



Shifting narratives and changing the systems
for quality STI control in remote Australia

A/Prof James Ward

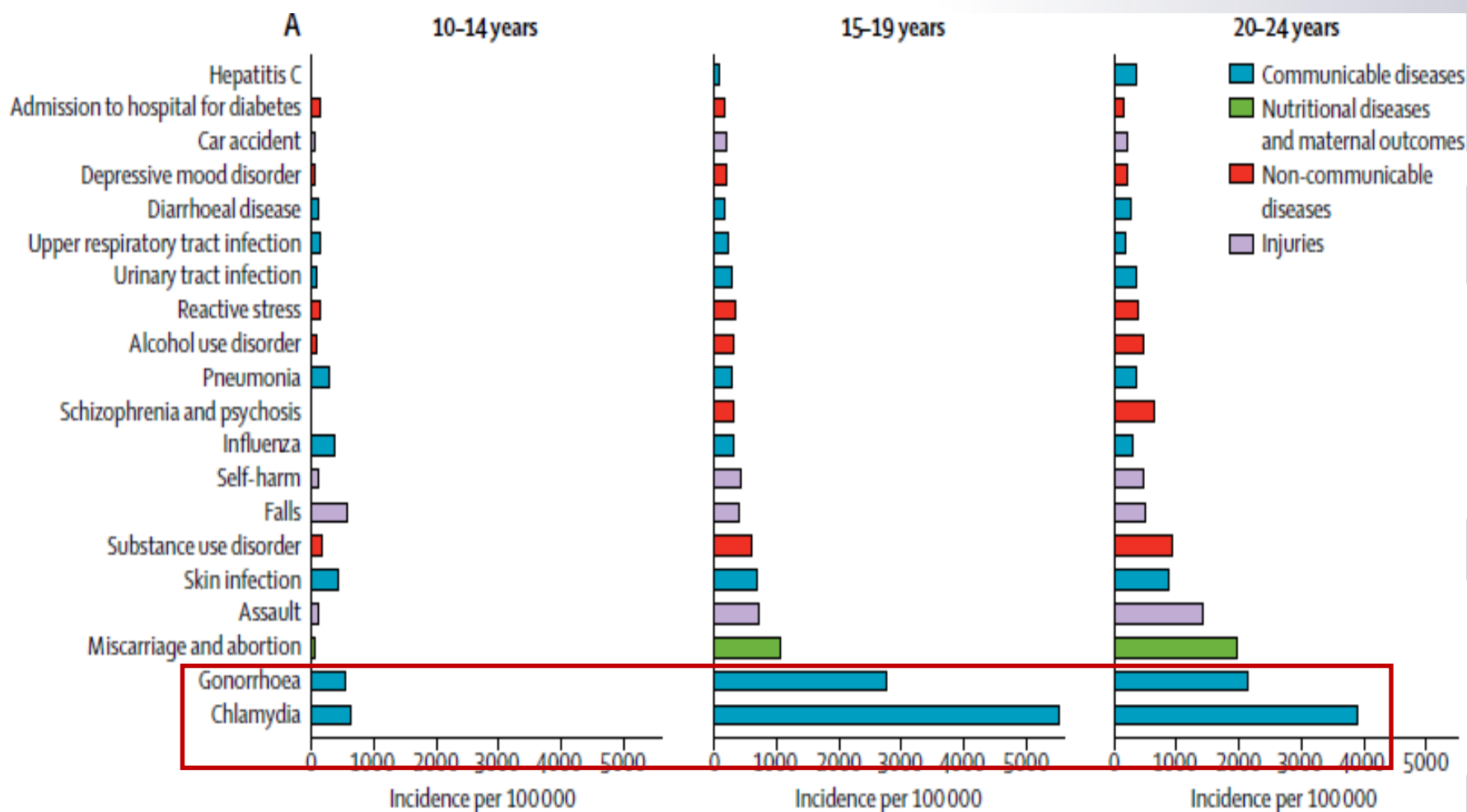
Acknowledgements

- Gimuy Walabura Yidinji
- Yirriganydji
- CRANAplus
- Colleagues who work on all of these studies
- Warning: Difficult and sensitive issues

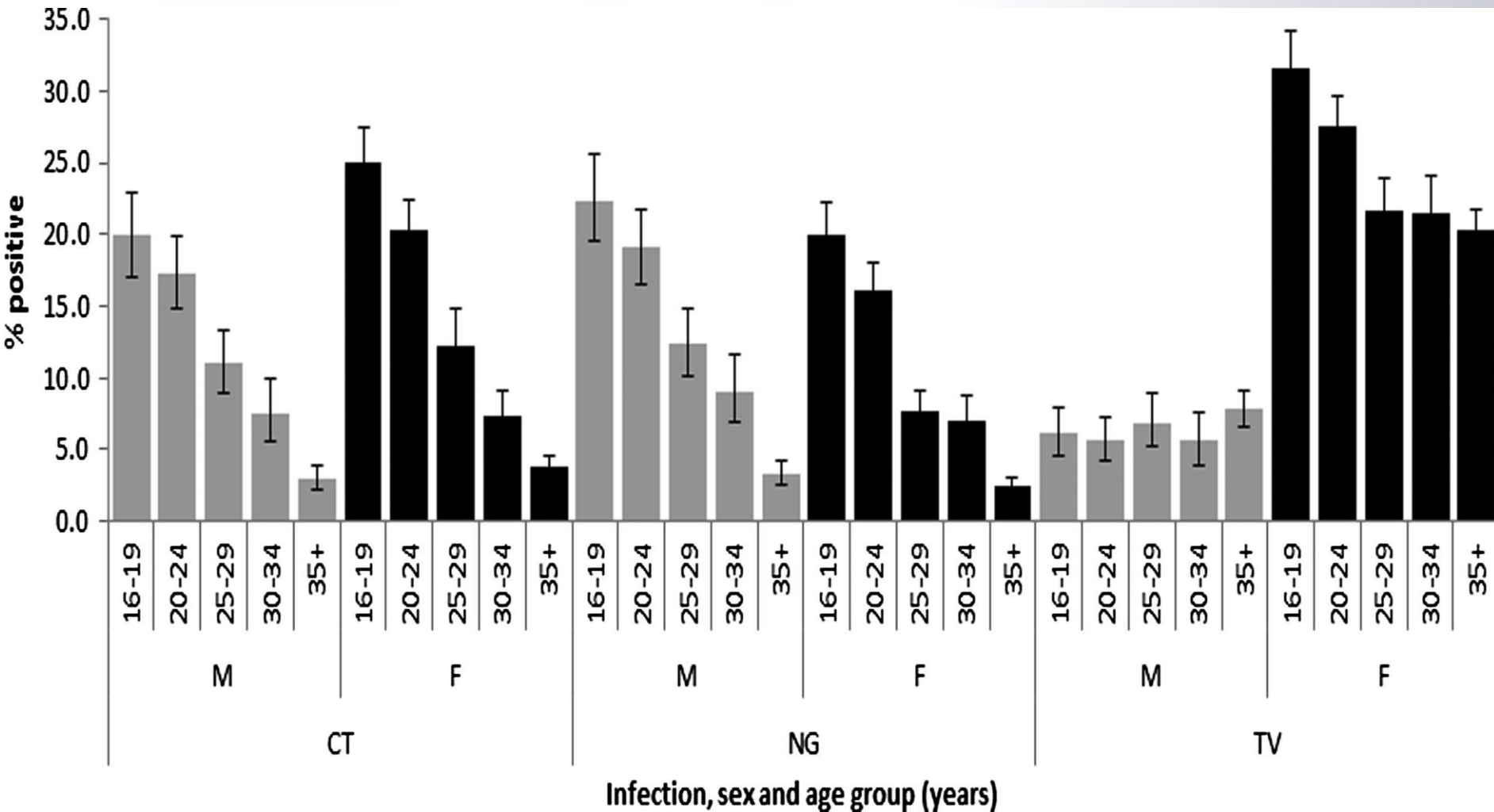
- STIs and their contribution to ill health
- Outcomes of STIs
- Testing rates in regional and remote areas
- The ugly public commentary often associated with STIs and young Aboriginal and TSI peoples
- Young peoples behaviours and understanding of STIs

Health and wellbeing of Indigenous adolescents in Australia: a systematic synthesis of population data

Peter S Azzopardi, Susan M Sawyer, John B Carlin, Louisa Degenhardt, Ngjare Brown, Alex D Brown*, George C Patton*

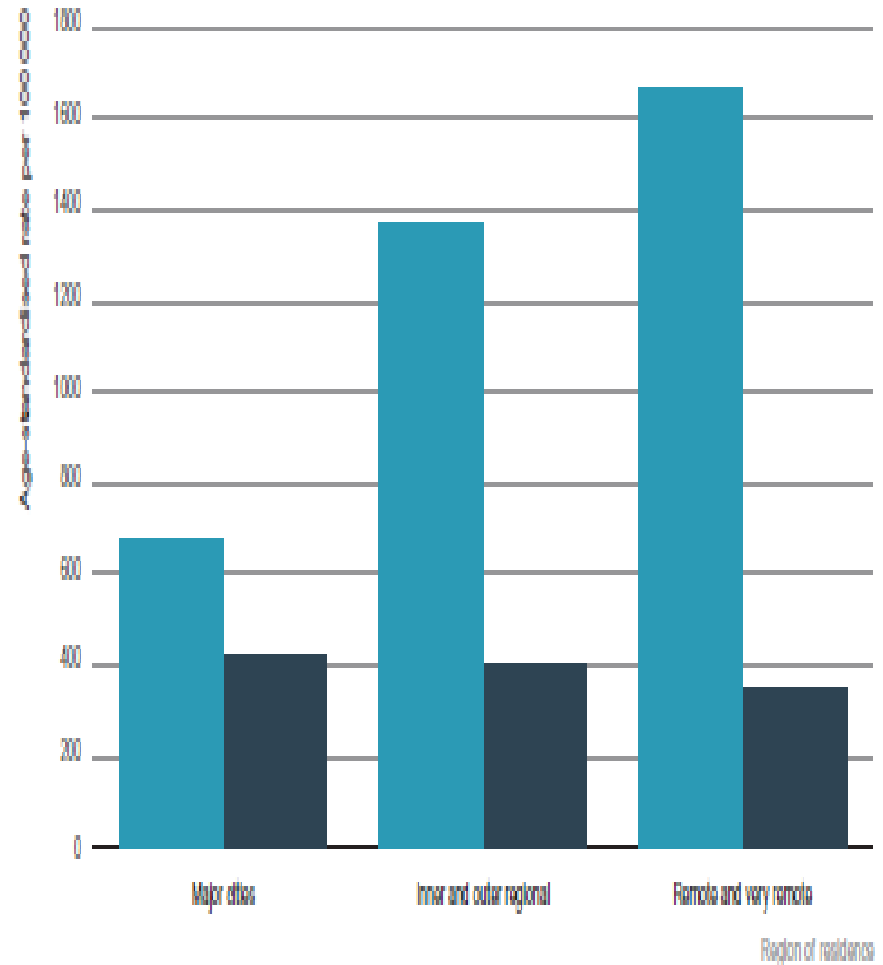
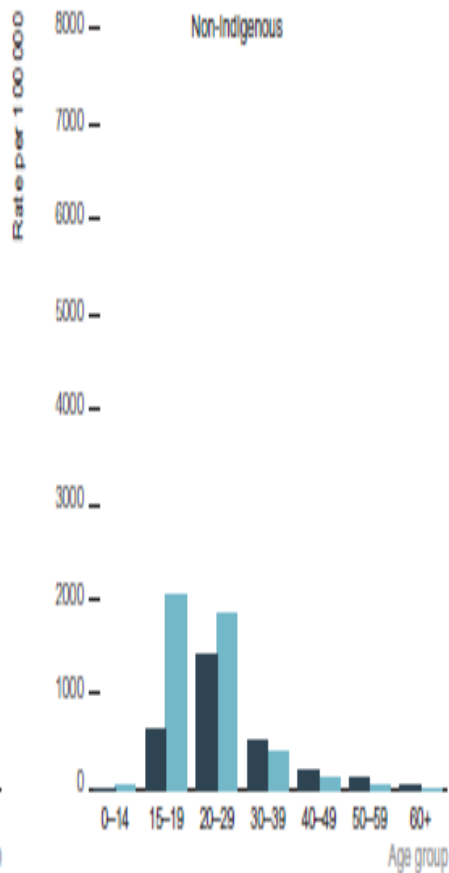
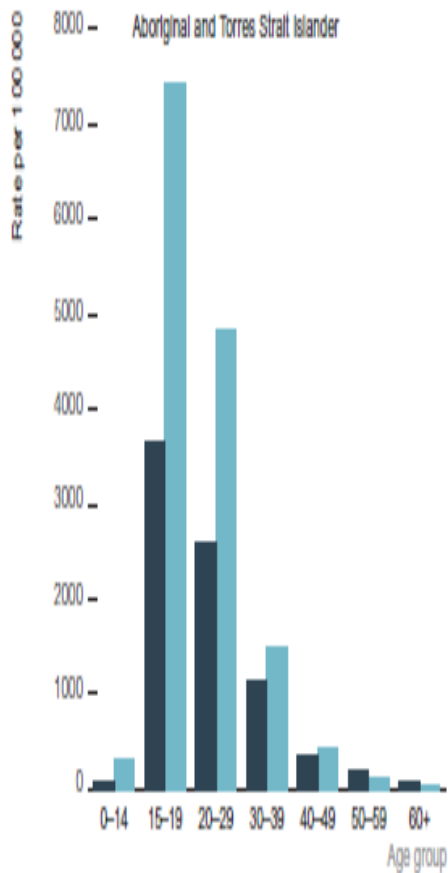


STIs and their burden STRIVE study (2009-2011)

