offered to all patients with informed consent. Corrective Services are working to try and increase the number of BBV clinics provided and shorten the time between patients first being seen by a BBV nurse and then to have bloods taken. Corrective Services have a partnership with the Deen Clinic (HepatitisWA) to engage patients via referral once they exit custodial settings, to ensure appropriate pathway from testing through to treatment if required.</p> <p>From Q2 2016 to Q1 2020, the testing rate increased by 10% (from 52.2/1,000 pop. to 57.6/1,000 pop.) while the notification rate decreased by 28% (from 52.4/100,000 pop. to 38.0/100,000 pop.).</p>				

Testing and diagnosis

<p>3. Investigate the use of emerging technologies including rapid diagnostic testing (RDT) and POCT to increase testing rates.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> PoCT research trials are currently being undertaken at some services and will inform the future use of these technologies. 	<ol style="list-style-type: none"> Awaiting results of trials in WA and within other jurisdictions (Kirby Institute studies including PIVOT study in prisons; ETHOS in AOD settings; TEMPO in NSP settings) before looking into participation in wider PoCT trials/rollout in WA. 				
<p>4. Develop and maintain peer-based strategies that include utilising the skills and experience of people living with hepatitis C and PWID to encourage people to test and progress into treatment and ongoing management of their condition as required.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> A peer-based hepatitis C education project regarding testing and treatment has been rolled out and will contribute to the development of further strategies. 	<ol style="list-style-type: none"> Peer Based Harm Reduction WA continues to facilitate their Hepatitis C Peer Harm Reduction Education Project, with the project aiming to increase the number of PWID engaging in testing for hepatitis C and to pursue treatment if chronic infection is diagnosed. 				

Testing and diagnosis

5. Identify opportunities to improve the application of recommended testing procedures for hepatitis C by clinicians, including patient follow-up post antibody test and application of confirmatory hepatitis C RNA testing.

Recommendation:

1. Recommended testing procedures to be highlighted in all workforce development initiatives and clinical resources.

1. Support in the development of the WA Eliminate Hepatitis C Partnership Practice Support Toolkit for primary care service providers in WA.

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) delivered one x 2.5-hour face to face clinical update on hepatitis C treatments for GPs and other primary care practitioners on the 3 June 2020, as well as one 1-hour webinar in October 2020. Testing procedure and treatment process highlighted.

Organisations involved in the Eliminate Hepatitis C Working Group continue to facilitate workforce development initiatives throughout various settings including primary-health, community-based settings, and Aboriginal Community Controlled Health Organisations.

Disease management and clinical care



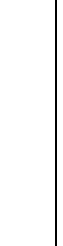
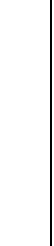
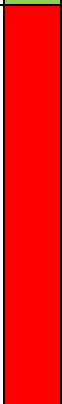

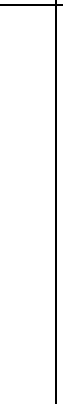
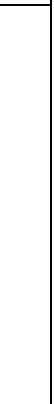
Since the inclusion of DAA treatment for hepatitis C on the Pharmaceutical Benefits Scheme (PBS) in March 2016, Australia has been leading the way globally as a nation where elimination of hepatitis C is a realistic prospect. Enhancing awareness of these revolutionary treatments, increasing rates of treatment for those affected by hepatitis C and providing timely and relevant referral to treatment services and ongoing care will be vital within WA to ensure treatment remains a priority and people are engaged throughout the hepatitis C cascade of care.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Increase public awareness of the availability of and the effectiveness of DAA treatment for hepatitis C.</p> <p>Recommendation:</p> <p>1. Continue and enhance strategies to increase public awareness.</p>	<p>1. Aboriginal focused BBV campaign 'Look After Your Blood' was delivered in metropolitan and regional areas, including content to educate the community about prevention, testing and treatment for hepatitis C and HIV.</p> <p>Needle and syringe programs (NSP) and needle and syringe exchange programs (NSEP) have continued to promote testing and treatment with clients accessing these services. People who inject drugs (PWID) are among the highest risk group for transmission of hepatitis C via sharing injecting equipment.</p> <p>Funded agencies delivered public education and awareness raising activities in 2020, targeting the general public and those at risk of/affected by hepatitis C.</p>				
<p>2. Provide support and information to GPs and practice nurses to increase the number of DAA prescribers treating through general practice.</p> <p>Recommendation:</p> <p>1. Continue to follow up GPs who notify hepatitis C cases (through HepatitisWA GP project), and strengthen other workforce development initiatives and resources.</p>	<p>1. The Department of Health funded HepatitisWA GP Liaison Project engaged over 230 practices (January to June 2020). There were over 278 interactions with GPs and clinic staff up to June 2020. Information on conducting testing, conducting patient recall and engaging patients in DAA treatment were the focus topics of these engagements.</p> <p>HepatitisWA also engaged regional practices (mostly via phone/video-conference) to walk through patient recall for hepatitis C RNA testing/treatment and audits of their practice management</p>				

Disease management and clinical care

	<p>software. The Goldfields and Pilbara regions were targeted in 2020.</p> <p>Ongoing workforce development initiatives from ASHM targeted GPs via face-to-face and web-based training platforms over the year.</p>				
<p>3. Establish new community service led treatment clinics and enhance current clinics operating within community-based services to target priority populations.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> Identify potential new sites and opportunities for community service led treatment clinics. 	<ol style="list-style-type: none"> The Deen Clinic at HepatitisWA continued to provide important BBV testing and treatment services for people at risk of hepatitis C or living with hepatitis C. <p>A Grant Agreement between the Department of Health and Peer Based Harm Reduction WA enabled the expansion of clinical services in the South-West, focusing on engaging PWID in testing and treatment for hepatitis C. Late in 2020, this Grant Agreement was merged with the Peer Based Harm Reduction WA Service Agreement to provide a range of services for PWID in WA.</p>				
<p>4. Maintain and improve partnerships between primary healthcare workers, specialists, allied health services, community-based services (including alcohol and other drug (AOD) services), AHS and custodial services to ensure appropriate pathways into treatment and management or care is available for those diagnosed with chronic hepatitis C.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> Eliminate Hepatitis C Working Group to consider this. 	<ol style="list-style-type: none"> The Eliminate Hepatitis C Working Group provides the opportunity for primary health to liaise with community-based health services, the Department of Health and custodial services. Part of this work is to review and promote new resources, including testing and treatment guides, such as the ASHM Partnership Practice Support Toolkit for primary care service providers in WA, information on the Silverbook for clinicians and resources targeting services working with at risk-populations. 				

Disease management and clinical care

<p>5. Enhance current treatment projects and introduce innovative strategies to increase access to DAA treatment for hepatitis C for those within custodial settings or those recently exited the custodial setting.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				
<p>6. Support the healthcare workforce to identify and engage people living with hepatitis C in treatment and ongoing care, including improving patient management systems, conducting patient recall and ongoing monitoring for patients with pre-existing liver disease issues.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> Investigate successful models of patient engagement and monitoring and provide support to replicate or adapt these as relevant. 	<ol style="list-style-type: none"> HepatitisWA engaged metropolitan and regional practices with capacity building workforce development projects, assisting practices with patient recall (for hepatitis C RNA testing and hepatitis C treatment) and training staff how to set up and utilise prompts in practice management software to audit patient records. <p>Referral to tertiary liver clinics continues for cases that are too complicated for initiating treatment and monitoring by GP.</p>				

Workforce development

The facilitation of appropriate and successful prevention, testing and treatment initiatives will continue to rely on a highly skilled and adequately trained healthcare workforce. Support and education for staff and volunteers working with people at risk of or living with hepatitis C, in a variety of settings, will be central to the response to hepatitis C in WA.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Provide ongoing support and information to GPs, nurse practitioners and the wider healthcare workforce on prevention, accurate testing processes and the pathway to treatment for patients living with hepatitis C.</p> <p>Recommendation:</p> <p>1. Continue to support provision of health workforce education by ASHM and other providers.</p>	<p>1. ASHM delivered one x 2.5-hour face to face clinical update on hepatitis C treatments for GPs and other primary care practitioners on 3 June 2020, as well as one 1-hour webinar in October 2020. Testing procedure and treatment process highlighted. Online training mediums were rolled out due to COVID-19 and will continue to enable the facilitation of timely workforce development initiatives to a broad range of health professionals.</p> <p>Organisations involved in the Eliminate Hepatitis C Working Group continue to facilitate workforce development initiatives throughout various settings including primary-health, community-based settings and Aboriginal Community Controlled Health Organisations.</p>				
<p>2. Facilitate innovative workforce education and training initiatives to build a highly skilled healthcare workforce, including increasing use of online learning, videoconference and teleconference, information sharing platforms and face-to-face learning opportunities.</p> <p>Recommendation:</p> <p>1. Investigate and implement contemporary model of delivery for health workforce education.</p>	<p>1. Online methods of conducting workforce development and education were developed and facilitated in 2020, including the use of MS Teams for Sexual Health and Blood-borne Virus Quarterly Forums, email and teleconference support as well as state and national agencies utilising different video conferencing and webinar platforms for training. This has proved to be a popular and well supported enhancement around workforce development, mostly due to the introduction of restrictions related to COVID-19 and travel/face-to-face interaction.</p> <p>The Department of Health, with the Mental Health Commission, updated the Needle and Syringe Program Online Orientation and Training Package for NSP providers and pharmacists.</p>				

