



Queensland Sexually Transmissible Infections (STI) Action Plan 2019–2022

November 2019, Queensland Health



**Queensland
Government**



Foreword

The Queensland Government is committed to reducing the transmission and impact of sexually transmissible infections (STIs) in Queensland. The STI Action Plan acknowledges the current provision of quality STI prevention, testing and treatment services within primary health care, sexual and reproductive health services, and HIV management services across Queensland and will complement and strengthen existing and ongoing work in these areas. The success of the Action Plan requires a system-wide response to sexual health issues through primary health care, non-government organisations, the Queensland Department of Health and Hospital and Health Services. Sexual health is everyone's business.

Queensland Health recognises the important roles of key service providers including GPs; primary health care; maternity, youth, mental health and alcohol and other drug services; and school teachers, and will work with partners to focus on the following priorities:

- Increasing testing coverage in priority populations to reduce the number of undiagnosed STIs in the community.
- Reducing transmission, improving health outcomes and addressing stigma for people diagnosed with STIs.
- Eliminating congenital syphilis.

The success of these efforts depends not on reaching all people but on reaching the right people, acknowledging the complexity of people's lives and lived experience and understanding that a range of messages and approaches will be required.

The *Queensland Sexually Transmissible Infections Action Plan 2019–2022* aligns with and complements the *Queensland Sexual Health Strategy 2016–2021*, the *Queensland Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Action Plan 2019–2022*, the *North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections Action Plan 2016–2021*, the *Fourth National STI Strategy 2018–2022* and the *Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022* and provides a comprehensive approach to STI prevention and control in Queensland. The Action Plan will be enhanced by state-wide campaigns and supported by research and surveillance.

STIs at a glance

- The majority of STI testing and treatment occurs in general practice and other primary health care settings. STIs are often asymptomatic—they are easily transmitted by people who may not know they have an infection. Untreated STIs can have serious consequences such as Pelvic Inflammatory Disease, infertility and increased risk of HIV acquisition.
- Chlamydia is the most commonly notified STI in Queensland with 23,457 chlamydia notifications in 2018. It is estimated that three quarters of chlamydia infections among young Australians remain undiagnosed and untreated.
- In 2018 there were 4,855 gonorrhoea notifications in Queensland.
- Although less common than chlamydia and gonorrhoea, syphilis notifications are increasing significantly, with 1,446 cases diagnosed in Queensland in 2018.
- The importance of some STIs is emerging and clinical understanding is evolving as more evidence emerges for testing, treatment and management of these infections.

The Hon Steven Miles MP

Minister for Health and

Minister for Ambulance Services

GOAL

In collaboration with the community we will reduce the transmission of STIs in Queensland by 2022 and minimise their associated personal and social impacts.

Target populations	Young people, Aboriginal and Torres Strait Islander people, men who have sex with men, transgender/gender diverse people, females of reproductive age, pregnant women, sex workers, culturally and linguistically diverse people, travellers and mobile workers and people in custodial settings. Service providers including general practitioners, sexual health services, Aboriginal and Islander Community Controlled Health Organisations (AICCHOs), practice nurses, school-based youth health nurses, community-based organisations, family planning organisations, educators, and <i>Fourth National Sexually Transmissible Infections Strategy 2018–2022</i> stakeholders.				
Key settings	Community and primary health settings including general practice and Aboriginal and Islander Community Controlled Health Organisations (AICCHOs); Hospital and Health Services (HHSs); custodial settings; community pharmacies; community-based and peer-based services, homeless, youth and mental health services, alcohol and other drug services; schools; online and other emerging innovative testing settings; workforce and training sectors and research settings.				
Outcomes	1. A comprehensive approach to reduce STI transmission is implemented	2. Increased voluntary testing for STIs	3. Increased treatment uptake by people with STIs	4. Increased awareness of STI transmission and reduced stigma and discrimination related to STIs	5. Improved surveillance, monitoring, research and evaluation
Priority actions	1.1 Implement and evaluate targeted, evidence-based STI health promotion, prevention and peer education programs. 1.2 Continue to fund and support the development and delivery of targeted social marketing strategies that focus on: <ul style="list-style-type: none"> • general information about STIs and related vaccinations • the importance of testing for STIs • monitoring and treatment options. 1.3 Promote increased access to and use of condoms, water-based lubricant and other safer sex strategies and reinforce the central role of condoms in the prevention of STIs. 1.4 Improve knowledge and awareness among primary care professionals of the full range of prevention methods available. 1.5 Collaborate and consult with priority populations to ensure programs are culturally informed and co-designed.	2.1 Improve the frequency and targeting of testing for priority populations by: <ul style="list-style-type: none"> • improving the knowledge and awareness of health professionals and community-based health workers of evidence-based clinical guidelines for STI testing • promoting the personal and public health benefits of regular STI testing. 2.2 Promote and improve access to a range of innovative STI testing methods including opportunistic testing, point of care testing, online or home-based testing. 2.3 Promote routine STI testing for all pregnant women and for travellers returning from high prevalence countries. 2.4 Review the Aboriginal and Torres Strait Islander drug replacement program for chlamydia, gonorrhoea and trichomoniasis in 2020.	3.1 Strengthen partnerships and scale up successful innovative models of STI service delivery and engagement in treatment and care. 3.2 Support service improvements and quality assurance processes to enhance the provision of STI testing and treatment in pregnant women in line with the <i>Queensland Syphilis in Pregnancy Guideline</i> . 3.3 Develop, update and promote the use of evidence-based clinical guidelines and resources for STI testing and treatment. 3.4 Support approaches to enhance partner notification systems, partner management and treatment including expedited or patient delivered partner therapy (PDPT) for chlamydia.	4.1 Support and enable a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with STIs and works to normalise STI testing. 4.2 Increase the capacity for STI testing, treatment and care for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds. 4.3 Implement a range of initiatives to address STI-related stigma and discrimination and minimise the impact on health outcomes. 4.4 Monitor and address the legislative, regulatory and policy environment which impact on access to testing, treatment and management.	5.1 Support innovative strategies and emerging models of service delivery that enhance STI prevention and control. 5.2 Support implementation of the <i>Queensland BBV/STI Research Strategy 2018–2021</i> and consider recommendations to improve: <ul style="list-style-type: none"> • the integration of STI testing into routine care • early diagnosis • time to treatment • partner notification • general management. 5.3 Continue to monitor trends in knowledge and attitudes about sexual health, sexual health behaviours and related stigma and discrimination among priority populations and use this to inform health promotion strategies and materials. 5.4 Strengthen surveillance systems by refining processes for identifying, monitoring and collaboratively addressing emerging issues including antimicrobial resistance (AMR). 5.5 Develop the capacity of health infrastructure to respond effectively to outbreaks and epidemics at regional and local levels.