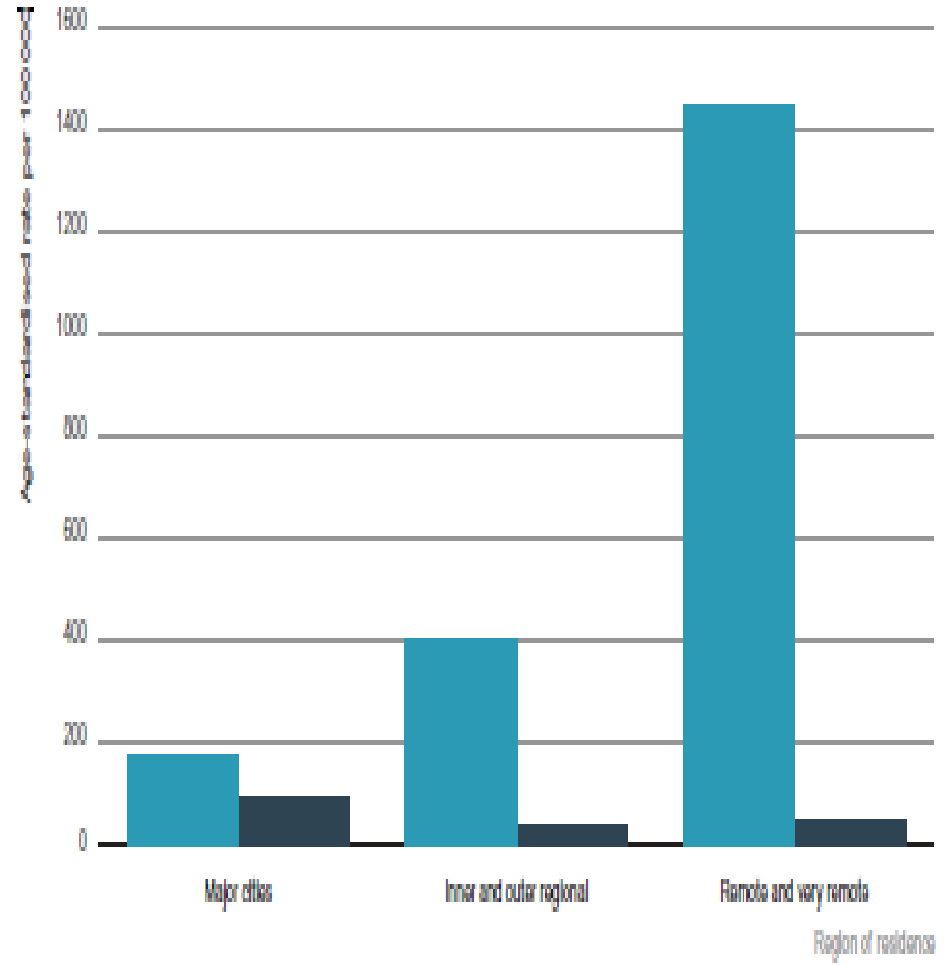
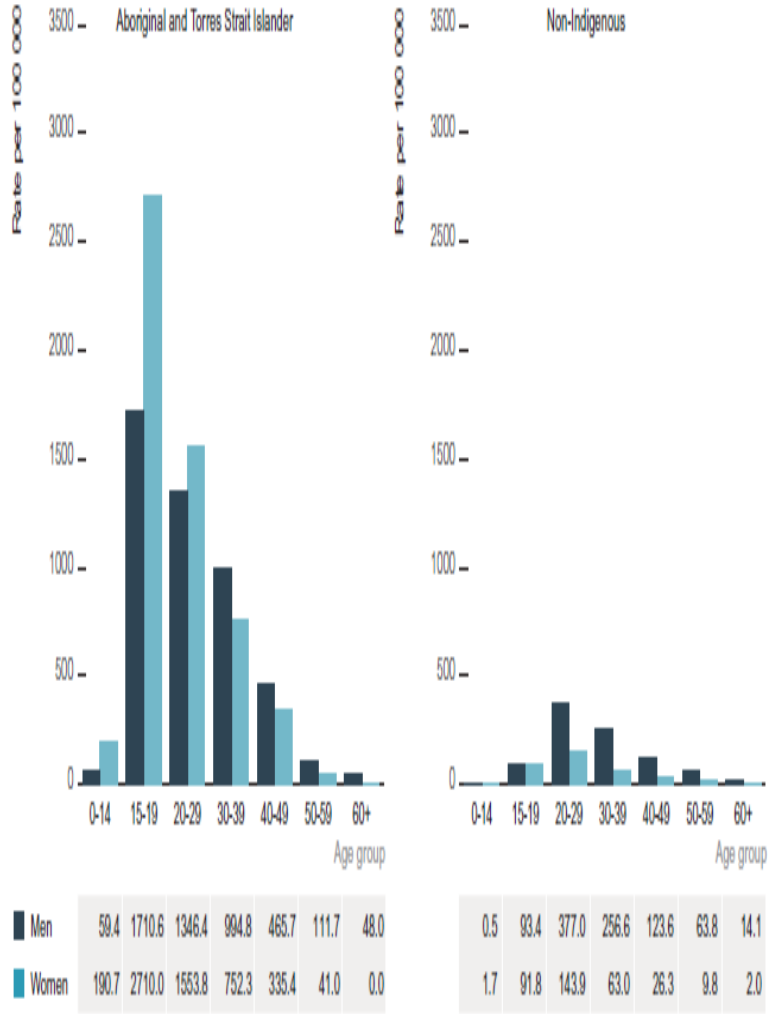


49% of females and 33% of males aged 16-19 years had a least one of the common STIs

Chlamydia notification rate by Aboriginal/Torres Strait Islander status, sex and age group & remoteness 2016



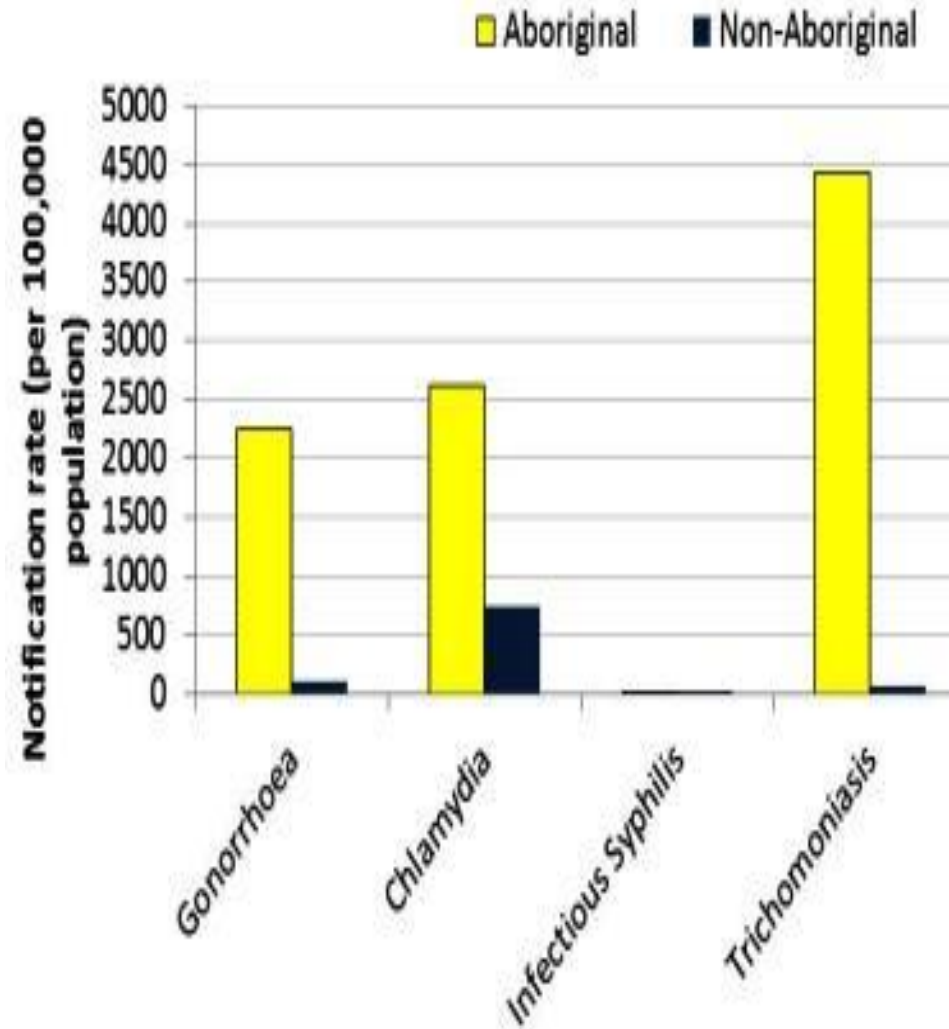
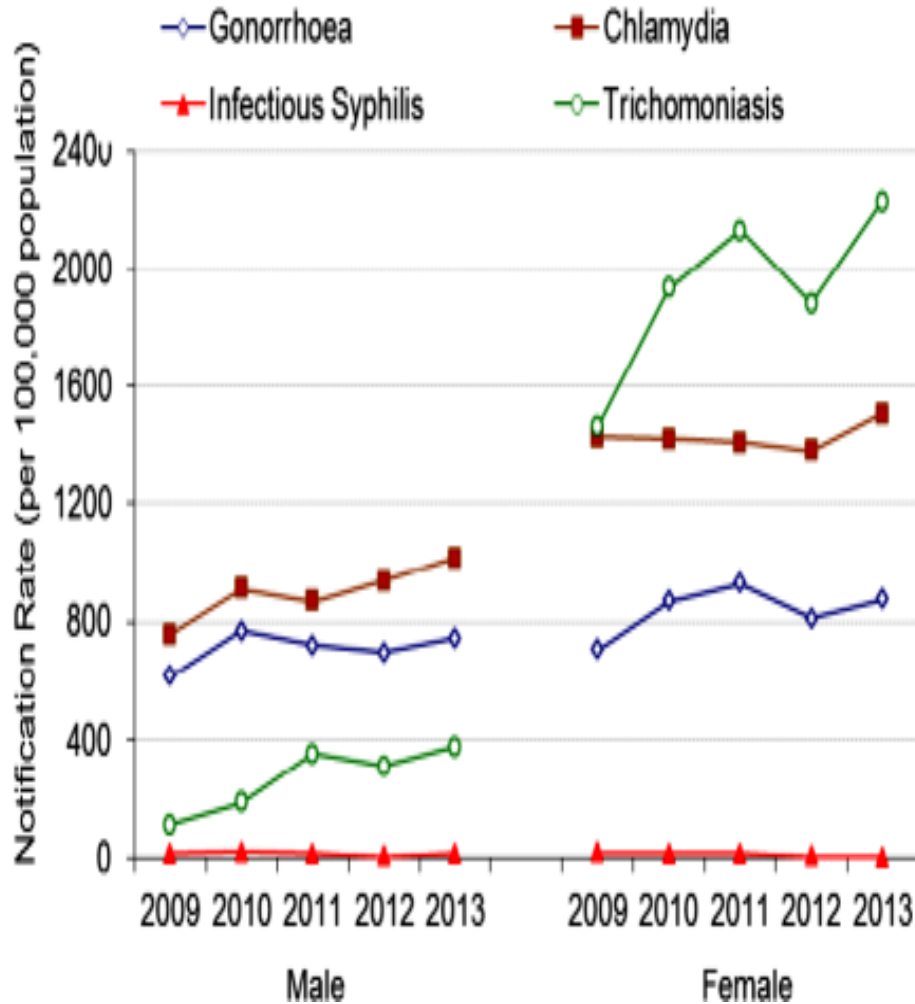
Gonorrhoea notification rate by Aboriginal/Torres Strait Islander status, sex and age group, remoteness 2016



Trichomonas

- *Trichomonas vaginalis*
- More common in older women – persistent infection
- Not a nationally notifiable condition, but high prevalence observed amongst Aboriginal women living in remote areas

Trichomonas notifications NT



SYPHILIS IS ON THE MOVE IN REMOTE AREAS



■ Areas affected by
the outbreak

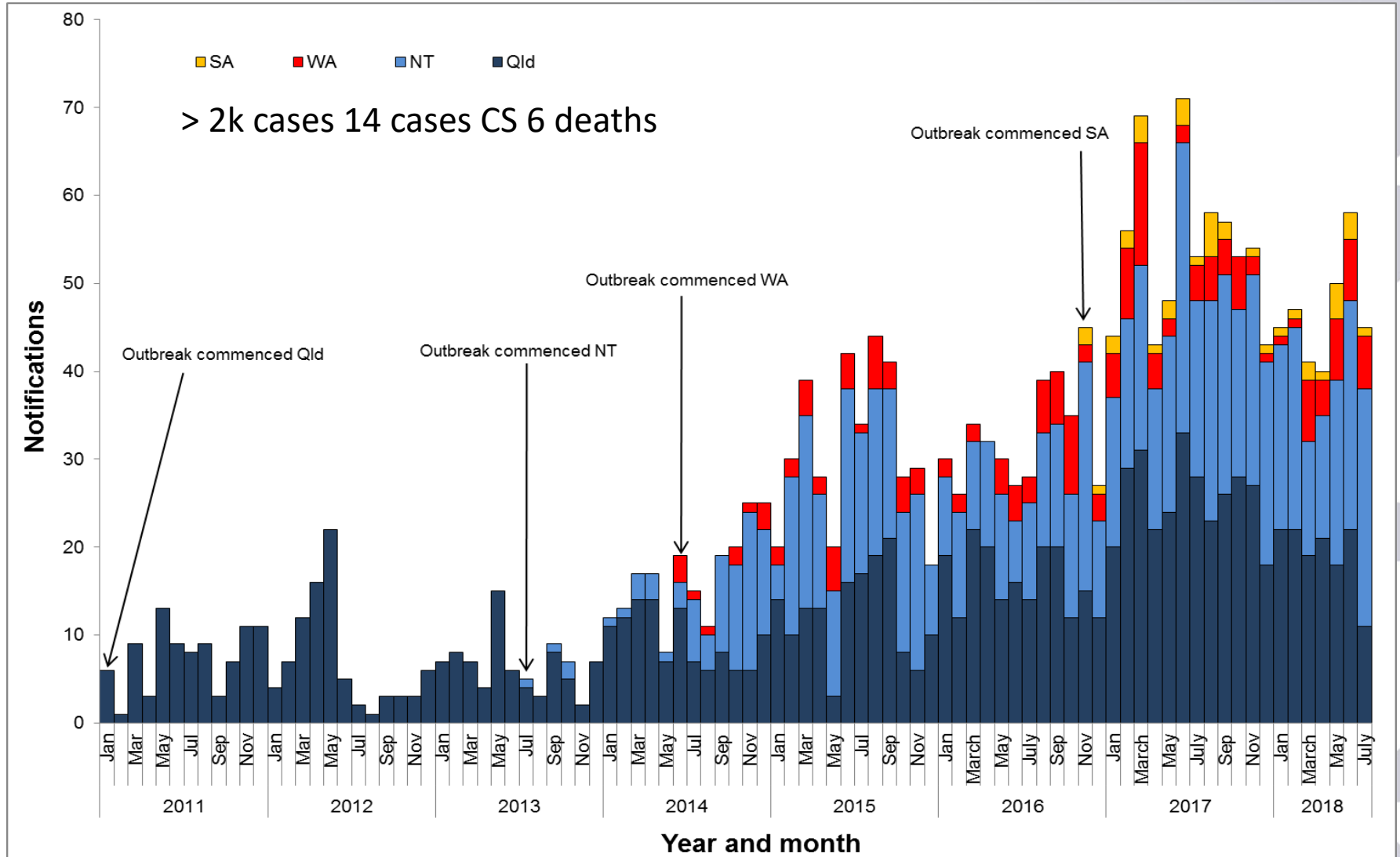
Epidemiology of syphilis in Australia: moving toward elimination of infectious syphilis from remote Aboriginal and Torres Strait Islander communities?