Workforce development				
	In 2020, 87 participants completed the generic NSP Online package, while 39 participants completed the pharmacy package.			
<p>3. Provide innovative and tailored education for the Aboriginal healthcare workforce on hepatitis C transmission risk and prevention methods and the ability to appropriately conduct or refer patients for hepatitis C testing and treatment.</p> <p>Recommendation:</p> <p>1. Continue to support the Aboriginal Health Council of WA (AHCWA) to deliver the Birds and the BBVs training (BBV/STI training) and explore other options to provide tailored education for the Aboriginal healthcare workforce.</p>	<p>1. Funding provided to AHCWA to extend the Birds and the BBVs 2-day short course in regional and metropolitan WA. This course is facilitated in partnership with HepatitisWA and reached 43 health and community service workers between July and December 2020, via 4 different sessions.</p> <p>A Hepatitis C project officer commenced working at AHCWA in 2020 to work with ACCHS.</p>			
<p>4. Support community-based organisations, custodial settings, NSP sites and relevant peer networks to increase their engagement with priority populations in order to improve health literacy and their connection to diagnostic services, treatment and ongoing care.</p> <p>Recommendation:</p> <p>1. Support targeted workforce development initiatives for these sectors.</p>	<p>1. The Department of Health provided targeted workforce development initiatives for key stakeholders and peak organisations working with priority populations. Workforce development included the delivery of Sexual Health and Blood-borne Virus Quarterly Forums, online training such as the Needle and Syringe Program Online Orientation and Training Package, regional workforce updates and the development of several public health resources to target health professionals and people in the community.</p> <p>Key sector organisations funded by the Department of Health also provided workforce development and training initiatives to various service providers in the community as part of core service delivery.</p>			
<p>5. Promote relevant clinical guidelines on testing, treatment, care and support for people living with hepatitis C.</p> <p>Recommendation: Nil</p>	Nil recommendations.			

Enabling environment

In relation to the Guiding Principles of Human Rights, referring to safeguarding the human rights of priority populations, and to access and equity in ensuring health and community care in WA is accessible to all, supportive and enabling environments must be provided to anyone living with or at risk of hepatitis C. This will include participation of priority populations in service design and implementation, addressing stigma and discrimination within the healthcare workforce and upholding client rights and responsibilities as well as addressing regulatory health and systemic barriers to service access.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Engage with priority populations to identify the greatest barriers to accessing appropriate and timely health care and involve priority populations in devising strategies to address these issues.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				
<p>2. Educate the healthcare workforce on the stigma and discrimination issues faced by PWID and other priority populations, the appropriate language to use and strategies to engage people who are living with hepatitis C or who are at risk of hepatitis C transmission.</p> <p>Recommendation:</p> <p>1. Incorporate stigma and discrimination issues into workforce development initiatives regarding hepatitis C and develop tailored training to address this issue.</p>	<p>1. The Department of Health, in conjunction with the Mental Health Commission updated the Needle and Syringe Program Online Orientation and Training Package for NSP providers and pharmacists, including content covering stigma and discrimination faced by PWID.</p> <p>Service providers that facilitate workforce development activities include stigma and discrimination topics in all training sessions.</p>				

Enabling environment

<p>3. Ensure clients and patients have access to information about their rights and responsibilities when accessing health care.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				
<p>4. Review and address institutional, regulatory and system policies that create barriers to equality of prevention, testing, treatment, care and support for people living with hepatitis C and at-risk priority populations.</p> <p>Recommendation:</p> <p>1. Working with priority populations, identify critical institutional, regulatory and system policies that create barriers within the HCV cascade of care and advocate for these barriers to be addressed.</p>	<p>1. The WA Sexual Health and Blood-borne Virus Advisory Committee (WA SHaBBVAC) provides the opportunity for community members, leading organisations, clinicians and policy makers to discuss barriers affecting prevention activities, access to testing and treatment, as well as the provision of ongoing support for people affected by hepatitis C, or those at risk.</p> <p>The Eliminate Hepatitis C Working Group continued to investigate strategies to improve hepatitis C prevention, testing and treatment across the state and in the community. Any barriers requiring further advocacy are presented to the DoH and can be taken to the WA SHaBBVAC.</p> <p>Needle and syringe programs were further enhanced in 2020. Two new NSP services were implemented in regional WA. A Needle and Syringe Dispensing Machine (NSDM) in Northam and Needle and Syringe Exchange Program (NSEP) in Katanning.</p> <p>Work continues with primary healthcare providers, as well as community health organisations to educate and update the workforce on testing and treatment processes, which with the introduction of PBS listed DAA treatment has allowed GPs to test and treat their patients for hepatitis C.</p>				

Data collection, research and evaluation

Improvement in consistent collection of relevant data and responsible use of data is required to orient health services and drive actions within this strategy and beyond. Gaps in surveillance data exist across the priority populations, with the true prevalence of hepatitis C and burden of disease within the community still unknown. Collection of enhanced behavioural data and relevant research will be vital in moving forwards, including continual monitoring of risk factors, treatment uptake and evidence and impact of stigma and discrimination on people at risk of or living with hepatitis C. The use of relevant evaluation methods must also be built into the program design and implemented accordingly.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Improve the consistency of data collection and increase the completeness of priority population specific data, including PWID, Aboriginal people, people from CALD backgrounds and those currently in or recently exited custodial settings.</p> <p>Recommendation:</p> <p>1. Follow up with Immunisation, Surveillance and Disease Control Program regarding increasing the completeness of data.</p>	<p>1. To be progressed.</p>				
<p>2. Contribute towards, and continue to support, national research and evaluation projects.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				

Data collection, research and evaluation

3. Increase surveillance on behavioural trends and risks for hepatitis C including injecting drug use and receptive needle sharing, as well as maintaining data on treatment commencement and adherence.

Recommendations:

1. Continue to participate in the Needle Syringe Program National Minimum Data Collection (NSPNMDC) and the Australian Needle and Syringe Program Survey (ANSPS) (both of which are annual national data collection projects undertaken by the Kirby Institute, UNSW), and consider options for data collection in non-metropolitan regions.
2. Support participation in other research and surveillance activities as relevant.

1. Services continued participation in the Australian Needle and Syringe Program Survey (ANSPS) and Needle and Syringe Program National Minimum Data Collection (NSP NMDC) projects in 2020. 400 clients participated in the ANSPS in 2020 with 184 clients participating in the NMDC survey. In non-metropolitan areas distribution data and client demographics are collected from NSEPs, whereas Regional NSP Coordinators report on trends from the local PWID community as part of service reporting.

The Kirby Institute released a 25-year National Data Report in July 2020, summarising and comparing results of the survey from 1995–2019: <https://kirby.unsw.edu.au/report/australian-nsp-survey-25-year-national-data-report-1995-2019>

2. Treatment data collected via PBS reporting and refined into WA specific datasets: https://ww2.health.wa.gov.au/Articles/A_E/Epidemiology-of-STIs-and-BBVs-in-Western-Australia
Participation in a lead researcher capacity in the SiREN led research project - Increasing Aboriginal Peoples' Use of Services That Reduce Harms from Illicit Drugs.

4. Investigate and monitor stigma and discrimination, as well as related issues that impact on the decisions people at risk of hepatitis C or those living with hepatitis C may face.