MEASURING PROGRESS

Various indicators will be used to monitor the effectiveness of this action plan.

Outcomes	1. A comprehensive approach to reduce STI transmission is implemented	2. Increased voluntary testing for STIs	3. Increased treatment uptake by people with STIs	4. Increased awareness of STI transmission and reduced stigma and discrimination related to STIs	5. Improved surveillance, monitoring, research and evaluation
Indicators	<p>State-wide sexual health campaign market research and evaluation outcomes.</p> <p>Source of data: Strategic Communications Branch, Department of Health.</p> <p>Frequency: Aligned with campaign activity</p> <hr/> <p>Number and evaluation outcomes of targeted campaigns to raise awareness of STIs in specific settings or among specific populations (e.g. letstreatsyphilis.info).</p> <p>Source of data: Funded service provider reports.</p> <p>Frequency: Annual</p> <hr/> <p>Number of condoms distributed by funded service provider programs (e.g. Wrapped 'N Ready).</p> <p>Source of data: Funded service provider reports.</p> <p>Frequency: Annual</p> <hr/> <p>Evidence of appropriate consultation with priority populations or their representative community organisations for targeted projects.</p> <p>Source of data: Funded service provider reports. Communicable Diseases Branch, Department of Health.</p> <p>Frequency: Annual</p> <hr/>	<p>Research phase of 13 HEALTH webtest pilot project completed in 2020.</p> <p>Source of data: Communicable Diseases Branch and Health Contact Centre, Department of Health.</p> <p>Frequency: 2020</p> <hr/> <p>Number of community-based rapid peer-delivered point of care tests provided for syphilis, gonorrhoea and chlamydia.</p> <p>Source of data: Funded service provider reports.</p> <p>Frequency: Annual</p> <hr/> <p>Completed review of the Aboriginal and Torres Strait Islander STI drug replacement program for chlamydia, gonorrhoea and trichomoniasis.</p> <p>Source of data: Communicable Diseases Branch, Department of Health</p> <p>Frequency: June 2021</p> <hr/>	<p>Enhanced provision of STI testing and treatment of pregnant women in antenatal care.</p> <p>Source of data: Funded service provider reports.</p> <p>Frequency: Annual</p> <hr/> <p>Number of downloads, distribution and training for key STI resources (e.g. syphilis in pregnancy guideline, STI testing tool).</p> <p>Source of data: Communicable Diseases Branch, Department of Health.</p> <p>Frequency: Annual</p> <hr/> <p>Number of workforce training sessions provided (e.g. Deadly Sex Congress, sexual health training for people in maternity services).</p> <p>Source of data: Funded service provider reports.</p> <p>Frequency: Annual</p> <hr/> <p>Location and type of clinicians participating in sexual health training.</p> <p>Source of data: Funded service provider reports.</p> <p>Frequency: Annual</p> <hr/>	<p>Training course material of funded service providers includes modules on stigma and discrimination, specific to priority populations.</p> <p>Source of data: Funded service provider reports.</p> <p>Frequency: Annual</p> <hr/> <p>Outcome evaluations of training modules which contain content regarding stigma and discrimination indicate increased awareness.</p> <p>Source of data: Funded service provider reports.</p> <p>Frequency: Annual</p> <hr/> <p>Impact of the 'Stop the Rise of STIs' sexual health campaign on reducing stigma-related barriers to STI testing by young people as measured by post-campaign evaluation.</p> <p>Source of data: Strategic Communications Branch, Department of Health.</p> <p>Frequency: Aligned with campaign activity</p> <hr/>	<p>Weekly, quarterly, year-to-date and annual reporting of STI notifications, including congenital syphilis.</p> <p>Source of data: Notifiable Conditions System, Communicable Diseases Branch, Department of Health.</p> <p>Frequency: Weekly, quarterly, annual</p> <hr/> <p>Continue to engage with private laboratory providers to obtain, and report on Queensland STI testing data.</p> <p>Source of data: Communicable Diseases Branch, Department of Health, Laboratory Reference Group, relevant Primary Health Networks.</p> <p>Frequency: Annual</p> <hr/> <p>Completed pilot phase and test of scale up for an integrated model of chlamydia case management in general practice.</p> <p>Source of data: National Health and Medical Research Council partnership grant update from the University of Melbourne.</p> <p>Frequency: 2022</p> <hr/> <p>Health promotion strategies and materials are informed by trends in knowledge and attitudes about sexual health, sexual health behaviours and related stigma and discrimination among priority populations.</p> <p>Source of data: Communicable Diseases Branch, Strategic Communications Branch, Department of Health. Funded service provider reports.</p> <p>Frequency: Annual</p> <hr/>

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