James S Ward, Rebecca J Guy, Snehal P Akre, Melanie G Middleton, Carolien M Giele, Jiunn Y Su, Craig A Davis, Handan Wand, Janet B Knox, Patricia S Fagan, Basil Donovan, John M Kaldor and Darren B Russell

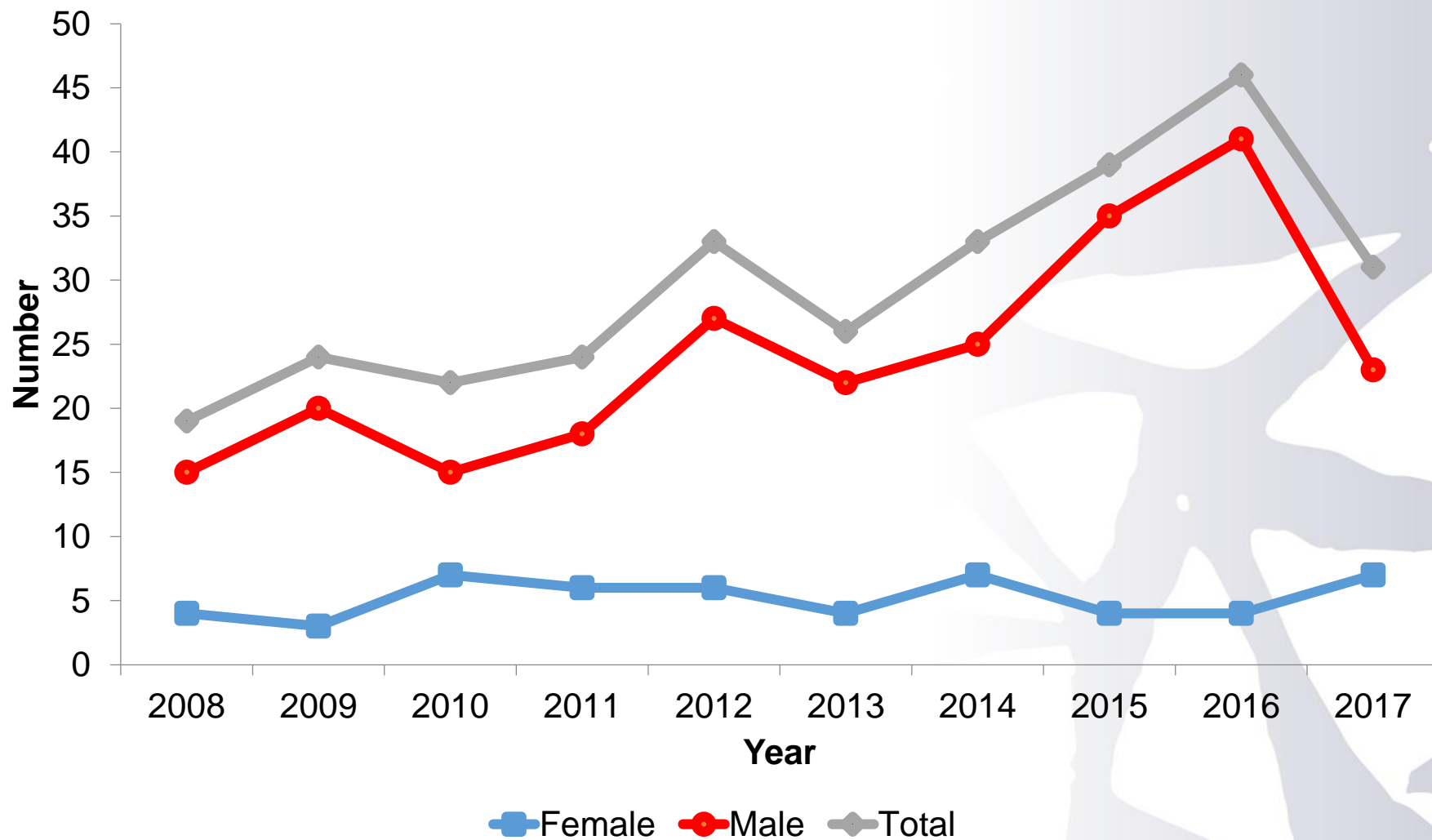
Results: From 2005 to 2009, in the Indigenous population, there was a substantial decline in the notification rate for infectious syphilis nationally; as well as in the following subgroups: females, 15–29 year olds, and people living in outer regional and remote areas in the Northern Territory and Queensland.

Conclusion: These data demonstrate that Australia has two distinct patterns of infectious syphilis.... Given the decline in notification rates in Indigenous remote communities, now might be the right time to move toward eliminating infectious syphilis from Indigenous communities.

Syphilis Outbreak



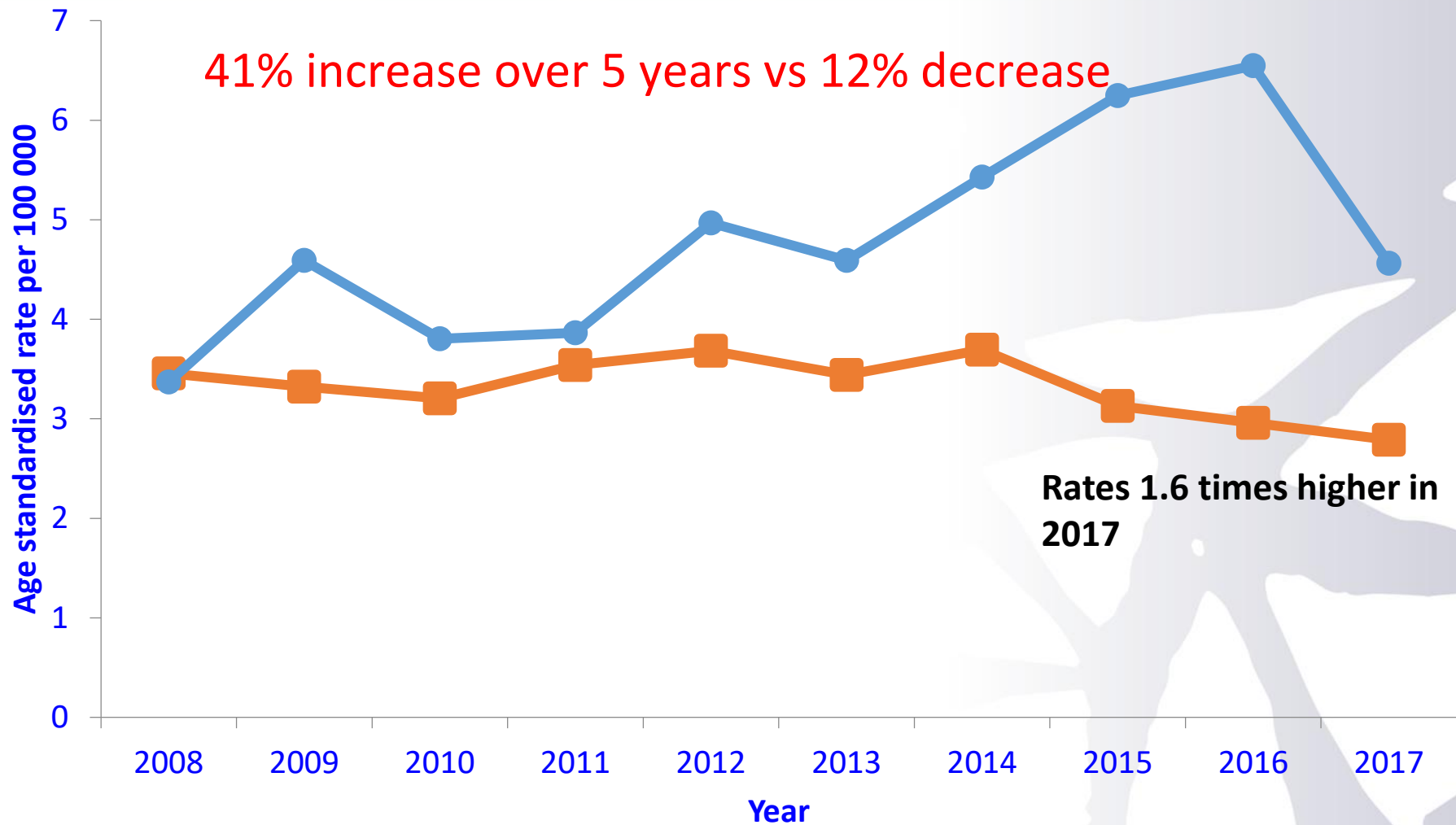
Aboriginal and TSI Number of new HIV diagnoses, by sex



Source: State and territory health authorities

New HIV diagnoses- Aboriginal and TSI

41% increase 2013-2017

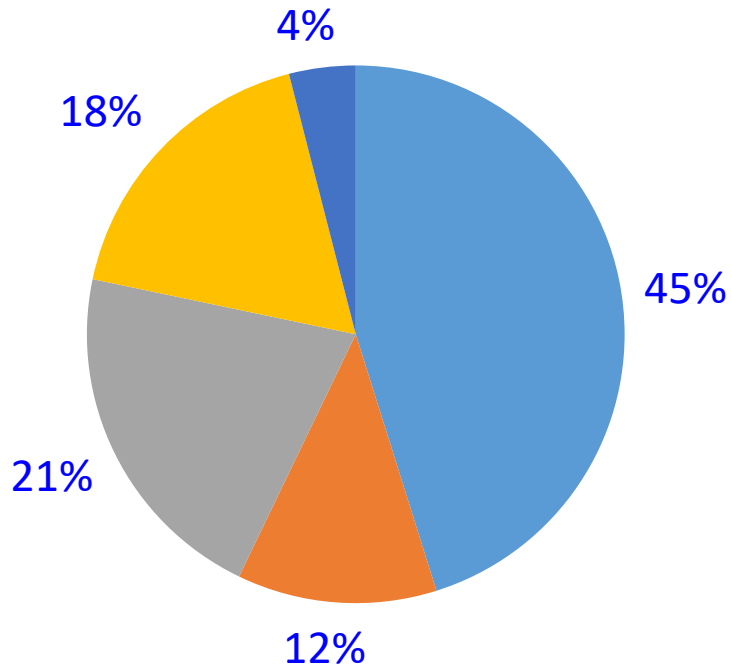


Source: State and territory health authorities

Legend: Australian-born non-Indigenous (orange square), Aboriginal and Torres Strait Islander (blue circle)

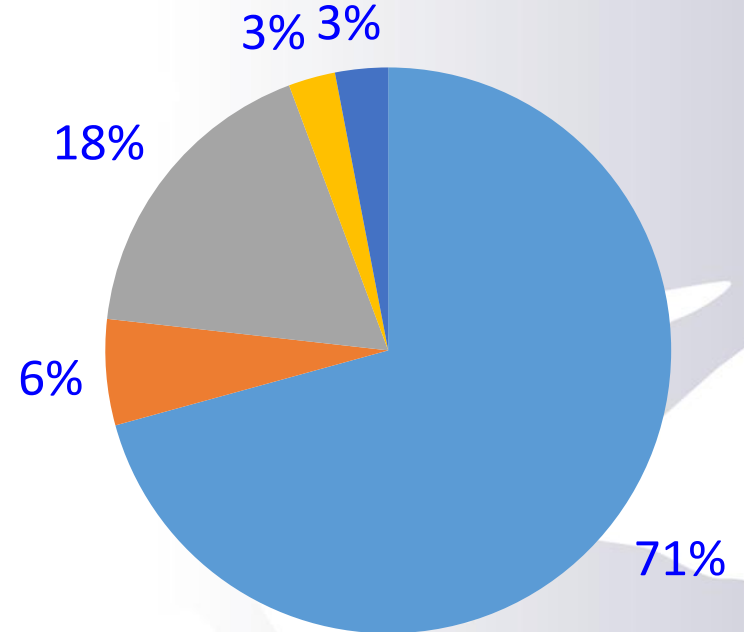
Exposure category by Indigenous status

Aboriginal and Torres Strait Islander



- Male-to-male sex
- Male-to-male sex and injecting drug use
- Heterosexual sex
- Injecting drug use
- Other/undetermined