Recommendation:

1. Continue to liaise with Centre for Social Research in Health on stigma and discrimination indicators for WA.

1. Data collection continued for WA.

Data collection, research and evaluation

<p>5. Build competence within the sector to appropriately evaluate current and future projects to ensure alignment with relevant action areas within this strategy.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>	<p></p>	<p></p>	<p></p>	<p></p>
<p>6. Investigate opportunities to participate in and conduct data linkage projects utilising relevant state and national datasets to further explore prevalence, incidence, reinfection and treatment rates.</p> <p>Recommendation:</p> <p>1. Literature review environmental scan on data linkage project undertaken in other jurisdictions that may be able to be replicated in WA, and development of innovative data linkage projects.</p>	<p>1. Data linkage project with the Kirby Institute is on-going.</p>	<p></p>	<p></p>	<p></p>	<p></p>
<p>7. Share relevant research, evaluation and surveillance data with the sector to inform future planning and projects.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>	<p></p>	<p></p>	<p></p>	<p></p>

5.3 WA Hepatitis C Strategy – Progress towards targets

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: ■ Target met ■ Tracking to meet target by 2023 ■ Progress made towards target ■ Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
1. Reduce the number of newly acquired hepatitis C infections by 60%, with a focus on priority populations	Annual rate of newly acquired hepatitis C notifications	WA Notifiable Infectious Diseases Database (WANIDD) and Rates Calculator	Number	142.6	125	121	90
	Numerator: Number of newly acquired hepatitis C notifications		ASR/100,000 pop.	5.5	4.9	4.8	3.6
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population, Aboriginal and non-Aboriginal, all ages						
2. Increase the proportion of people living with hepatitis C who are diagnosed to 90%	Estimated annual proportion of people living with chronic hepatitis C who have been diagnosed	Indicator to be developed	Not applicable				
	Annual rate of unspecified hepatitis C notifications	WANIDD and Rates Calculator	Number	981.4	866	860	828
	Numerator: Number of unspecified hepatitis C notifications		ASR/100,000 pop.	38.4	33.5	33.2	32.0
Denominator: ABS Estimated Resident Population, Aboriginal and non-Aboriginal, all ages							

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	
3. Increase the cumulative proportion of people living with chronic hepatitis C who have initiated DAA treatment to 65%	Proportion of people living with hepatitis C dispensed DAA treatment for hepatitis C infection	PBS treatment data	Proportion	March 2016 to September 2016 = 9.0%	March 2016 to March 2019 = 33.8%		March 2016 to September 2020 = 42.3%	
	Numerator: Number of people dispensed DAA treatment for chronic hepatitis C infection							
	Denominator: Modelled estimate of the number of people living with chronic hepatitis C							
Note: Data not available prior to March 2016. 2020 data not available at time of report								
4. Reduce hepatitis C attributable mortality overall by 65%	Estimated number of deaths attributable to chronic hepatitis C	Data linkage study	Data not available at time of report					
5. Reduce the reported experience of stigma among people living with hepatitis C, and the expression of stigma, in respect to hepatitis C status	1. Proportion of people living with hepatitis C who report experiencing stigma and discrimination in respect to hepatitis C status	Centre for Social Research in Health, University of New South Wales (UNSW)	1. Proportion	2016: 56%	72%	-	-	
	Note: National data, not WA specific (https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project). Survey not conducted in 2019. 2020 data not available at time of report							
	2. Proportion of the general public who report feelings of stigma and discrimination towards people living with hepatitis C		2. Proportion	2017: 58%	50%	-	35%	
Note: WA specific data. Survey not conducted in 2019.								

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
	3. Proportion of health professionals who report feelings of stigma and discrimination towards people living with hepatitis C		3. Proportion	2016: 10%	20%	-	-
Note: National data, not WA specific (https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project). Survey not conducted in 2019. 2020 data not available at time of report							
6. Increase the use of sterile injecting equipment for every injecting episode	Prevalence of stigma syringe sharing by WA participants in the Australian Needle and Syringe Program Survey (ANSPS)	ANSPS, The Kirby Institute	Proportion	24%	31%	26%	-
Note: Data is for both Aboriginal and non-Aboriginal people (https://kirby.unsw.edu.au/project/ansps). 2020 data not available at time of report							



Hepatitis C

2019–2023 baseline report

The big picture in 2020

- The rate of hepatitis C notifications decreased.



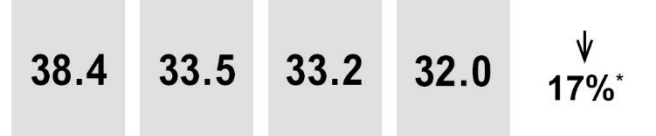
Newly acquired hepatitis C

Notification rate per 100,000 population



Unspecified hepatitis C

Notification rate per 100,000 population

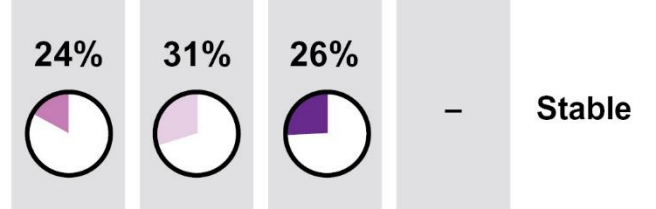


Risk and transmission

- Receptive syringe sharing remained stable.



Prevalence of receptive syringe sharing by WA participants in the Australian Needle and Syringe Program Survey (ANSPS)

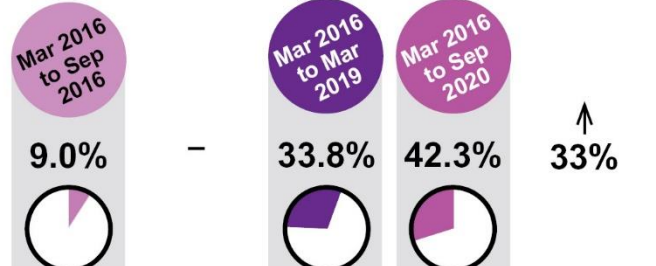


Treatment

- Proportion of people living with hepatitis C dispensed DAA treatment for hepatitis C infection but remained below the 2023 target of 65%.



Proportion of people living with hepatitis C dispensed DAA treatment for hepatitis C infection

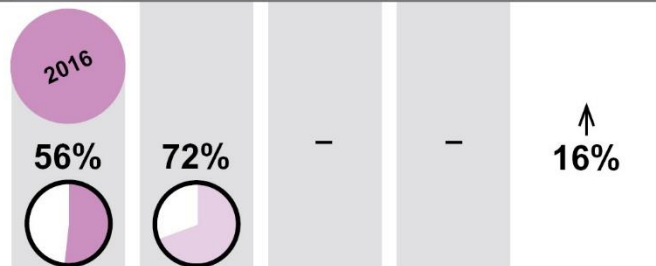


Stigma and discrimination

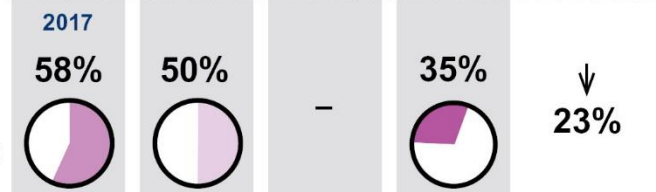
- Feelings of stigma and discrimination towards people living with chronic hepatitis C were high among the general public.



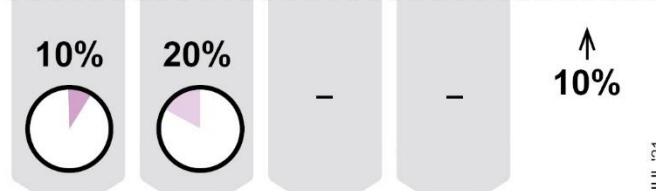
Proportion of people living with hepatitis C who report experiencing stigma and discrimination in respect to hepatitis C status



Proportion of the general public who report feelings of stigma and discrimination towards people living with hepatitis C

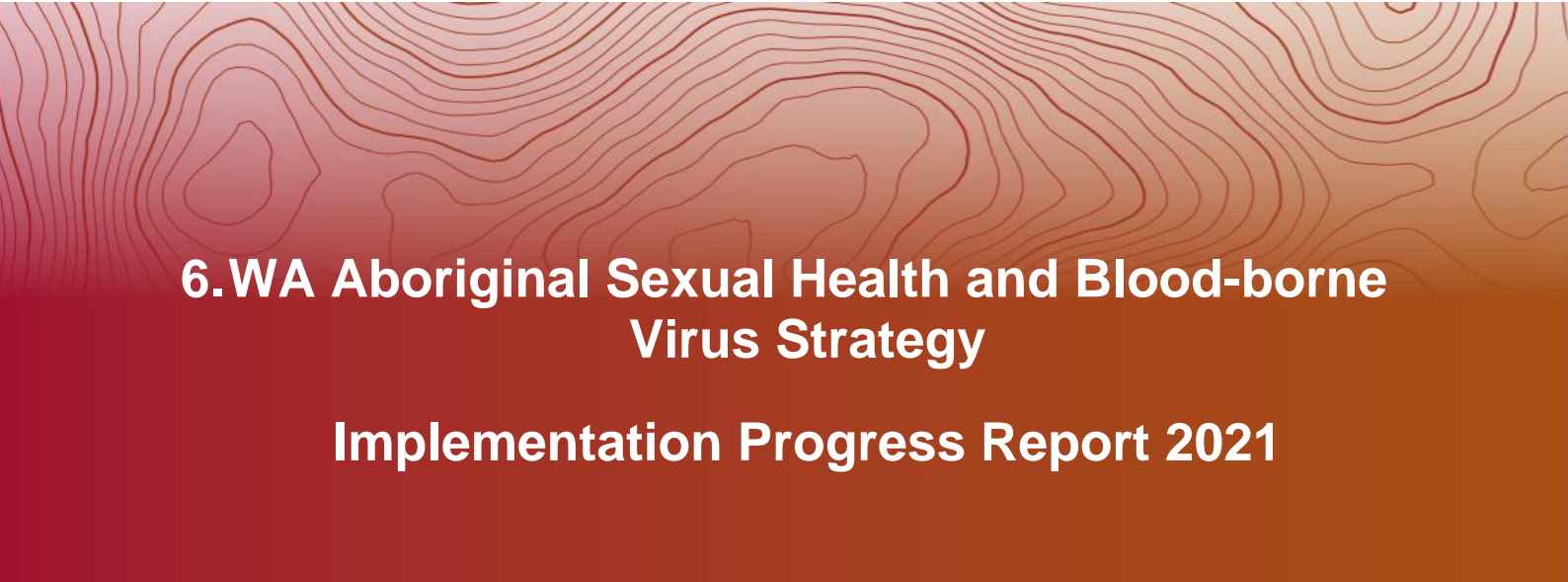


Proportion of health professionals who report feelings of stigma and discrimination towards people living with hepatitis C