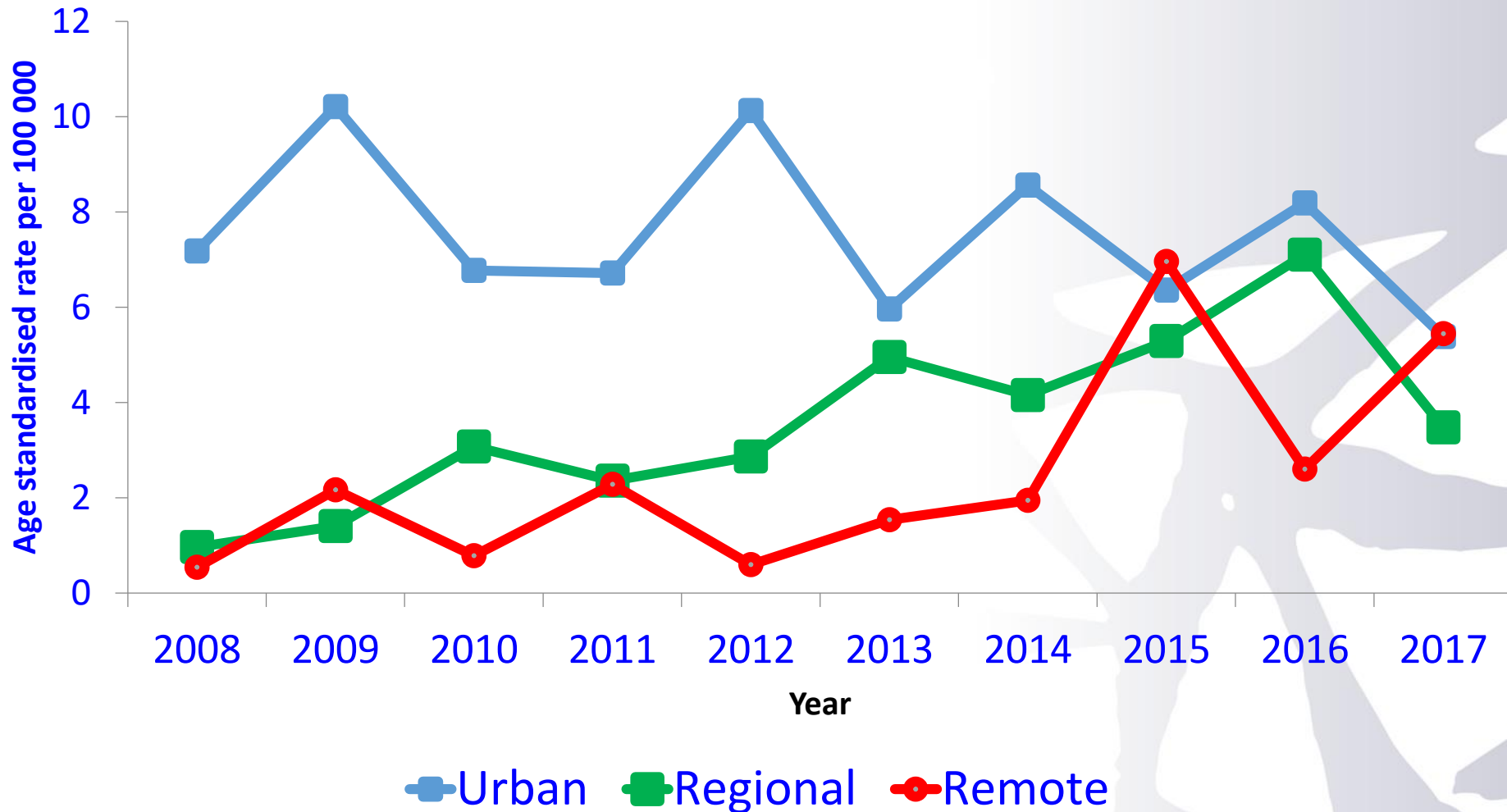
Australian born non-Indigenous



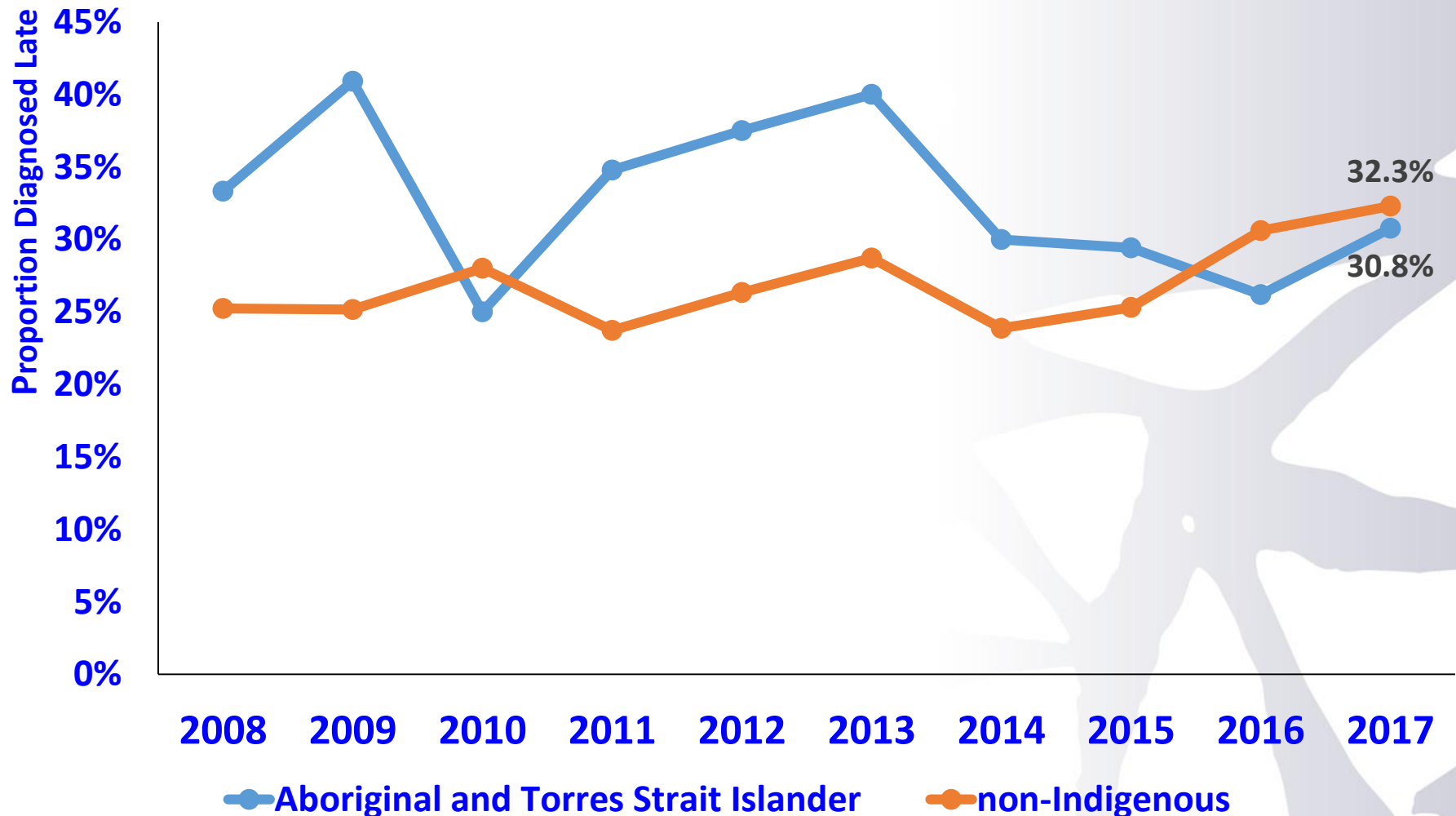
- Male-to-male sex
- Male-to-male sex and injecting drug use
- Heterosexual sex
- Injecting drug use
- Other/undetermined

Source: State and territory health authorities

HIV diagnosis rates by area of residence



Late diagnoses Aboriginal & TSI and Non-Indigenous



Source: State and territory health authorities

Non-Indigenous includes all Australian-born non-Indigenous notifications

Summary slide- burden of STI disease

Number one leading cause of morbidity among Aboriginal young people in Australia

As been like this for well over two decades despite diagnostics and treatment availability

Rates appear to be going up

Syphilis outbreak across northern Australia provides good insight if nothing else especially in terms of response provides important insight into mobility

HIV is an ever impending risk

Consequences of STIs

CT- can lead to pelvic inflammatory disease (PID), epididymo-orchitis, infertility, pregnancy complications (including ectopic pregnancy)

NG- disseminated infection

Current syphilis outbreak-6 neonatal deaths

Increased risk of HIV transmission

PID study-central Australia

Of 655 medical records reviewed, 119 women (18%) presented 224 times with lower abdominal pain.

Recommended investigations to diagnose PID were infrequently undertaken:

- bimanual examination [7%];
- testing for gonorrhoea and chlamydia [35%];
- history taking for vaginal discharge [26%],
- intermenstrual bleeding [12%] and dyspareunia [8%].

There were 95 presentations (42%) consistent with guidelines to diagnose PID, most (87 [39%]) based on symptom profile and history.

Of these, practitioners made 15 diagnoses of PID, and none had the recommended treatment documented.

Linkage study in NSW 2000-2008

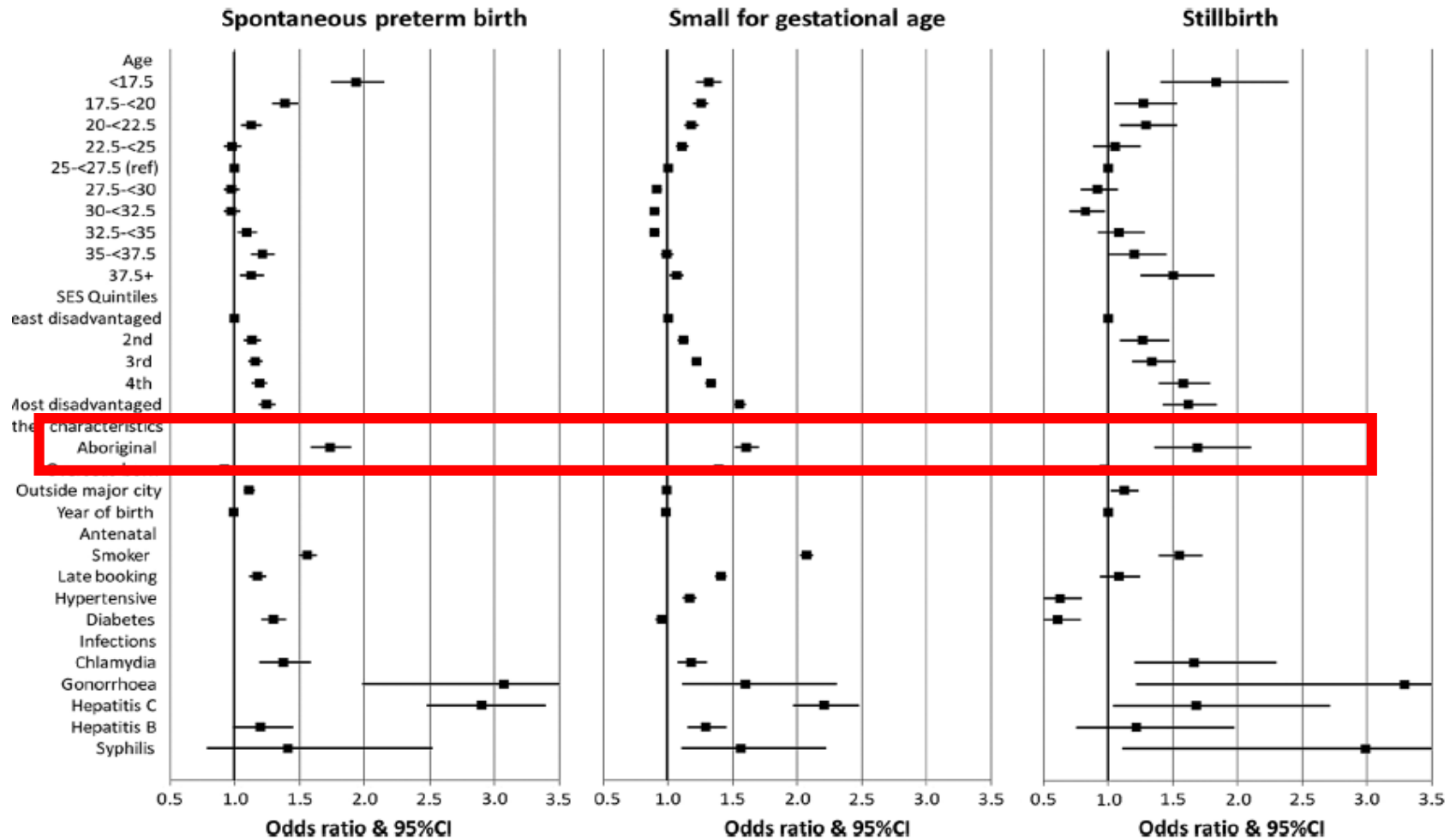
>38000 women followed for a year after CT NG diagnosis

Primary outcome- PID notification

Socioeconomic disadvantage*	Least disadvantaged	131	11559	1.00			1.00		
	Middle tertile	188	11781	1.41	1.13-1.76	0.002	1.34	1.05-1.69	0.01
	Most disadvantaged	205	12142	1.49	1.20-1.86	0.0004	1.33	1.02-1.74	0.03
	Unknown	6	333	1.59	0.70-3.63	0.27			
Area of residence [†]	Major city	375	25320	1.00			1.00		
	Inner regional	105	8168	0.87	0.70-1.08	0.20	0.72	0.57-0.91	0.005
	Outer regional/remote	42	2009	1.41	1.02-1.95	0.03	1.08	0.76-1.55	0.65

Pregnancy outcomes

Among 354 217 women, 1.0% (n=3658) had a prior chlamydia notification; 0.06% (n=196) had a prior gonorrhoea notification.



Newest study

NG data linkage data over 300,000 women followed over ten year period

Outcomes ectopic pregnancy and infertility

burden of adverse reproductive health outcomes from gonorrhoea disproportionately affects Aboriginal women.

>80% ectopic pregnancy cases and all infertility cases were among Aboriginal people

Manuscript under review

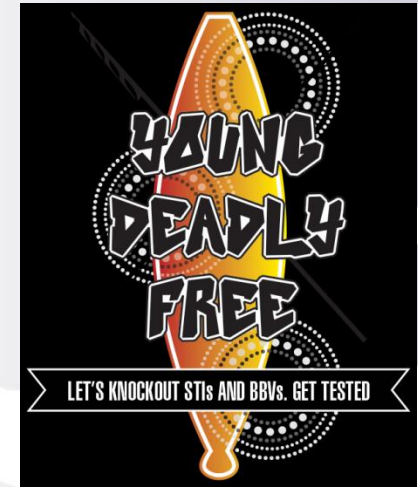
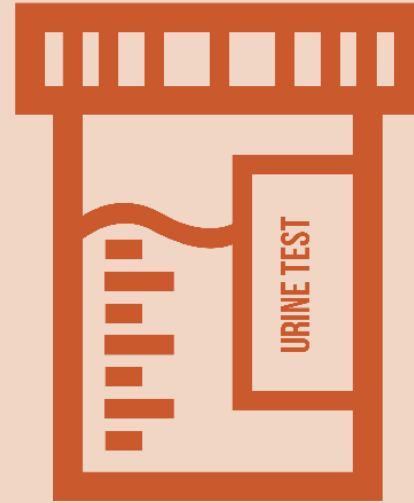
Summary:

Emerging strong evidence of the impact of these long standing STIs particularly on women's health reproductive health outcomes

Regular testing

TESTING

You should get tested for STIs often. It is **free** and private at any clinic.



YOUNG,
DEADLY,
SYPHILIS
FREE
#GETTESTED

TESTING

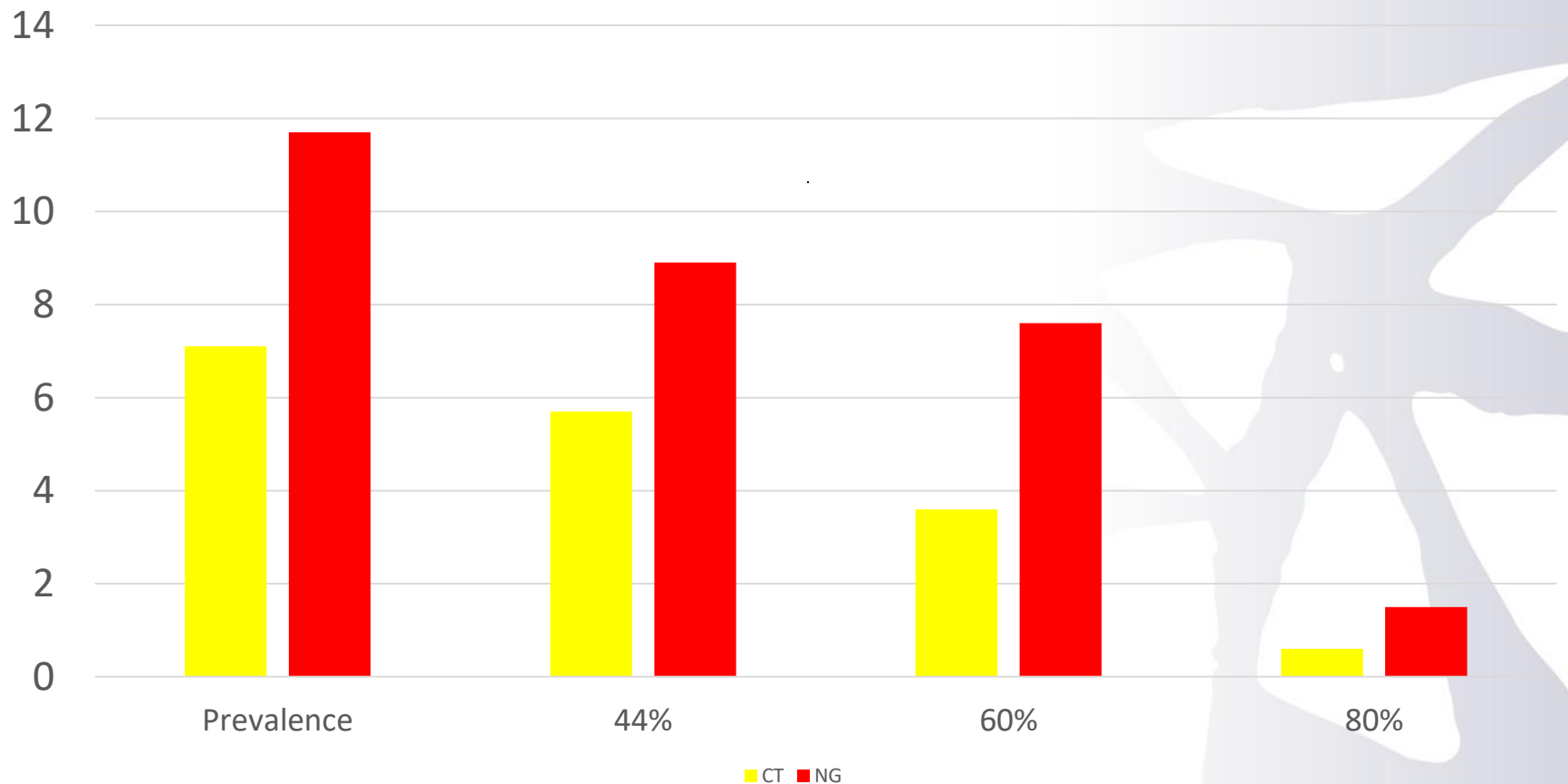
Get tested often. Syphilis testing is an easy blood test. It is free and private at any clinic.




The potential impact of new generation molecular point-of-care tests on gonorrhoea and chlamydia in a setting of high endemic prevalence.

Hui BB, et al. Sex Health. 2013.

Modelling- STI screening rates on STI prevalence



 Open Access

Chlamydia sentinel surveillance in Aboriginal Community Controlled Health Services finds higher testing and positivity rates among younger people

Jane L. Goller, James Ward, Mark Saunders, Sophie Couzos, John Kaldor, Margaret A. Hellard

First published: 08 November 2012 | <https://doi.org/10.1111/j.1753-6405.2012.00929.x> | Cited by: 4

- 8 ACCHS in 2008- 2009
- 13% of clients tested in 2008 and 16% in 2009
- Testing rates were higher among females ($p < 0.001$) and among patients aged 16–29 than 30–39 years (males: $p = 0.01$; females: $p < 0.001$).

RESEARCH ARTICLE

Open Access

Chlamydia among Australian Aboriginal and/or Torres Strait Islander people attending sexual health services, general practices and Aboriginal community controlled health services

James Ward^{1*}, Jane Goller³, Hammad Ali², Anna Bowring³, Sophia Couzos⁴, Mark Saunders⁵, Phyllis Yau³, John M Kaldor², Margaret Hellard³, Rebecca J Guy², Basil Donovan^{2,6} and on behalf of the ACCESS Collaboration

- Data were included from 16–29 year olds attending 6 ACCHSs (n = 4,950); 22 SHSs (n = 20,691) and 25 GP clinics (n = 34,462).
- Chlamydia testing rates among Aboriginal patients were 19.8% at ACCHSs, 75.5% at SHSs and 4.3% at GP clinics.

High chlamydia and gonorrhoea repeat positivity in remote Aboriginal communities 2009–2011: longitudinal analysis of testing for re-infection at 3 months suggests the need for more frequent screening

Linda Garton^{A,B,H}, Amalie Dyda^B, Rebecca Guy^B, Bronwyn Silver^C, Skye McGregor^B, Belinda Hengel^{B,D}, Alice Rumbold^{C,E}, Debbie Taylor-Thomson^C, Janet Knox^F, Lisa Maher^B, John Kaldor^B, James Ward^G and on behalf of the STRIVE Investigators

- Just over 2000 people diagnosed with CT and/or NG in the study period;
- 14.9% were re-tested at 2–4 months, 26.9% at 5–12 months, a total of 41.8% overall.
- Re-testing was higher in females than in males in both the 2–4-month (16.9% v. 11.5%, periods).
- Women aged 25–29 years had a significantly higher level of re-testing
- There was higher repeat NG positivity than repeat CT positivity (28.8% v. 18.1%, $P < 0.01$).

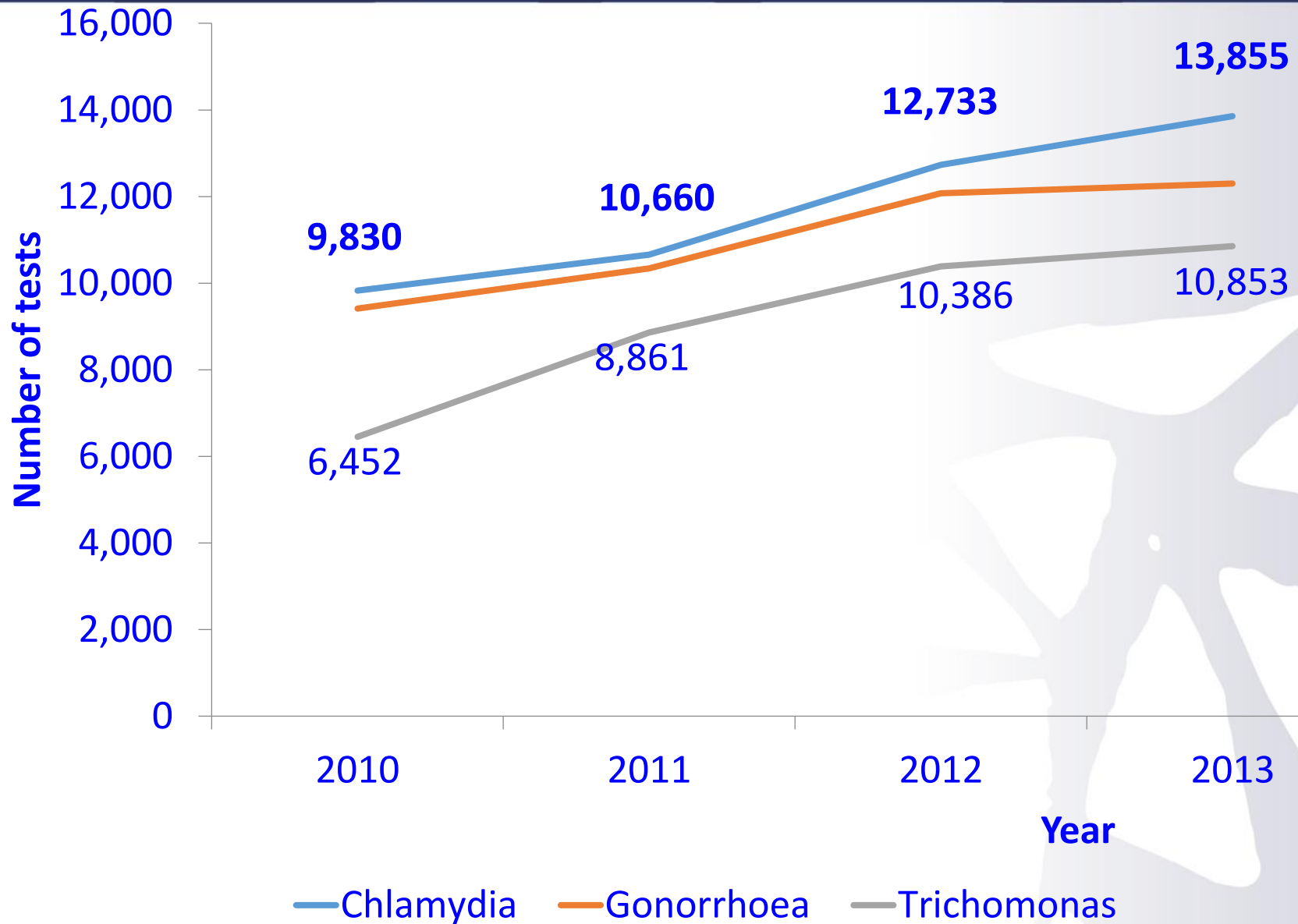
Low HIV testing rates among people with a sexually transmissible infection diagnosis in remote Aboriginal communities

James S Ward¹, Amalie Dyda², Skye McGregor², Alice Rumbold^{3,4}, Linda Garton⁵, Basil Donovan², John M Kaldor², Rebecca J Guy²

1 HIV testing of people aged 16–34 years attending 65 remote primary health care services within 30 days of a sexually transmissible infection (STI)* diagnostic test for which the result was positive, 2010–2014

	Any positive STI test [†]	Testing within 30 days of the STI test (including same day)		Testing within 30 days of the STI test (excluding same day)	
		HIV	Syphilis	HIV	Syphilis
Total	15 260	4858 (31.8%)	6727 (44.1%)	854 (5.6%)	1099 (7.2%)
Sex [‡]					
Men	4190	2035 (48.6%)	2355 (56.2%)	208 (5.0%)	209 (5.0%)
Women	11 055	2815 (25.5%)	4361 (39.4%)	646 (5.8%)	889 (8.0%)
Age group (years)					
16–19	3924	1305 (33.3%)	1761 (44.9%)	259 (6.6%)	302 (7.7%)
20–24	3827	1282 (33.5%)	1777 (46.4%)	233 (6.1%)	300 (7.8%)
25–29	2486	819 (33.0%)	1106 (44.5%)	119 (4.8%)	171 (6.9%)
30–34	1597	498 (31.2%)	686 (42.9%)	83 (5.2%)	112 (7.0%)
≥ 35	3416	954 (27.9%)	1397 (40.9%)	163 (4.8%)	214 (6.3%)

STRIVE study: total STI testing by calendar year



STRIVE study RCT in 68 Remote communities



At baseline, the proportion of population who had at least one STI test in a year was low (23% in females, 14% in males),

so while an increment of 40-70% sounds impressive in relative terms, it only translates to absolute increments of 10-12%.

Modelling¹⁵ suggests an increase of some 200% in testing would be needed drive down prevalence.

Summary

Testing rates need to dramatically improve if we are to make a difference to STIs in remote Australia

Greater efforts are required especially for men

No single strategy is enough

CQI, Rapid testing, outreach, integration into initiatives such as AHC, ANC is required

The ugly nature of public commentary

Sexual abuse and STIs

Early sexual debut

STIs and people under the age of 16 years

Mandatory reporting



ABC NEWS LOCATION: Sydney, NSW [Change]

Just In Politics World Business Sport Science Health Arts Analysis

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Sixth infant dies from congenital syphilis amid outbreak in northern Queensland

By political reporter Dan Conifer
Updated 2 Mar 2018, 11:54am

A sixth infant has died from congenital syphilis amid a devastating outbreak of the disease in parts of remote Australia.

The young children have all died in Queensland, where the spate of cases emerged in 2011.

Department of Health official Sharon Appleby told Senate estimates that six of 13 infants with reported cases of congenital syphilis had died.

The latest death occurred in northern Queensland in January.

The sexually transmitted infection can be passed from a mother to her baby during pregnancy.

Congenital syphilis can cause miscarriages and stillbirths, or problems with a baby's brain, blood, eyes, and ears.

The bacterial outbreak is severely impacting Indigenous communities and has now spread to Western Australia, South Australia, and the Northern Territory.

The Commonwealth is coordinating a national response and has committed \$5.8 million over three years for testing, treatment, and additional health workers.



PHOTO: Treponema pallidum, the bacteria that cause syphilis, can cause miscarriages and stillbirths. (Pic: NIAID)

'It's not satisfactory'

But Labor senator Patrick Dodson said syphilis cases were rising and the response was inadequate.

"Something's not working here," Senator Dodson said.

"If this was happening in Victoria you wouldn't be standing around having a meeting, someone would be doing something and fixing the problem up."

"\$5 million, people are having a meeting ... it's not satisfactory."

But Department of health official Caroline Edwards defended its work to date.

"We are also very alarmed and distressed by the changes in this particular epidemic," Ms Edwards said.

"We do take it very seriously and see it as a very important thing for Aboriginal and Torres Strait Islander people throughout Australia."

The department said it was looking to work with several Aboriginal community-controlled health organisations to pilot its response.

The Australian Medical Association has called for a national centre for disease control (CDC) to help control the outbreak.

But Ms Appleby said a new, standalone authority was unnecessary.

"Because of the federalised nature of government in this country ... providing national coordination in the way we do we think works best," she said.