*As seroconversion information has not been provided by PathWest since September 2020, all HCV notifications have been classified as unspecified since this time

- Data not available at time of report



6.WA Aboriginal Sexual Health and Blood-borne Virus Strategy

Implementation Progress Report 2021

6.1 WA Aboriginal Sexual Health and BBV Strategy – At a glance

Surveillance, monitoring and reporting

Guiding principles

Meaningful involvement of priority populations

Human rights

Access and equity

Health promotion

Prevention

Quality health services

Harm reduction

Shared responsibility

Commitment to evidence-based policy and programs

Partnership

Goals

1. Reduce the transmission of STIs and BBVs among Aboriginal people.

2. Close the gap in STI and BBV incidence, prevalence, testing and treatment rates between Aboriginal and non-Aboriginal populations.

3. Reduce morbidity and mortality associated with STIs and BBVs among Aboriginal people.

4. Minimise the personal and social impact of STIs and BBVs among Aboriginal people.

5. Eliminate the negative impact of stigma, racism, discrimination, and legal and human rights issues on Aboriginal people's sexual health.

Targets

1. Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months.

2. Achieve and maintain human papillomavirus (HPV) adolescent vaccination coverage of 80%.

3. Increase STI testing coverage with a focus on areas of highest need.

4. Increase the use of sterile injecting equipment for every injecting episode.

5. Reduce the incidence and prevalence of infectious syphilis with a particular focus on areas of highest disease burden.

6. Maintain virtual elimination of congenital syphilis.

7. Reduce the incidence and prevalence of gonorrhoea and chlamydia with a focus on young people.

8. Reduce the number of newly acquired hepatitis C infections by 60%.

9. Maintain the low incidence of HIV.

10. Achieve the 95–95–95 HIV diagnosis and treatment targets: increase the proportion of people with HIV who are diagnosed to 95%; increase the percentage of people diagnosed with HIV on treatment to 95%; increase the percentage of people on treatment with an undetectable viral load to 95%.

11. Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated direct-acting antiviral (DAA) treatment to 65%.

12. Increase the proportion of people living with hepatitis B who are diagnosed to 80%; receiving care to 50%; and on antiviral treatment to 20%.

13. Reduce hepatitis C attributable mortality by 65%.

14. Reduce hepatitis B attributable mortality by 30%.

15. Reduce the reported experience of stigma among Aboriginal people with BBVs and STIs, and the expression of stigma, in relation to BBV and STI status.

16. Improve knowledge and behaviour regarding safer sex and prevention of BBVs.

17. Maintain low numbers of newly acquired hepatitis B infections across all age groups by 50%.

Indicators

Action areas

Prevention and education

Testing and diagnosis

Disease management and clinical care

Workforce development

Enabling environment

Data collection, research and evaluation

8 key actions

7 key actions

7 key actions

9 key actions

8 key actions

7 key actions

Priority Populations
 Gender and sexually diverse Aboriginal people | Aboriginal men | Aboriginal women and girls | Aboriginal people experiencing homelessness | Aboriginal people living with HIV | Aboriginal people living with BBVs | Aboriginal people in or recently exited custodial settings | Aboriginal people who inject drugs | Aboriginal regional and remote communities | Aboriginal sex workers | Aboriginal young people

6.2 WA Aboriginal Sexual Health and BBV Strategy – Activities aligned with recommendations

Outline of activities within *Key action* areas that address recommendations, and annual coverage status changes where demonstrated.

Key: ■ Significant coverage ■ Some room for improvement ■ Significant room for improvement

Prevention and education					
Prevention and education strategies are essential to reduce the transmission of STIs and BBVs through improving knowledge, changing behaviours, increasing uptake of vaccinations and provision of health hardware.					
Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Increase access to free or affordable condoms and lubricant by implementing policies and considering a range of distribution methods such as public toilets, hospitals, condom trees, library, hostels, tourism places, Technical and Further Education (TAFE), prisons and schools (where possible).</p> <p>Recommendation:</p> <p>1. Identify areas with low access to condoms and conduct targeted promotion.</p>	<p>1. A session on the condom dispenser and vending machine program was delivered at the Regional Sexual Health Teams Workshop in 2020 to provide an overview of the program and promote uptake.</p> <p>In 2020 the Department of Health provided 39 condom dispensers to 17 locations (multiple sites in some locations) across 3 regions (Wheatbelt, Goldfields, Pilbara) and the metro area. Over 80% of the dispensers were provided to regional or remote sites.</p>				
<p>2. Increase the provision and promotion of needle and syringe programs (NSPs) and safe disposal options, especially in local Aboriginal Health Services (AHSs), to provide access to clean</p>	<p>1. A session on NSPs was included at the Regional Sexual Health Teams Workshop in 2020. NSP resources and links were added to the Regional Orientation Document.</p>				

Prevention and education

<p>injecting equipment and places to discard used equipment.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Promote NSPs to AHS through CEO meetings and Clinical Advisory Group 2. Provide support and links to capacity building and community needs assessments if required. 	<p>A Hepatitis C project officer commenced working at AHCWA in 2020 to work with ACCHS.</p> <p>Funding for AHCWA to provide STI and BBV services for ACCHS has been secured through to 2025.</p> <p>The Regional NSP Coordinators continued to meet throughout 2020 however the annual training was not delivered due to COVID-19.</p> <ol style="list-style-type: none"> 2. Links to capacity building have been incorporated into the Regional Orientation document. 				
<p>3. Implement local and state-wide social marketing campaigns that are designed in consultation with Aboriginal people and hard to engage groups that focus on community strengths and resilience to ensure they are relevant and will be effective in increasing knowledge in priority populations.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations</p>				
<p>4. Increase hepatitis B and human papillomavirus (HPV) vaccine schedule adherence by providing diverse delivery methods and sites so as to ensure a range of options are available to meet the needs of Aboriginal people.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Work with Immunisation, Surveillance and Disease Control team to plan strategies to increase uptake of vaccines. 2. Identify areas with low vaccination rates. 	<ol style="list-style-type: none"> 1. To be progressed. 2. To be progressed. 				

Prevention and education

<p>5. Develop and utilise locally developed resources that are age appropriate, culturally safe, user-friendly, graphic and are readily available on online platforms to increase reach and utilisation with priority populations.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				
<p>6. Provide both ongoing and opportunistic education strategies that are engaging, innovative, flexible and culturally secure, and that are delivered by local workers or peer educators in a variety of settings to increase the knowledge and skills of Aboriginal people in relation to sexual health and BBVs.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Continue to support the implementation of peer education programs such as the Young Leaders Program. 2. Continue to support the development and implementation of educational resources and programs which is supported by capacity building of educators. 	<ol style="list-style-type: none"> 1. Funding for the Young Leaders Program has been extended to 2025. Funding for the Kimberley Aboriginal Medical Service community based sexual health project has been extended to 2022. In 2020, the Deadly Sista Girlz program was expanded and is now delivered in 13 schools in WA, 6 of which are in regional and remote areas. <p>There is Aboriginal representation on the newly established YEP Youth Reference Group and reinstated YEP Sector Reference Group.</p> <ol style="list-style-type: none"> 2. The development of an educational flipchart commenced in 2020 and is being coordinated by AHCWA. <p>All seven of the Aboriginal Sexual Health and BBV brochures are being updated and redesigned.</p> <p>The Department of Health has started working on adapting the Puberty Series resources for Aboriginal populations which will be finalised in 2021.</p> <p>The Department of Health launched three educational videos for Aboriginal people in 2020:</p> <ul style="list-style-type: none"> • <u>What is an STI?</u> • <u>What you need to know about Hepatitis B</u> • <u>We need to yarn about syphilis.</u> <p>Combined, these videos have had almost 30,000 views.</p>				