Topics: health-administration, health, child-health-and-behaviour, infant-health, sexual-health, pid

First posted 2 Mar 2018, 6:09pm

March 3, 2018. ABC - NIT Syphilis (6th baby death)
<http://www.abc.net.au/news/2018-03-02/sixth-infant-dies-of-syphilis/9503964>



The Australian
Monday 5/3/2018
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Region: Australia Circulation: 94,448
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Size: 520.00 sq.cms.
Frequency: MTWTF

Brief: DPLAUTO2
Page 1 of 2



SEXUAL DISEASES REVEAL DEPTH OF CRISIS

Child sex abuse 'like a tsunami'



EXCLUSIVE

AMOS AIKMAN
NORTHERN CORRESPONDENT

Child protection authorities are overwhelmed by the scale of neglect and under-reported sexual activity involving children in the Northern Territory, which has seen rates of sexually transmitted infections soar over the past decade and prompted one former minister to suggest the rampant abuse of minors can only be stopped by imposing a form of martial law.

Territory Families took just five sex abuse victims into temporary protective custody between 2012-13 and 2015-16 despite substantiating 232 abuse cases, according to data compiled by a royal commission.

tation, hoping to Christ that it will stop the bleeding over time. But it's simply not good enough," he said. "Unless a child's situation is truly bad or they are particularly young, there's minimal chance that the child will see any form of government protection come their way.

"We would almost have had to have declared a state of emergency to deal with all the issues, which would have entailed enormous consequences. There's no way, in the current environment, that you could create a state of emergency, which would be almost like declaring martial law,

to contract syphilis than their non-Aboriginal counterparts and 30 times more likely to contract gonorrhoea or trichomoniasis, according to official figures.

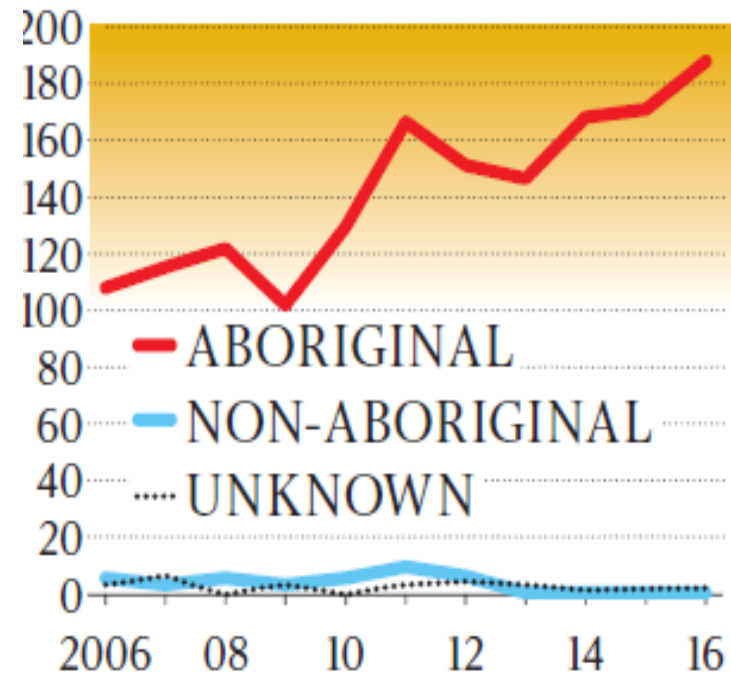
Former NT Children's Commissioner Howard Bath said STI rates were among "only a very few objective indicators we have" of child sexual abuse.

"In my view, they are a better indicator of background levels of abuse than reporting because so many of those cases don't get reported to anyone, whereas kids with serious infections do tend to go to a doctor," Dr Bath said.

The Royal Commission into the Protection and Detention of

A NATION'S SHAME

Number of notified cases of gonorrhoea in children under 16



Source: NT health department

Remove at-risk kids, leaders say



EXCLUSIVE

AMOS AIKMAN

NORTHERN CORRESPONDENT

Some of the nation's most prominent Aboriginal leaders and a former land council chairman who now heads a Stolen Generations group are among those calling for children who contract sexually transmitted infections to be removed if they are still at risk.

Corporation, Maurie Japarta Ryan, said those fears were misplaced. "It's not another stolen generation — let's get that clear," he said. "This issue is about children whose parents aren't doing the right thing ... I think it's about time traditional men and women got together, sat down and had a talk about it — someone has got to take a stand."

Warren Mundine, the former head of the Prime Minister's Indigenous Advisory Council, said child safety was "paramount, more important than anything else, including culture and kin".

"Culture is not a reason to leave a child in an unsafe or neglectful home" he said "Indigenous child-

officers run for cover rather than taking the necessary steps to treat children for these diseases".

The Australian reported on Monday that the rates of some STIs among Aboriginal children had risen by as much as 180 per cent in the past decade. Underage Aboriginal girls are now almost 60 times more likely to contract syphilis than non-Aboriginal girls, with some communities in northern Queensland and the NT in the grip of an STI epidemic. Children can contract STIs by various means including having sex adults or with each other or from their mothers at birth.

Senator Patrick Dodson said "aburdly high" rates of STIs in

A CULTURAL RIGHT? NO, CHILDREN HAVING SEX IS ILLEGAL

We are suspending the human rights of NT kids and creating a repugnant mess

JOHN ELFERINK

In the 1980s I watched an ambulance officer protectively cradle a newborn infant in Alice Springs and coo softly at the little girl: “You’re so beautiful. It’s a pity

budgets have been expanded. From 2000 to 2016 the budget for child protection grew from \$9 million to \$110m.

Former federal Aboriginal affairs minister John Herron once sent in the army.

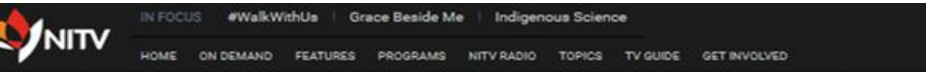
The Productivity Commission has recently reported that \$30bn is spent on Aboriginal outcomes annually for a national Aboriginal

suggests that the best people to look after a child are family.

However, it has decayed into an approach in which children are left in circumstances where their human rights are regularly breached in favour of a notion that cultural rights somehow have supremacy.

This represents a return to that maxim “by the standards of the

Weekend Sunrise Channel 7



15 MAR 2018 - 3:14PM

Why are white people on Sunrise with no experience calling for Indigenous child removals?



IMAGE | VIDEO | AUDIO

OPINION: "Debates facilitated by the wrong people does little more than stir up emotions and reinforce negative stereotypes rather than focus on solutions," writes Summer May Finlay

By Summer May Finlay



13 MAR 2018 - 4:08 PM UPDATED YESTERDAY 3:14 PM



The protest Sunrise didn't want you to see

PROTESTERS packed Martin Place demonstrating against Sunrise. But Sunrise ensured viewers weren't seeing it.



Debbie Schipp @debbieschipp

news MARCH 16, 2018 2:32PM

Video Image



Sam Armytage protest at Sydney's Sunrise

SUNRISE was the scene of a massive protest this morning, but the show seemingly went to extraordinary lengths not to let their audience know about it.

A crowd of hundreds packed Martin Place, which forms the backdrop of the breakfast TV show, demonstrating the show's decision earlier in the week to discuss Aboriginal adoption on a Hot Topic segment which they said had spiralled into "blatant racism".

But as the crowd — and volume level — grew, producers closed soundproof blinds in the studio, and broadcast old overlay of the show's Martin Place backdrop behind the hosts.



Sunday Canberra Times
Sunday 11/3/2018
Page: 11
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Type: Capital City Daily
Size: 694.00 sq.cms.
Frequency: -----S

Brief: DPLAUTO2
Page 1 of 2



Sunday Age
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Section: General News
Region: Melbourne Circulation: 115,056
Type: Capital City Daily
Size: 823.00 sq.cms.
Frequency: -----S

Brief: DPLAUTO2
Page 1 of 3



Data disputes Indigenous abuse claim

Michael Koziol

Detailed new statistics on sexually transmitted infections among Indigenous children in the Northern Territory reveal the number of cases is declining and there is little evidence to link STI rates to child abuse.

The publication by *The Australian* last week of STI figures among Indigenous children in the

with their same age peers", rather than being abused.

"They live in communities where STIs are endemic," he told Fairfax Media. "If you have sex when you're 14 or 15 in those communities, you're very likely to acquire an STI."

Professor Ward, the former head of the Kirby Institute's Aboriginal and Torres Strait Islander program, said it was "no

abuse I think is completely misleading," Ms Havnen told ABC radio on Thursday. "People need to get a bit of a reality check on what's actually happening here."

Indigenous children were reportedly being diagnosed with syphilis at 60 times the rate of their non-Indigenous counterparts. While alarming, experts warned

the numbers needed to be seen in the context of the syphilis outbreak

Call for reality check on STIs

Michael Koziol

Detailed new statistics on sexually transmitted infections among Indigenous

endemic," he told Fairfax Media. "If you have sex when you're 14 or 15 in those

EXCLUSIVE

‘Blindness’ behind syphilis epidemic ◆



STEPHEN FITZPATRICK

A syphilis epidemic that has gripped remote Aboriginal communities has been stoked by ‘wilful blindness’.

EXCLUSIVE

Project to fight syphilis epidemic ◆



STEPHEN FITZPATRICK

A \$8.8m program to combat syphilis in remote indigenous communities is on the verge of being rolled out.

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NATIONAL AFFAIRS

Warning on sexually transmitted diseases ignored



Indigenous Affairs Minister Nigel Scullion.

The Australian | 12:00AM March 15, 2016



GREG BROWN
Journalist, Canberra @gregbrown_TheCo

Indigenous Affairs Minister Nigel Scullion ignored a plea from a government MP more than a year ago to implement a \$25 million policy to combat sexually transmitted diseases gripping Aboriginal communities, instead adopting a \$9m program that remains stalled.

The Australian has obtained a letter penned by Liberal senator Dean Smith warning that the rise of STIs in indigenous communities was “disturbing” and urged Senator Scullion to take immediate action, describing the situation as “critical”.

“I’m sure you would agree that the increase in rates are disturbing and it’s critical that we tackle this challenge head on to ensure the problems do not escalate to a crisis point,” Senator Smith told Senator Scullion in December 2016.

When contacted yesterday about the letter, Senator Scullion shifted blame for the government’s inaction to Indigenous Health Minister Ken Wyatt.

Senator Scullion’s spokesman told *The Australian* he passed Senator Smith’s letter on to the “health portfolio”.

The letter, addressed to Senator Scullion and copied to Mr Wyatt and former health minister Susan Ley, outlined a detailed proposal drafted by experts James Ward and Frank Bowden, in consultation with the National Aboriginal Community Controlled Health Organisation, to tackle a syphilis epidemic in indigenous communities.

Professor Ward yesterday confirmed he had meetings with Senator Scullion, Mr Wyatt and Health Minister Greg Hunt about his policy proposal. The Ward-Bowden plan was drafted following meetings with Ms Ley.

Six children have died from gestational syphilis since the epidemic emerged in north Queensland in 2011 and later spread to the Northern Territory, Western Australia and South Australia.

The government sat on the \$25m policy until last November when it agreed to adopt one third of it as part of an \$8.8m plan to tackle the syphilis outbreak in central and northern Australia.

The two other elements of the proposed three-year program — to reduce HIV risks and broader STI risks in Aboriginal communities — were rejected.

Since announcing the watered-down policy, the government has failed to rollout the program despite bureaucrats holding meetings about its implementation since August, before its funding was siphoned off by Mr Wyatt.

Friday night set?
Shop now

MORE STORIES

Reverting to more dangerous age



PAUL MALEY
Russia, China, North Korea and Iran represent a challenge to the international order on a scale not seen for thirty years.

Kearney facing tax backlash in Batman



SAMANTHA HUTCHINSON
GREG BROWN
Labor candidate Ged Kearney has stood by Bill Shorten’s tax plan, despite its potential to hit the poorest people in Batman.

Real impact of Labor’s tax hit



Will Labor’s plans to abolish cash rebates for tax credits on shares held by entrepreneurs and investors impact you?

FEATURED CAREERS

Senior Defence Portfolio Opportunities
Department of Defence
Location: Canberra, ACT

Deputy Secretary Defence People
Department of Defence
Location: Canberra, ACT

Stakeholder Engagement Lead
ARTC
Location: Townsville

Hunt flagged STI issue year ago

EXCLUSIVE

GREG BROWN

Health Minister Greg Hunt wrote to Labor MPs a year ago detailing the skyrocketing rates of sexually transmitted infections in Aboriginal communities, declaring the government was “assessing” a \$25 million policy to tackle the issue, but later rejected it in favour of smaller plan which is yet to be rolled out.

In a letter obtained by *The Australian*, written in March last year, Mr Hunt told opposition health spokeswoman Catherine King and Labor MP Warren Snowdon that he shared Labor’s concerns about increased rates of STIs in Aboriginal communities.



Hunt

planned to roll out a pilot program of one-third of the program as part of an \$8.8m plan to tackle the syphilis outbreak in central and Northern Australia.

The two other elements of the proposed three-year program — to reduce HIV risks and broader STI risks in Aboriginal communities — were rejected.

This is despite Mr Hunt writing about his concerns there had

wrote a cover letter on the policy when it was given to Senator Scullion, warning action on the issue was “critical”.

Writing in *The Australian* today, Senator Smith said: “More must be done and faster. Good intentions will not be enough to avoid a catastrophe. The response needs to be rapid and strategic”.

The two pilot sites of the new syphilis program will start in May, 18 months after the government received the policy.

Indigenous Health Minister Ken Wyatt denied the syphilis response was stalled.

“It is well advanced including the purchase of medication, on-ground co-ordination and the targeting of areas at greatest risk of syphilis,” Mr Wyatt said.

Mr Hunt’s letter was sent to

DARWIN

CAIRNS

CANBERRA



INDIGENOUS CHILDREN

Experts weigh in on protection and health issues



**7:30pm
LIVE**

The ACMA

Channel Seven in breach for Sunrise segment on Indigenous children

04 September 2018

The Australian Communications and Media Authority (ACMA) has found that Channel Seven Sydney breached the [Commercial Television Industry Code of Practice](#) in a *Sunrise* 'Hot Topics' segment broadcast on 13 March 2018.

Sexual abuse





Print



Email



Facebook



Twitter



More

Alleged rape of toddler among more than 700 NT child sexual offence cases in five years, police say

ABC Alice Springs By Claire Campbell and staff

Updated 23 Feb 2018, 10:07am

- In the Northern Territory during 2015-16 there were 1786 notifications of which 71 cases (4%) of sexual abuse were substantiated.
- This is 71 too many
- But it is also a small proportion of the 25,000 Aboriginal children in the NT and not the tsunami of sexual abuse has been reported
- Australia wide in 2015-16, there were 5559 substantiated cases of sexual abuse in children. (AIHW data)
- And what about the RC into sexual abuse in Australian institutions?

Thursday 15/03

THE CONVERSATION

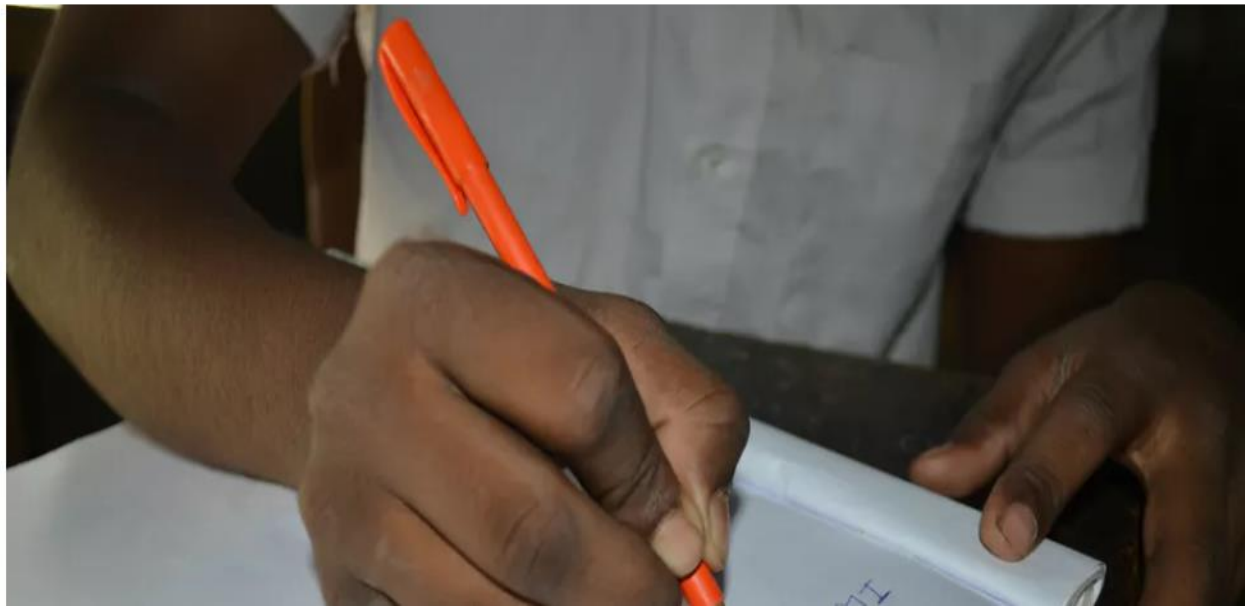
Academic rigour, journalistic flair

Q Search analysis, research, academics...

Arts + Culture Business + Economy Cities Education Environment + Energy FactCheck **Health + Medicine** Politics + Society Science + Technology

An STI epidemic in young people does not signal sexual abuse

March 15, 2018 6.45am AEDT



Authors



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STIs in < 16 year olds



STIs in people aged < 16 years

	Aboriginal	Non-Indigenous	Proportion in 13-15 yo Aboriginal/ Non Indigenous
STIs < 16 years			
CT	3051	2800	95% ; 99%
NG	1972	319	93%; 88%
Syphilis	122	5	92%; 100%

CT- Susceptibility greatly enhanced by greater presence of columnar epithelial cells in cervix in young women

Source: Kirby Institute ASR 2017

Mandatory Reporting



Mandatory reporting requirements

S/T	Who has to report?	What is reported?
NT	Anybody	A belief that a child has/is likely to suffer harm or exploitation. Health practitioners must report if they believe a child aged 14 or 15 years has/is the victim of a sexual offence, and the age different between the child and their sexual partner is greater than 2 years.
WA	Police officers, health professionals, teachers and boarding supervisors, and professionals working with families.	Through the course of their work, a belief that a child has/is being sexually abused, or is a risk of being abused, ill-treated exposed or subjected to behaviour which may harm the child.
QLD	An authorised person or public service employee, along with health and education professionals, police officers and child advocates.	A belief that a child has suffered/ is suffering significant harm caused by physical or sexual abuse.
SA	Health professionals.	A belief that a child is at risk of significant harm.

Early sexual debut

Median age of sexual debut for Aboriginal people is between 15 and 16 years of age and for non Indigenous Australians 16 and 17- meaning that around half of the population have first sex earlier than age of consent in most jurisdictions (currently 16).

Summary of this issue

Early sexual debut, mandatory reporting, child sexual abuse and STIs are complex issues all playing into public discourse which is not helpful for us working in the field nor the communities we work for.....

Summary

Education, housing, access to health services

Its about addressing determinants of early sexual debut

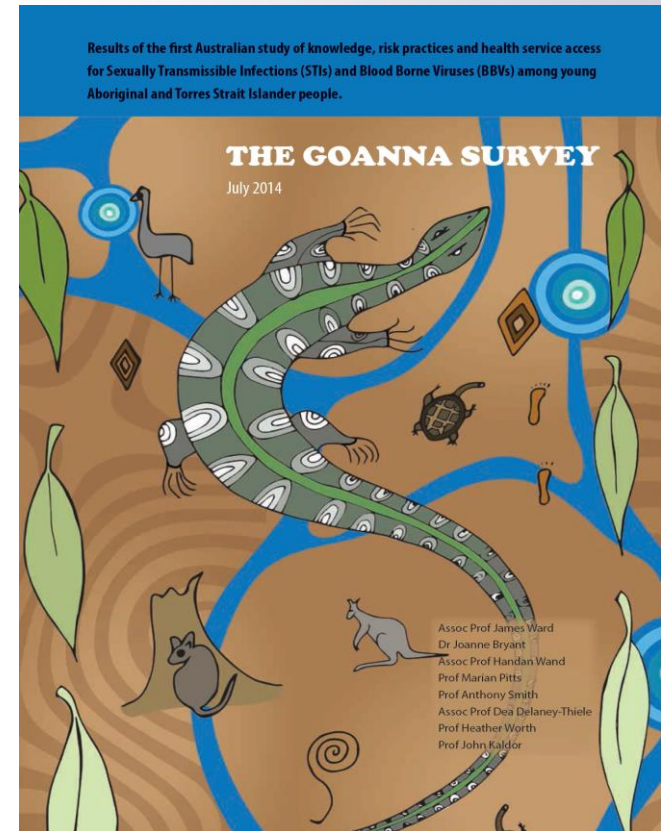
We need to do much more about improving literacy around early sexual debut, mandatory reporting, child sexual abuse and healthy relationships.

We cant rely on the education system to do this.

Mandatory reporting often imposed from top- young people who mature into sexual beings have little idea about these issues.

the GOANNA study

- National cross sectional survey of Aboriginal and Torres Strait Islander people aged 16-29 years
- Assessed knowledge, risk factors and health service access for STIs and BBVs
- Collaboration involving every jurisdiction health Departments and ACCHS orgs



Methods

- Series of cross-sectional surveys
- 2 survey collection events each year (total 16 p.a.)
- Aboriginal and Torres Strait Islander cultural events
- GOANNA 1 – 2877 participants
- Baseline data
- GOANNA 2 underway

RECRUITMENT METHODS



QLD

Who was in the survey?

Female 60%

Male 40%

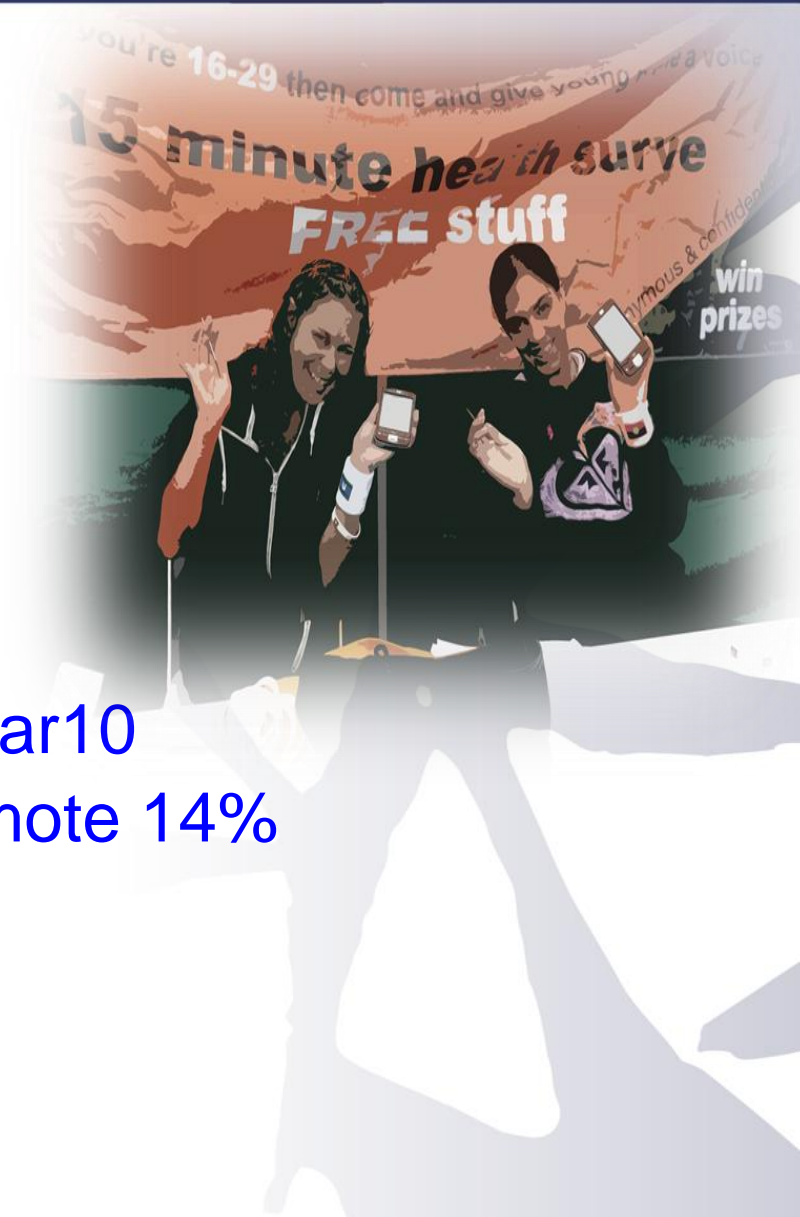
median age 21

Aboriginal 88%

Torres Strait Islander 5%

Both 7%

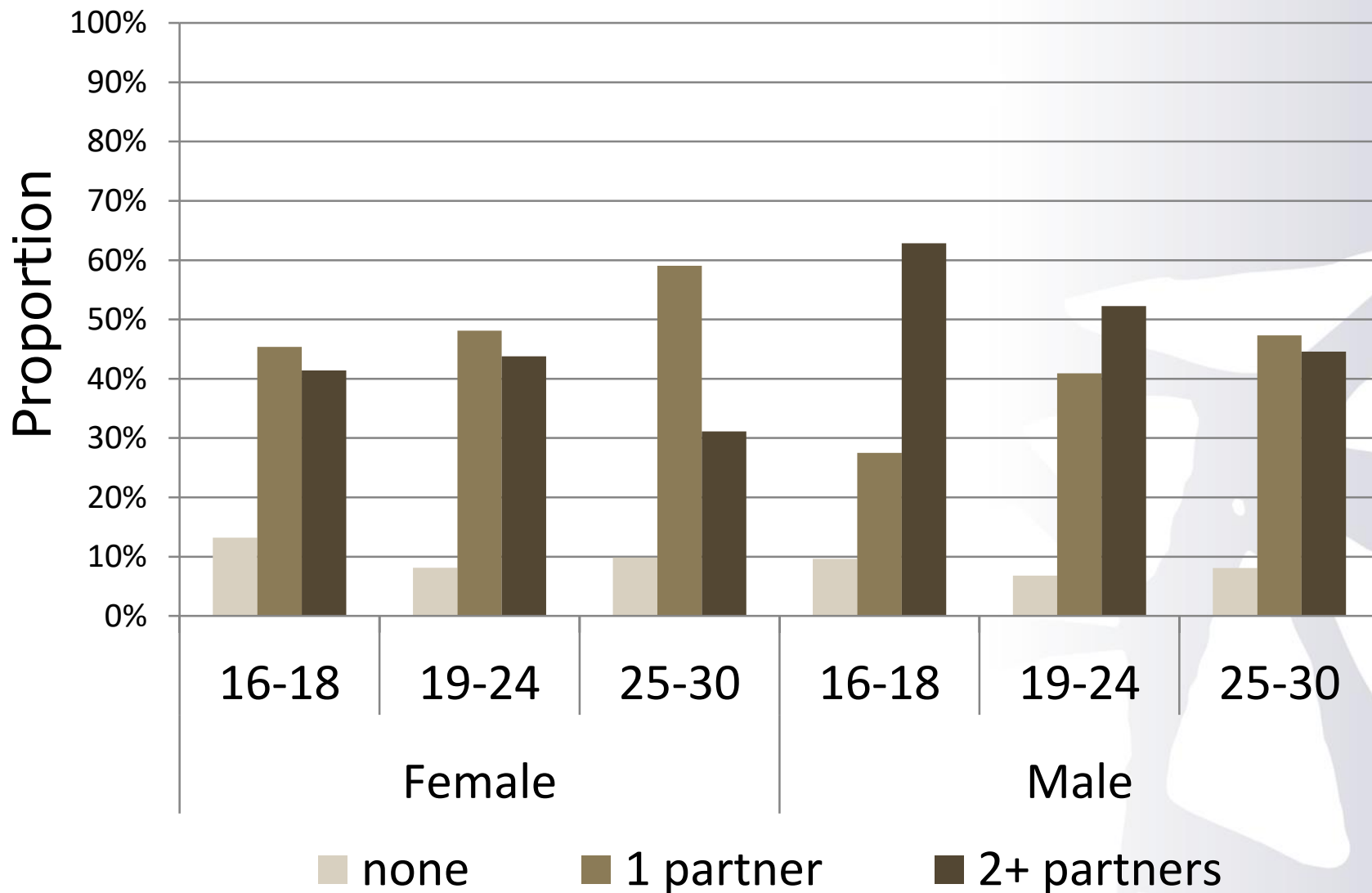
- Single 58%
- Heterosexual 91%
- 45% Education higher than Year10
- urban 45%, regional 41% , remote 14%