Prevention and education

<p>7. Implement initiatives designed to improve prenatal and antenatal health including access to contraception and antenatal education, with a focus on the importance of regular STI and BBV screening during pregnancy.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Support RSHT to provide education to midwives and obstetricians on the importance of prenatal and antenatal screening 2. Develop an education package for antenatal groups 3. Promotion of Young Deadly Syphilis Free videos that relate to pregnancy 	<ol style="list-style-type: none"> 1. The WA SORG Antenatal and Postnatal Care working group met throughout 2020. Representatives from the regions sit on the group. The Baby Baskets program was implemented in the Pilbara and is planned for the Goldfields. This initiative allowed health professionals to have more engagement with antenatal clients and therefore more opportunities for education. 2. To be progressed. 3. Links to the Young Deadly Syphilis Free resources were included in the Regional Orientation Package and placed on both the Let's Yarn and the WA Syphilis Outbreak Response websites. 				
<p>8. Develop and implement programs for broader community education and social marketing campaigns to address shame and normalise STI and BBV testing to improve the community's perceptions of sexual health and BBVs and engagement with programs and services.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Continue to promote training and link participants with regional sexual health coordinators to provide ongoing support for community-based education 2. Consider a digital campaign to address shame and normalise sexual health and BBVs. 	<ol style="list-style-type: none"> 1. Links to relevant community education programs were included in the Regional Orientation Document and placed on the Let's Yarn website. 2. Work has commenced on a literature review on normalising sexual health amongst young people. Findings from the review will be used to develop guidelines for health professionals and health services. Work has also commenced to develop a new overarching sexual health campaign. Although it's not specific to addressing shame and stigma, the campaign will have a very inclusive and sex positive approach with a wide range of media channels used to promote sexual health. 				

Testing and diagnosis

Early detection and intervention can have a significant effect on reducing the transmission of STIs and BBVs by ensuring the community receive the treatment and follow-up that they require.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Increase the uptake of testing by reducing costs and providing incentives such as free or subsidised testing options (which may include bulk-billing), vouchers and non-financial enticements.</p> <p>Recommendation:</p> <p>1. Through the syphilis response, engage services to provide localised incentive programs to increase the uptake of testing such as the Her Rules Her Games shirts</p>	<p>1. A number of services have been using incentives for testing including Wiluna, Newman and some of the Aboriginal Community Controlled Health Services in the Kimberley. The Pilbara has also implemented a Baby Baskets program which provides gifts to patients who present for antenatal care and testing.</p> <p>The Department of Health is planning to implement a pilot project with services involved in syphilis point of care testing to see if incentives can increase testing rates.</p>				
<p>2. Promote the importance of full STI and BBV screening and encourage testing when managing other conditions such as urinary tract infections (UTIs) to ensure positive cases are identified early and can be treated to reduce the ongoing transmission.</p> <p>Recommendation:</p> <p>1. Ensure this is incorporated into the training sessions provided to clinicians (especially ED and GP doctors) and the Silver Book.</p>	<p>1. In 2020 there were frequent updates made to the SilverBook website which is a resource for primary care providers in the diagnosis, treatment and management of patients for STIs. Updates in testing recommendations in Aboriginal populations has occurred in 2020 including expanding the age range of people at increased risk of STIs and including syphilis serology in the recommended bi-annual STI testing. In conjunction to the SilverBook website two additional print copy quick guide resources were updated as required; a quick guide to testing for STIs and quick guide to the management of STIs.</p>				
<p>3. Identify strategies to normalise STI and BBV testing and incorporate into routine practice</p> <p>Recommendation:</p>	<p>1. The Talk Test Treat Trace Manual includes a chapter on increasing the uptake of testing which includes a section on incorporating into routine practice.</p>				

Testing and diagnosis

<p>1. Provide training/case studies on how to incorporate STI/BBV testing into routine primary health care.</p>	<p>Work has been done on patient information systems to ensure STI and BBV clinical items are available and included in adult health checks etc.</p> <p>Work has commenced on literature review on normalising sexual health amongst young people. Findings from the review will be used to develop guidelines for health professionals and health services.</p>				
<p>4. Increase opportunities for testing by providing innovative models and methods to engage priority populations and hard to reach groups</p> <p>Recommendation:</p> <p>1. Support and promote information sharing amongst services with successful and innovative models through networks, capacity building and case studies.</p>	<p>1. Case studies from services that provide STI and BBV care were included in presentations at the Regional Sexual Health Teams Workshop and syphilis videoconference series in 2020 to share information amongst the regions.</p> <p>Case studies have been incorporated into the Talk Test Treat Trace Manual.</p>				
<p>5. Continue to implement and support point of care testing (POCT) models in clinics to reduce the turnaround time for test results and increase treatment by providing ongoing support and assistance to the clinics and staff that are using POCT technology.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p> <p>In July 2020 the WA Syphilis point-of-care testing (PoCT) program commenced. Twenty-one services have registered in the program and there have been 25 staff trained as advanced trainers (train-the-trainers) and 31 staff have been trained as basic operators. 3700 syphilis PoCT have been distributed to sites.</p>				
<p>6. Maintain and encourage consistent testing regimens that comply with national, state and regional guidelines, especially in relation to antenatal testing, contact tracing and culturally secure care.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				

Testing and diagnosis

7. Ensure syphilis testing is conducted as part of routine antenatal care in all health services in accordance with clinical guidelines to prevent congenital syphilis cases.

Recommendation:

1. Provide workforce training on how to integrate testing into antenatal care.

1. Guidelines for testing for syphilis during pregnancy changed in 2020 after there were an increase in notifications occurring in more diverse communities. Guidelines were updated to three syphilis tests are to occur at first antenatal visit, 28 weeks and at delivery. These guidelines expanded on the previous one test that was guidance in populations outside of the Kimberley, Pilbara, Goldfields and Midwest. These guidelines were updated in the quick guide for the testing and treatment of syphilis and the SilverBook. After the quick guide for testing and treatment of syphilis was updated a large mailout occurred to a variety of antenatal workers to increase awareness of the risk of syphilis.

The Department of Health awarded a grant to ASHM in 2020 which included a syphilis module for midwives.

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Disease management and clinical care

Timely and effective treatment, follow-up and contact tracing play an important role in preventing the transmission of STIs and BBVs as well as reducing the long-term harms and burden of disease.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Improve active follow-up for disease management and clinical care using methods such as SMS reminders for treatment and recall systems to ensure those diagnosed with an STI or BBV receive appropriate and timely treatment.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Evaluate the recall outcomes from use of SMS reminders. 	<ol style="list-style-type: none"> 1. To be progressed. 				

Disease management and clinical care

<p>2. Identify initiatives and programs to increase the uptake and adherence of treatment by reducing costs or providing free treatment, especially for hepatitis C.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Conduct research into successful programs for increasing the uptake and adherence of treatment and share findings with the sector. 	<ol style="list-style-type: none"> 1. A Hepatitis C project officer commenced working at AHCWA in 2020 to work with Aboriginal Community Controlled Health Services to implement strategies to improve the uptake of hepatitis C treatment. 				
<p>3. Improve contact tracing processes through better coordination; increased service provider collaboration and confidential client information sharing; establishing good relationships with patients; and implementing innovative and culturally secure methods to provide a private, confidential and comfortable environment.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Develop and/or promote resources and guidelines on contact tracing to support health professionals. 2. Support and promote information sharing amongst services with successful contact tracing methods through networks, capacity building and case studies. 	<ol style="list-style-type: none"> 1. A Contact Tracing in Regional and Remote Areas video was developed and launched in 2020 to provide guidance for health professionals. The video is available on the WA Syphilis Outbreak Response site, Lets Yarn and in the Regional Orientation Document. 2. A session on contact tracing and the launch of the video was provided as part of the syphilis videoconference series in 2020. 				
<p>4. Develop and support the implementation of consistent clinical guidelines that are adhered to and incorporated into routine practice so as to inform and enhance best practice disease management and clinical care.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				

Disease management and clinical care

<p>5. Increase the uptake of hepatitis C treatment for Aboriginal people by increasing awareness and access to reduce the morbidity related to STIs and BBVs.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Conduct research into successful programs for increasing hepatitis C treatment and share findings with the sector. 	<ol style="list-style-type: none"> 1. A Hepatitis C project officer commenced working at AHCWA in 2020 to work with Aboriginal Community Controlled Health Services to implement strategies to improve the uptake of hepatitis C treatment. <p>The Aboriginal specific BBV campaign 'Look After Your Blood' was delivered in metropolitan and regional areas, including content to educate the community about prevention, testing and treatment for hepatitis C and HIV.</p>				
<p>6. Adopt innovative models of care for disease management and clinical care by implementing nurse-led and other models, mobile treatment clinics and adapt existing models of care to meet the specific needs of Aboriginal people.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Support and promote information sharing amongst services with successful and innovative models through networks, capacity building and case studies. 	<ol style="list-style-type: none"> 1. Case studies from services that provide STI and BBV care were included in presentations at the Regional Sexual Health Teams Workshop and syphilis videoconference series in 2020 to share information amongst the regions. 				
<p>7. Increase access to specialist support and services to create easier pathways for general practitioners (GPs) and healthcare workers in regional and remote areas through outreach clinics and telehealth services.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Promote access to specialist support and link regional and remote services with specialists to provide ongoing support and advice 	<ol style="list-style-type: none"> 1. Dr Lewis Marshall was invited to present at the Regional Sexual Health Teams workshop in 2020. Dr Marshall is an essential contact for the regions and is available to provide specialist advice as required. Dr Donna Mak and Dr Christine Dykstra were invited to present as part of the syphilis videoconference series to provide expert advice on a range of clinical topics. These initiatives have assisted to promote their services and establish relationships with the regions. As a result, Dr Marshall was invited to visit the South West to deliver an education session for health professionals. 				