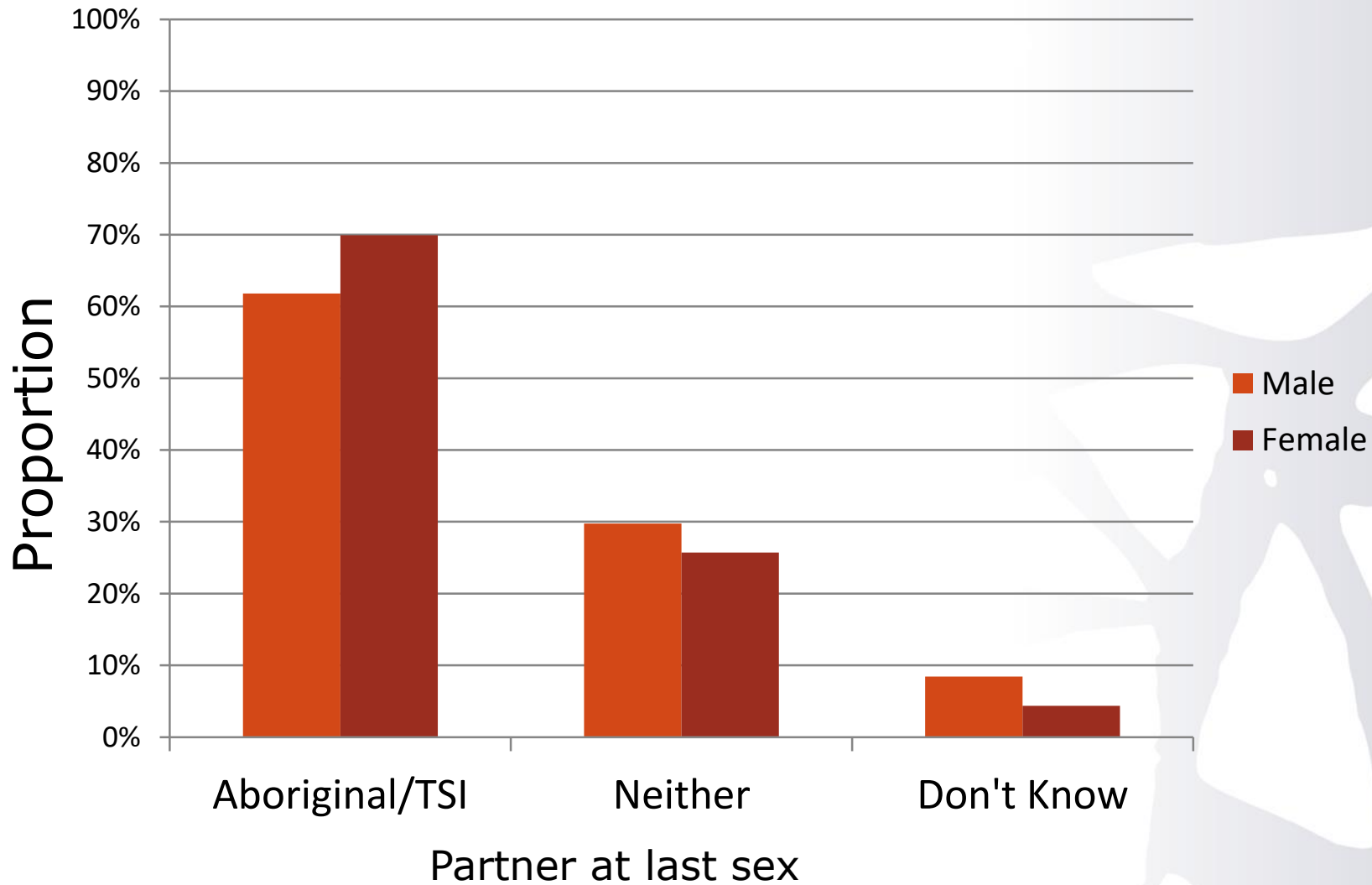
First Sexual Experience

Experience	Females	Males
Never had Sexual intercourse	17%	16%
First Sexual Intercourse	16 years (IQR: 15-17)	15 years (IQR: 14-16)
First Oral Sex	16 years (IQR: 15-18)	15 years (IQR: 14-16)

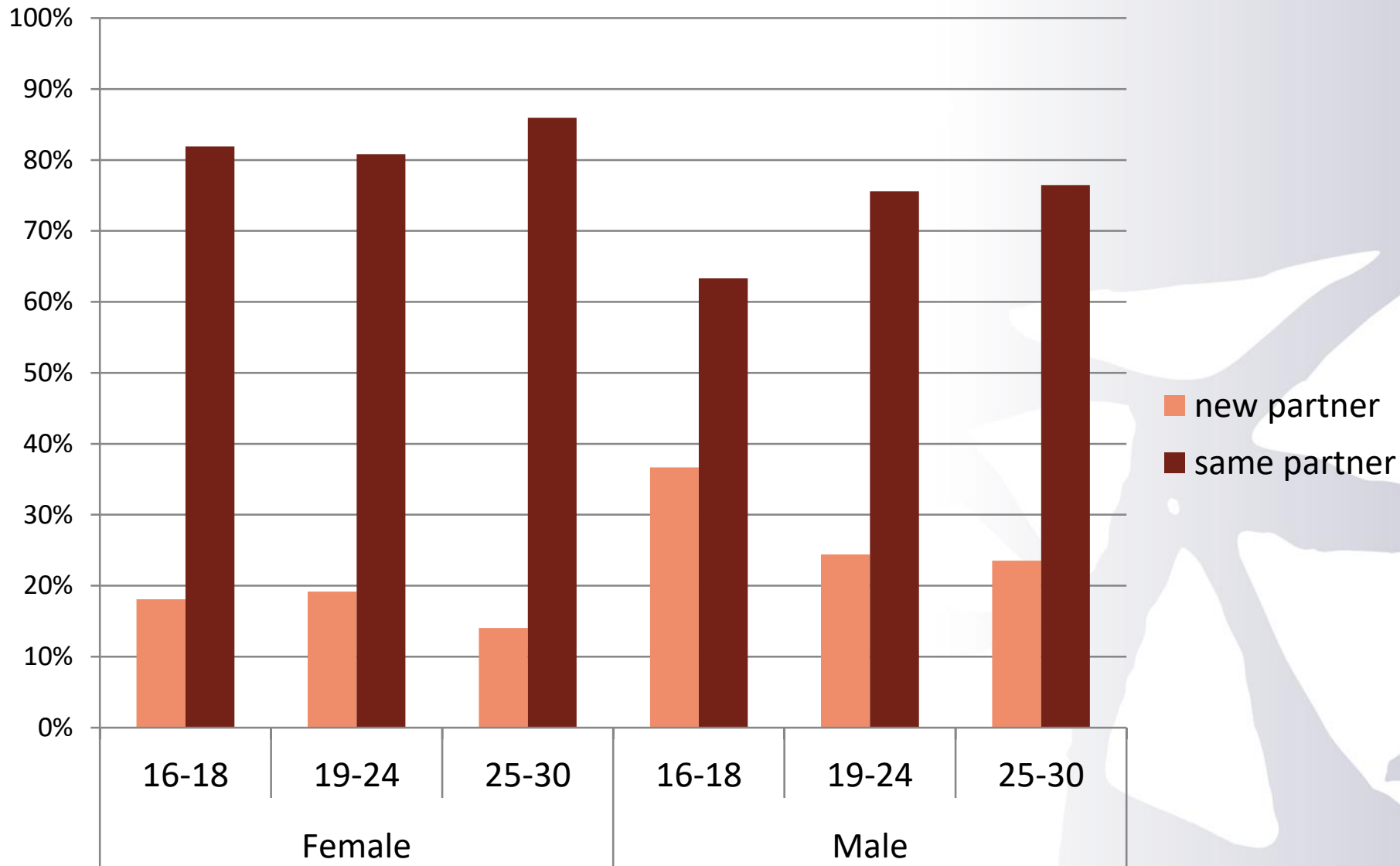
Sexual partners in the last year



Last Partner Aboriginal or Torres Strait Islander



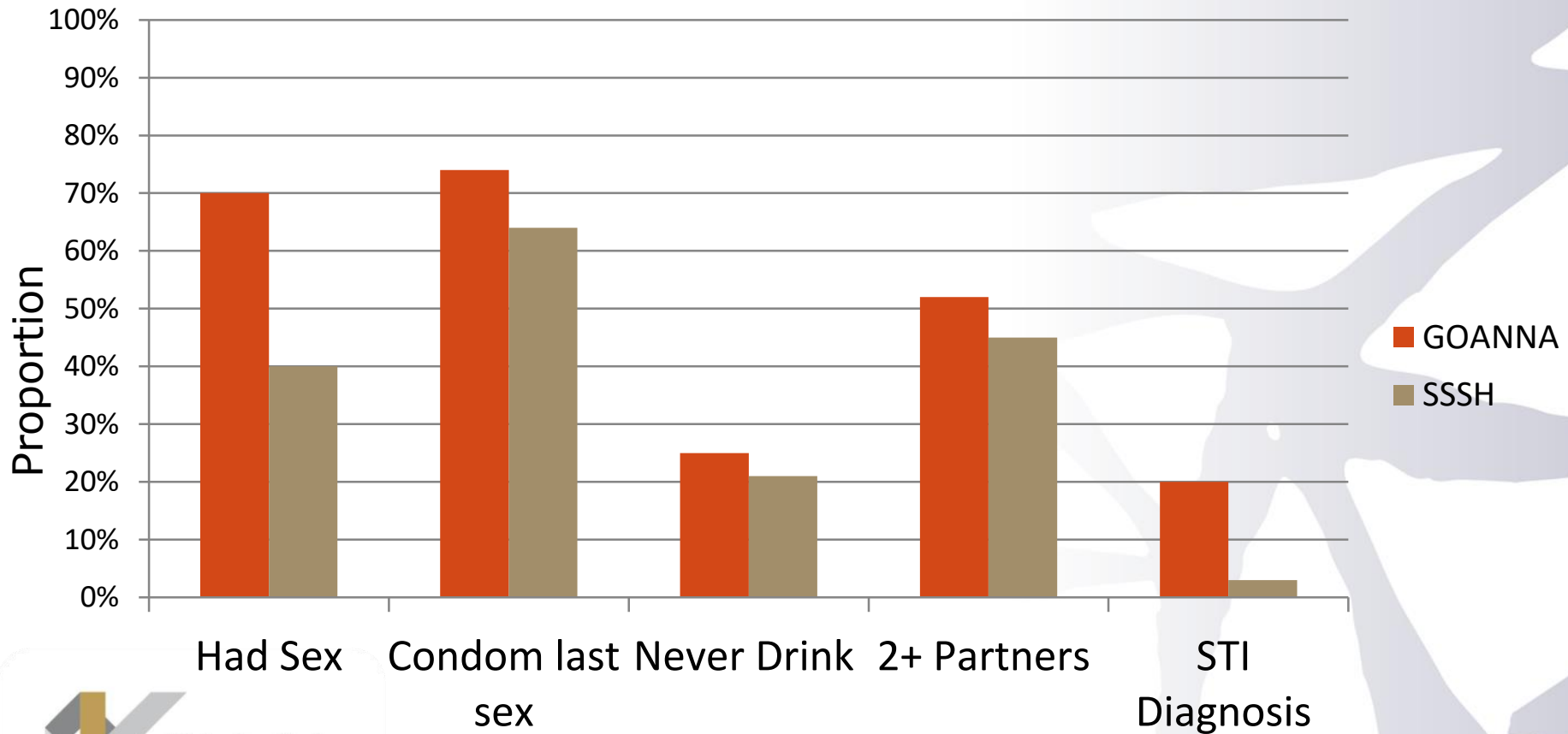
Partner at last sex



Risk Behaviours

comparing Goanna & School Students Sexual Health Survey

16-18 year olds



Kirby Institute

Website hosts:

Two national campaigns

Young, Deadly, Syphilis Free campaign

- Animations
- Infographics
- TV commercials
- Posters
- Social media campaign

Remote STI & BBV Project (Young Deadly Free)

- Peer education for young people
- Fact sheets for young people
- Additional infographics & animations
- Resources for people of influence (under development)
- Resources for clinicians (under development)

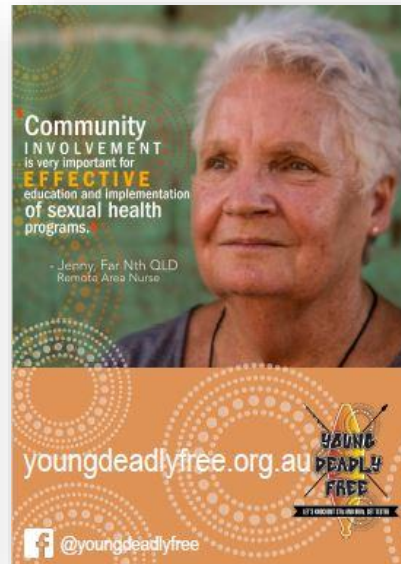
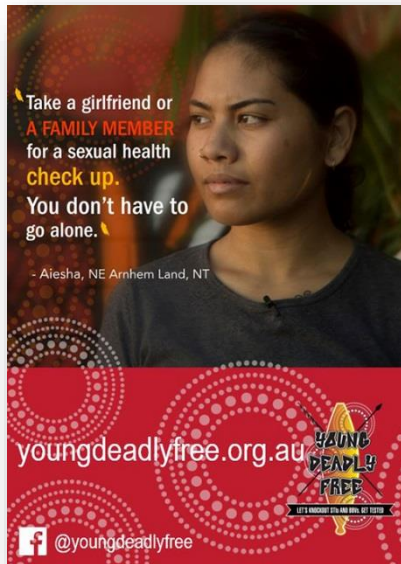


TV commercials



- Both new TV commercials are available to view at:
youngdeadlyfree.org.au/young-deadly-syphilis-free/tv-and-radio/

8 - posters



- Full suite of 36 posters available to download and print from:
youngdeadlyfree.org.au/young-deadly-syphilis-free/posters/

Summary

- Huge burden of disease that contributes to young peoples health
- Syphilis epidemic and HIV risk
- Significant evidence emerging to quantify risks for Aboriginal women particularly because of sustained STIs
- Testing rates need to dramatically improve if we are to improve in regional and remote areas
- The ugly public commentary often associated with STIs and young Aboriginal and TSI peoples your role in untangling these issues
- Young peoples behaviours and understanding of STIs
- What we really need is increased focus on policy programming funding that is delivered to communities to make the necessary changes to close these gaps.

Thank you



SAHMRI
South Australian Health &
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