Workforce development

Ensuring that the sexual health and BBV workforce is appropriately trained, supported and remunerated, can have a significant effect on the other priority areas and can facilitate sustainable outcomes for Aboriginal communities.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Increase meaningful partnerships and regional networks that collaborate and regularly communicate including organisations such as GPs, AHSs, sexual health services, tertiary services, housing, education, employment, community, non-government organisations (NGOs), mental health, drug and alcohol services, disability, clinical services, community services, Registered Training Organisations, tertiary education and emergency departments.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				
<p>2. Explore the use of peer educators, gendered roles, mentoring programs, service champions and role models to increase engagement with priority populations and therefore maximise the potential reach and outcomes of programs and services.</p> <p>Recommendation: Nil</p>	<p>Nil recommendations.</p>				
<p>3. Enable a responsive workforce that is adequately skilled and can be mobilised to address local emerging issues and outbreaks in regional and remote areas.</p> <p>Recommendation:</p> <p>1. Provide targeted training for the workforce especially on outbreak responses.</p>	<p>1. The Department of Health continued to provide the syphilis videoconference series in 2020. 6 sessions were provided in 2020 and included a variety of topics such as interpreting syphilis results, symptoms and defining stages of syphilis, syphilis interactive case scenarios, contact tracing, syphilis point of care testing and questions from the field.</p> <p>The ASHM syphilis outbreak training was utilised in 2020. Nearly 100 health professionals have completed the WA. Syphilis was also a prominent component of other training opportunities in 2020</p>				

Workforce development

	<p>including ASHM trainings and the Regional Sexual Health Teams Workshop.</p> <p>Only 3 STI and BBV Quarterly Forums were held as the June Forum was cancelled due to COVID. Across the 3 Forums there were 19 presentations, including 3 Aboriginal specific presentations, from 12 different organisations and services including SHBBVP. Forum attendees were from a wide range of government, non-government and private organisations. Forums transitioned to the use of Microsoft Teams for online attendance and past forums and presentations are available to access on the Department of Health Corporate website.</p> <p>The Birds and BBVs training that ran throughout 2020 is targeted at the Aboriginal health workforce and incorporates the syphilis outbreak into the content in relevant areas.</p>				
<p>4. Strengthen and support the Aboriginal healthcare workforce by implementing a number of initiatives</p> <p>Recommendation:</p> <p>1. Ensure AHW and other Aboriginal Health staff are included in consultations on resources and involved in working groups where possible.</p>	<p>1. Aboriginal staff members were involved in a range of working groups in 2020 to guide the development of resources and programs. This include the Puberty Series adaptation project and the STI and BBV whiteboard videos. They have also been involved in several high-level working groups including the WA Syphilis Outbreak Response Group and the WA Eliminate Hepatitis C Working Group.</p>				
<p>5. Provide innovative and tailored training for the regional and remote workforce</p> <p>Recommendation: Nil</p>	<p>Nil recommendations</p>				
<p>6. Increase and sustain the investment and prioritisation of sexual health and BBVs by establishing dedicated sexual health and BBV positions and teams (nurses, AHWs, health promotion, doctors) in regional and remote areas, especially in response to emerging local issues such as disease outbreaks.</p>	<p>1. In 2020, all services involved in the syphilis outbreak were contacted after the COVID 19 pandemic subsided in WA to encourage and support the prioritisation of sexual health and continuing the momentum.</p> <p>Sexual health, especially the syphilis outbreak, is kept on the agenda for executive meetings such as AHCWA clinical advisory group and WACHS Population Health Directors meetings.</p>				

Workforce development

<p>Recommendation:</p> <ol style="list-style-type: none"> 1. Support service providers to increase the prioritisation of sexual health and BBVs through advocacy. 	<p>Regular updates on dedicated sexual health positions were provided throughout 2020 via the WA SORG workforce development working group.</p>				
<p>7. Provide incentives to attract and retain staff in regional and remote areas to reduce the turnover by providing additional leave and better rotations.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Support service providers to develop and implement strategies to attract and retain staff working in sexual health and BBVs. 	<ol style="list-style-type: none"> 1. The Department of Health works closely with the WA Country Health Service and the Aboriginal Health Council of WA to support sexual health staff in the regions by coordinating networks, providing orientation support and regional visits. In addition, a workforce development working group was set up as part of the WA SORG to discuss issues such as staffing and retention of the sexual health workforce. <p>In 2020 additional funding was secured by WACHS to provide longer term contracts for staff working in the syphilis funded positions in the Kimberley, Pilbara and Goldfields.</p>				
<p>8. Ensure the healthcare workforce has access to appropriate resources to enable service and program delivery by developing new resources, promoting existing ones and developing a state-wide database.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Ensure all resources are available online and information regarding ordering is widely available. 2. Continue to promote the orientation package which includes a comprehensive overview of relevant resources. 	<ol style="list-style-type: none"> 1. All of the Department's Aboriginal sexual health and BBV resources are available on Quickmail for ordering. This is promoted at conferences, meetings and trainings. 2. The Regional Orientation Document was reviewed and updated in 2020 and is available on the Let's Yarn website and the Department of Health corporate site. 				

Workforce development

9. Support and encourage the healthcare workforce to increase STI and BBV testing

Recommendation:

1. Support service providers to prioritise testing amongst their workforce and services.

1. The WA SORG Testing, Treatment and Contact Tracing working group continued to meet in 2020. Of particular importance for the group was the roll out of the syphilis point of care testing program. This has led to an increased focus on STI testing in services. The Kimberley, Goldfields and Pilbara also reported against a range of testing targets in the WA SORG meetings in 2020.

Testing, especially for syphilis, was a significant focus in the syphilis videoconference series and Regional Sexual Health Teams meetings.

The Birds and BBVs training that ran throughout 2020 has a strong focus on increasing testing and building the confidence of the workforce to offer STI and BBV testing.

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Enabling environment

When working with Aboriginal populations, enabling and culturally secure environments can have a significant impact on the engagement with the community and influence the outcomes of services and programs.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Establish culturally secure services and a culturally competent healthcare workforce to increase engagement</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Continue to build and review the Let's Yarn website which provides resources that facilitate culturally appropriate care and education by health professionals 	<p>1. Let's Yarn was updated and promoted throughout 2020. There were 2,657 sessions on Let's Yarn in 2020, a significant increase from 2,088 in 2019.</p> <p>A list of relevant cultural awareness training courses was added to the website. A range of educational resources for Aboriginal people were also added to the website, in particular the Department of Health's STI and BBV whiteboard videos.</p>				

Enabling environment				
	A session on engaging Aboriginal organisations was included in the 2020 Regional Sexual Health Teams Workshop and facilitated by staff from the Telethon Kids institute.			
<p>2. Provide friendly services with safe spaces and approachable, non-judgemental staff to ensure clients feel comfortable accessing services and discussing sexual health and BBVs.</p> <p>Recommendation:</p> <p>1. Support service providers to implement strategies that can evaluate whether patients feel services are safe, non-judgemental, discreet and culturally appropriate (e.g. Health Consumer Council survey).</p>	1. To be progressed.			
<p>3. Ensure all programs and services are discreet, respect anonymity and provide privacy, especially within AHSs, to maintain and promote confidentiality for clients and the community.</p> <p>Recommendation:</p> <p>1. Support service providers to implement strategies that can evaluate whether patients feel services are safe, non-judgemental, discreet and culturally appropriate (e.g. Health Consumer Council survey).</p>	1. To be progressed.			

Enabling environment

<p>4. Improve service integration and collaboration with Aboriginal stakeholders to increase the coordination of service delivery and continuity of care to reduce stigma and discrimination.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Improve service integration and collaboration with Aboriginal stakeholders to increase the coordination of service delivery and continuity of care to reduce stigma and discrimination. 	<ol style="list-style-type: none"> 1. A range of working groups were operational in 2020 that included a variety of stakeholders including government and non-government to improve service delivery and collaboration. These groups included WA SORG working groups, regional syphilis outbreak response teams, project steering groups and regional sexual health networks. <p>The Regional Sexual Health Teams met quarterly in 2020 to share information and receive updates at the state-wide and regional level.</p>				
<p>5. Implement systematic and organisational changes to reduce stigma and discrimination</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Promote LGBTI+ training, the LGBTI strategy and the rainbow tick accreditation program. 	<ol style="list-style-type: none"> 1. A list of LGBTI training and resources was included in the Regional Orientation Document. A session on inclusivity and diversity was included in the Regional Sexual Health Teams workshop and presented by the WA AIDS Council. 				
<p>6. Reduce barriers for Aboriginal people accessing services and programs by providing equitable access to testing and treatment, enabling legal environments and considering levels of health literacy in resource development and communication.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Continue to support the implementation of peer education programs such as the Young Leaders Program. 2. Continue to support the development and implementation of educational resources and programs which is supported by capacity building of educators. 	<ol style="list-style-type: none"> 1. The Young Leaders Program (Aboriginal Health Council of WA) has been funded through to 2025. A new staff member was recruited by AHCWA in 2020 to coordinate the program and they presented a session on engaging young people in partnership with SHQ at the Regional Sexual Health Teams Workshop. 2. Work on the development of a syphilis educational flipchart commenced was underway in 2020. This project is being coordinated by AHCWA and has been funded by WACHS. <p>Mooditj 2 was released by SHQ in 2020 and continues to be a popular education program in regional and remote WA.</p>				

Enabling environment

<p>7. Increase community engagement in the planning, implementation and evaluation of programs and services.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Provide workforce training and resources on community engagement using case studies and/or success stories. 	<ol style="list-style-type: none"> 1. Prevention, education and community engagement is a priority action area in the WA Syphilis Outbreak Response Action Plan. The WA SORG Prevention, Education and Community Engagement working group met throughout 2020 to progress the strategies in the Action Plan and provide updates at the regional and state-wide level. <p>More work is required in terms of developing resources, training and case studies.</p>				
<p>8. Explore and implement strategies to normalise sexual health and BBVs through developing rapport with Aboriginal populations and build on this by providing regular and meaningful engagement with the community.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Conduct a literature review into barriers and enablers for normalising testing amongst young people. This will then inform the development of guidelines for health service providers using the findings. 	<ol style="list-style-type: none"> 1. Planning for the ‘normalising sexual health’ literature review has commenced and will be completed in the first half of 2021. 				

Data collection, research and evaluation





Research, evaluation and surveillance are essential components in the sexual health and blood-borne virus response by providing a strong evidence base, monitoring processes and access to relevant data to inform service and program delivery.

Key actions	Activities aligned with recommendations	2020	2021	2022	2023
<p>1. Conduct meaningful and ethical research in partnership with relevant organisations and Aboriginal people using culturally secure methods and communicating the findings back to the community to increase community buy-in and ownership.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Ensure there is representation from Aboriginal people on steering groups for research projects. 2. Provide links between services and the WA Aboriginal Health Ethics Committee and considering workforce training in this area. 	<ol style="list-style-type: none"> 1. There was Aboriginal leadership and representation on the Healthway-funded <i>Increasing Aboriginal peoples' use of services that reduce harms from illicit drugs</i> SiREN research project. Although, not technically for research, Aboriginal representation is included in all working groups for consultation on resources and programs. 2. To be progressed. 				
<p>2. Increase the provision of and routine access to better regional testing data for Aboriginal people that is available in user-friendly formats to improve the surveillance and monitoring of STIs and BBVs.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Conduct needs assessment to identify the gaps and barriers in accessing regional testing data. Work with the regions to implement the findings/recommendations. 	<ol style="list-style-type: none"> 1. To be progressed. 				

Data collection, research and evaluation

<p>3. Develop and implement clear indicators and targets that are consistent across agencies and establish a working group to guide this process to monitor and track progress.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> Working group has been established and is investigating systems and opportunities to integrate indicators 	<ol style="list-style-type: none"> The working group meet in 2020 and a survey was administered to regional health services to identify what data is already been collected, frequency and how it's used. A draft list of indicators has been developed and discussed by the working group. 				
<p>4. Develop or strengthen systems that accurately incorporate STI and BBV clinical items in Patient Information Systems (PISs) in WA Country Health Services (WACHS) and AHSs, and encourage staff to correctly record data to facilitate accurate auditing and data extraction</p> <p>Recommendations:</p> <ol style="list-style-type: none"> Work with CHIS and Communicare to ensure systems can accurately capture STI and BBV information. Consider developing a fact sheet (if one doesn't already exist) about the importance of correctly recording data. 	<ol style="list-style-type: none"> Some work has taken place with WACHS to further develop CHIS to better capture STI and BBV information, especially in relation to syphilis point of care testing. To be progressed. 				
<p>5. Develop a digital solution that provides real-time access to state-wide patient records to improve the early detection and treatment of syphilis</p> <p>Recommendation:</p> <ol style="list-style-type: none"> Continue to scope the development of a syphilis register. Source options based on scoping. 	<ol style="list-style-type: none"> A syphilis management system is being created and work is under way to review the concept approval request for establishing the GO.data outbreak management system (World Health Organisation). Scoping work has also commenced to develop a standardised and consistent data dictionary and questionnaire set. A data registry manager was employed at the Department of Health in 2020 to oversee this work. 				

Data collection, research and evaluation

<p>6. Utilise health promotion planning tools and evaluation frameworks to conduct regular and well-structured culturally secure evaluations that are guided by state-wide or regional strategic plans.</p> <p>Recommendations:</p> <ol style="list-style-type: none"> Promote the use of the SiREN Planning and Evaluation Toolkit. Promote Health Promotion short course to the sector when they become available. Investigate guidelines or resources relating to culturally secure evaluations and promote. Use findings from research project Increasing Aboriginal peoples' use of services that reduce harms from illicit drugs to inform future practice and projects. 	<ol style="list-style-type: none"> The SiREN Planning and Evaluation Toolkit was promoted via the Sexual Health and Blood-borne Viruses Social Media Toolkit and links to the SiREN website and resources were included in the Regional Orientation Document. The 2020 Curtin Health Promotion Short Course was promoted to the Regional Sexual Health Teams. Nil to report but has been flagged for inclusion in professional development sessions in 2021. A presentation on the <i>Increasing Aboriginal peoples' use of services that reduce harms from illicit drugs</i> research project was included in the 2020 Regional Sexual Health Teams Workshops. Abstracts were also submitted for the 2020 ASHM conference. More work into the application of the findings is required. 				
<p>7. Implement strategies to increase the identification of Aboriginal people in services in accordance with the National Best Practice Guidelines for Collecting Indigenous Status and recording categories on data collection forms and information systems.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> Identify resources that promote the identification of Aboriginal people and importance of correct data collection on forms and in information systems. 	<ol style="list-style-type: none"> To be progressed. 				

6.3 WA Aboriginal Sexual Health and BBV Strategy – Targets and indicators

SHBBVP report on annual progress against targets, developed through national and state surveillance data.

Key: ■ Target met ■ Tracking to meet target by 2023 ■ Progress made towards target ■ Target not met/not tracking to meet target by 2023

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
1. Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months	Coverage of hepatitis B vaccination at 12 and 24 months among Aboriginal people	ACIR and Rates Calculator	12 months	84.78%	88.71%	88.39%	89.84%
	Numerator: Number of Aboriginal children who have dose 3 by 12 (and 24) months of age recorded on the Australian Childhood Immunisation Register (ACIR)		24 months	85.81%	81.61%	85.09%	85.98%
	Denominator: Number of Aboriginal children turning 12 (and 24) months of age in the measurement year on the ACIR		Note: Figures are provided for the percentage of children fully immunised which includes hepatitis B immunisation. https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/historical-coverage-data-tables-for-aboriginal-and-torres-strait-islander-children#1-year-olds and https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/current-coverage-data-tables-for-aboriginal-and-torres-strait-islander-children				
2. Achieve and maintain HPV adolescent vaccination coverage of 80%	Three-dose HPV vaccination coverage for 15-year-old Aboriginal males and females	Indicator to be developed	Not applicable				
	Numerator: Number of Aboriginal males and females turning 15 years reported to the National Human Papillomavirus Vaccination Register (NHPVR) that comply with the recommended vaccine dosage and administration as per the Australian Immunisation Handbook						
	Denominator: Number of Aboriginal males and females turning 15 years						

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
3. Increase STI testing coverage with a focus on areas of highest need	Proportion of Aboriginal people aged 15–24 years receiving a chlamydia and/or a gonorrhoea test in the previous 12 months	Indicator to be developed	Not applicable				
	Numerator: Number of Aboriginal people aged 15–24 years tested for chlamydia and/or gonorrhoea at least once in the previous 12 months						
	Denominator: Australian Bureau of Statistics (ABS) Estimated Resident Population, Aboriginal, 15–24 year age group						
4. Increase the use of sterile injecting equipment for every injecting episode	Prevalence of receptive syringe sharing by WA participants in the Australian Needle and Syringe Program Survey (ANSPS), by Aboriginal status	ANSPS, The Kirby Institute	Proportion	24%	31%	26%	-
			Note: Data is for both Aboriginal and non-Aboriginal people (https://kirby.unsw.edu.au/project/ansps). 2020 data not available at time of report.				
5. Reduce the incidence and prevalence of infectious syphilis with a particular focus on areas of highest disease burden	Annual rate of infectious syphilis notifications among Aboriginal people	WA Notifiable Infectious Diseases Database (WANIDD) and Rates Calculator	Number	38.2	102	246	295
	Numerator: Number of infectious syphilis notifications among Aboriginal people		ASR/100,000 pop.	35.6	86.5	227.5	265.6
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages		Note: The increase was due to an infectious syphilis outbreak among Aboriginal people across northern Australia that reached WA in mid-2014 (http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-infectious-syphilis-outbreak.htm)				

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020	
6. Maintain virtual elimination of congenital syphilis	Number of congenital syphilis notifications among Aboriginal people	WANIDD	Number	0.2	0	1	2	
7. Reduce the incidence and prevalence of gonorrhoea and chlamydia with a focus on young people	Annual rate of gonorrhoea and chlamydia notifications among Aboriginal people aged 15–24 years	WANIDD and Rates Calculator	Gonorrhoea	Number	594.0	529	467	653
	ASR/100,000 pop.			3,162.5	2,749.8	2,410.6	3,346.8	
	Denominator: ABS Estimated Resident Population, Aboriginal, 15–24 year age group		Chlamydia	Number	1,046.0	1,025	981	924
				ASR/100,000 pop.	5,570.5	5,328.0	5,063.9	4,735.8
8. Reduce the number of newly acquired hepatitis C infections by 60%	Annual rate of newly acquired hepatitis C notifications among Aboriginal people	WANIDD and Rates Calculator	Number		63.8	59	59	33
	Numerator: Number of newly acquired hepatitis C notifications among Aboriginal people		ASR/100,000 pop.		58.8	56.1	50.1	28.9
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages							

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
9. Maintain the low incidence of HIV	Rate of HIV notifications among Aboriginal people	WA HIV Database and Rates Calculator	Number	3.4	2	3	2
	Numerator: Number of annual HIV notifications among Aboriginal people		ASR/100,000 pop.	3.8	1.7	3.1	2.7
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages						
10. Achieve the 95–95–95 HIV diagnosis and treatment targets: ► increase the proportion of people with HIV who are diagnosed to 95% ► increase the percentage of people diagnosed with HIV on treatment to 95% ► increase the percentage of people on treatment with an undetectable viral load to 95%	1. Estimated proportion of Aboriginal people living with HIV who have been diagnosed	Indicator to be developed	Not applicable				
	2. Estimated proportion of Aboriginal people living with HIV dispensed treatment for HIV infection						
	Numerator: Number of Aboriginal people dispensed treatment for HIV infection						
	Denominator: Estimated number of Aboriginal people diagnosed with HIV living in WA	Indicator to be developed	Not applicable				
	3. Proportion of Aboriginal HIV patients on treatment with an undetectable viral load						
	Numerator: Number of Aboriginal people diagnosed with HIV on treatment with an undetectable viral load						
Denominator: Number of Aboriginal people diagnosed with HIV on treatment							

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
11. Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated DAA treatment to 65%	1. Estimated annual proportion of Aboriginal people living with chronic hepatitis C who have been diagnosed	Indicator to be developed	Not applicable				
	2. Annual rate of unspecified hepatitis C notifications among Aboriginal people	WANIDD and Rates Calculator	Number	187.6	198	234	234
	Numerator: Number of unspecified hepatitis C notifications among Aboriginal people		ASR/100,000 pop.	196.4	208.5	235.6	227.4
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages						
	3. Proportion of Aboriginal people living with hepatitis C dispensed DAA treatment for hepatitis C infection	Indicator to be developed	Not applicable				
	Numerator: Number of Aboriginal people dispensed DAA treatment for chronic hepatitis C infection						
	Denominator: Modelled estimate of the number of Aboriginal people living with chronic hepatitis C						

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
12. Increase the proportion of people living with hepatitis B who are diagnosed to 80%; receiving care to 50%; and on antiviral treatment to 20%	1. Estimated annual proportion of Aboriginal people living with chronic hepatitis B who have been diagnosed	Indicator to be developed	Not applicable				
	2. Annual rate of unspecified hepatitis B notifications among Aboriginal people	WANIDD and Rates Calculator	Number	27.8	17	12	37
	Numerator: Number of unspecified hepatitis B notifications among Aboriginal people		ASR/100,000 pop.	40.4	20.8	22.7	45.8
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages						
	3. Proportion of Aboriginal people living with chronic hepatitis B who received monitoring for chronic hepatitis B	Indicator to be developed	Not applicable				
	Numerator: Number of Aboriginal people who received monitoring for chronic hepatitis B						
	Denominator: Modelled estimate of the number of Aboriginal people living with chronic hepatitis B						
	4. Proportion of Aboriginal people with living chronic hepatitis B dispensed medication for hepatitis B infection	Indicator to be developed	Not applicable				
	Numerator: Number of Aboriginal people dispensed medication for chronic hepatitis B infection						
	Denominator: Modelled estimate of the number of Aboriginal people living with chronic hepatitis B						

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
13. Reduce hepatitis C attributable mortality by 65%	Estimated number of deaths among Aboriginal people attributable to chronic hepatitis C	Data linkage study	Data not available as of time of report				
14. Reduce hepatitis B attributable mortality by 30%	Estimated number of deaths among Aboriginal people attributable to chronic hepatitis B	Data linkage study	Data not available as of time of report				
15. Reduce the reported experience of stigma among Aboriginal people with BBVs and STIs, and the expression of stigma, in relation to BBV and STI status	Indicator to be developed		Not applicable				

Targets by the end of 2023	Indicators	Sources	Outcome	Previous 5 yr. average (2013–2017)	2018	2019	2020
16. Improve knowledge and behaviour regarding safer sex and prevention of BBVs	Increased knowledge of STIs and BBVs	Secondary schools survey, La Trobe University	Proportion of knowledge questions correctly answered	-	62.5%	-	-
	Improved harm minimisation behaviours to prevent STIs and BBVs		Proportion of sexually active students reporting always or often using condoms in the past year	-	45.8%	-	-
			Note: Data is for both Aboriginal and non-Aboriginal people. WA specific data not available prior to 2018 (WA Survey of Secondary School Students and Sexual Health 2018). As the survey is conducted every five years, no data is available for 2019 and 2020 at time of report				
17. Maintain low numbers of newly acquired hepatitis B infections across all age groups by 50%	Annual rate of newly acquired hepatitis B notifications among Aboriginal people	WANIDD and Rates Calculator	Number	1.4	2	6	4
	Numerator: Number of newly acquired hepatitis B notifications among Aboriginal people		ASR/100,000 pop.	1.6	2.5	5.5	4.4
	Denominator: ABS Estimated Resident Population, Aboriginal, all ages						



Aboriginal sexual health and BBV strategy

2019–2023 baseline report

STIs



- Sexually transmitted infections among Aboriginal Western Australians showed some progress. However, this was tempered by persistent challenges. The notification rate for chlamydia was lower than the 2013–2017 baseline, but infectious syphilis significantly increased.
- Among blood-borne viruses, there was a decrease in newly acquired hepatitis C and newly acquired hepatitis B increased, though the overall numbers were low.

Notification rates among Aboriginal people per 100,000 population

Chlamydia
(15–24 years)

2013 to 2017 Average

2018

2019

2020

Comparison to baseline

5,570.5

5,328.0

5,063.9

4,735.8

↓
15%

Gonorrhoea
(15–24 years)

3,162.5

2,749.8

2,410.6

3,346.8

↑
6%

Infectious syphilis

35.6

86.5

227.5

265.6

↑
646%

Number of congenital syphilis notifications

0.2

0

1

2

Stable

BBVs



- Notification rates among Aboriginal people. Among blood-borne viruses, there was a decrease in unspecified hepatitis B and newly acquired hepatitis B increased, though the overall numbers were low.

Newly acquired hepatitis B

1.6

2.5

5.5

4.4

↑
172%

Unspecified hepatitis B

40.4

20.9

22.7

45.8

↑
13%

Newly acquired hepatitis C

58.8

56.1

50.1

28.9

↓
51%*

Unspecified hepatitis C

196.4

208.5

235.6

227.4

↑
16%*

Prevention through immunisation



- Childhood vaccination at 12 and 24 months was below the 2023 target of 95%.

Coverage of hepatitis B vaccination at 12 months among Aboriginal people

84.78%



88.71%



88.39%



89.84%



Stable

Coverage of hepatitis B vaccination at 24 months among Aboriginal people

85.81%



81.61%



85.09%



85.98%



Stable

*As seroconversion information has not been provided by PathWest since September 2020, all HCV notifications have been classified as unspecified since this time