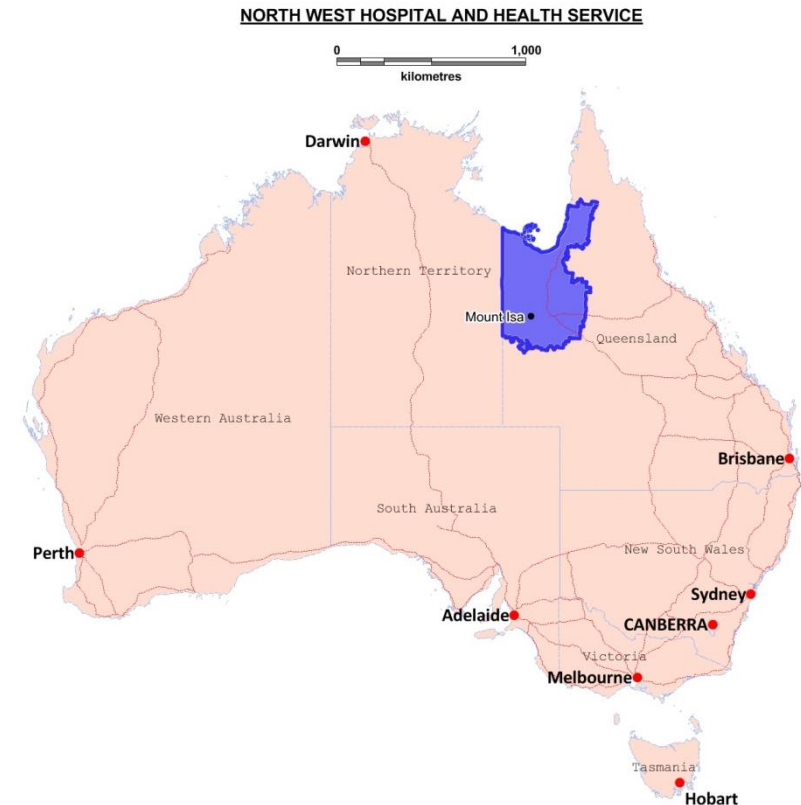


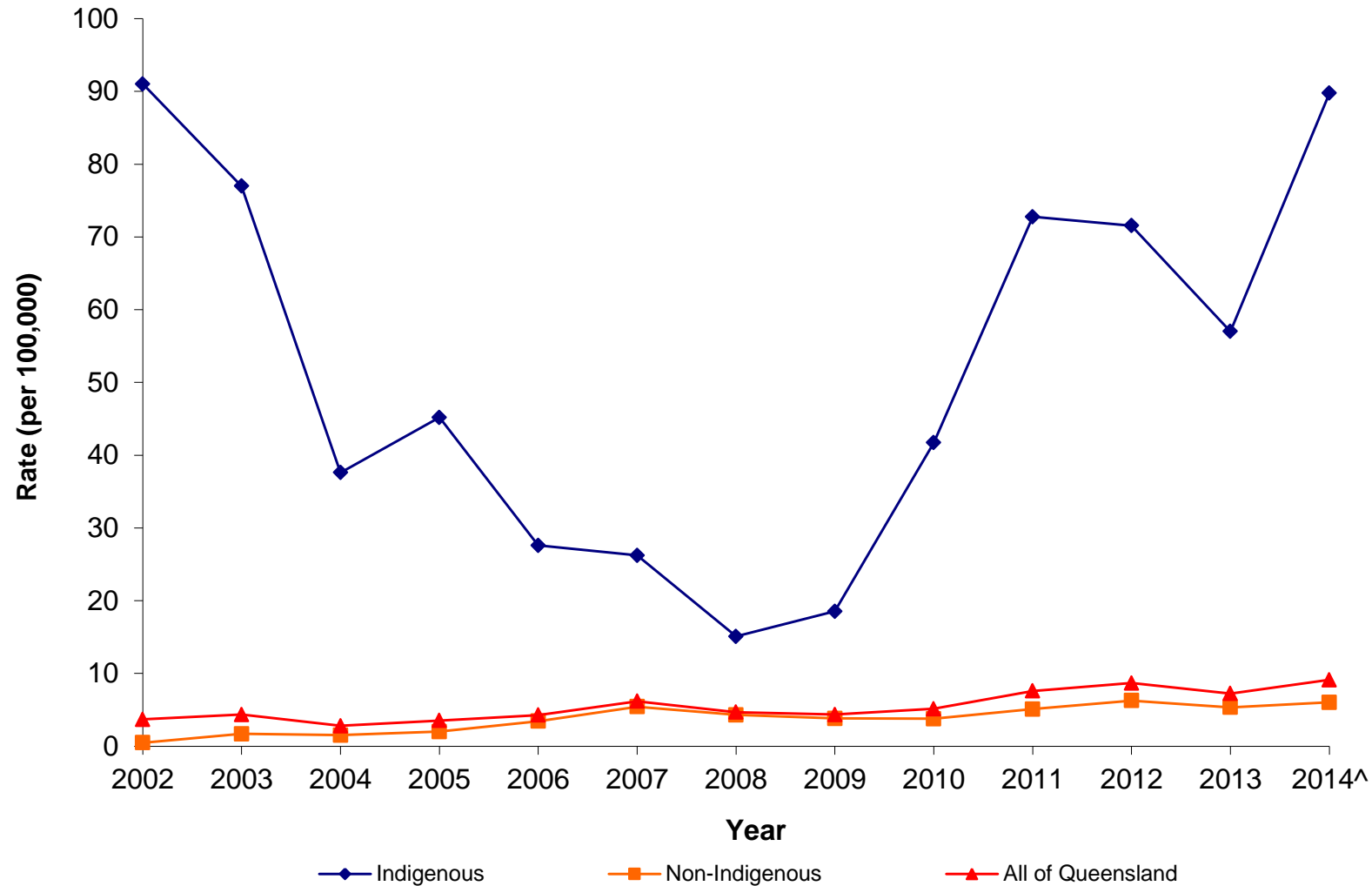
Clinical challenges and innovation across North Queensland at Sexual and Public Health Services.

Arun Menon, Clinical Director, Townsville/ Mackay/ Mt Isa Sexual Health Service

Mt Isa Sexual Health Service
Health Workers in Mt Isa Region
Townsville Sexual Health Service
Tropical Public Health Services
The Syphilis Register
Mackay Sexual Health Service
Communicable Disease Unit (QLD Health)



Infectious syphilis in Queensland by Indigenous status, 2002-2014*



* Data extracted on 15/07/2014

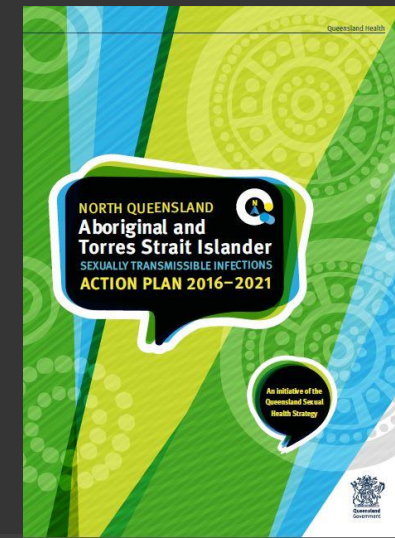
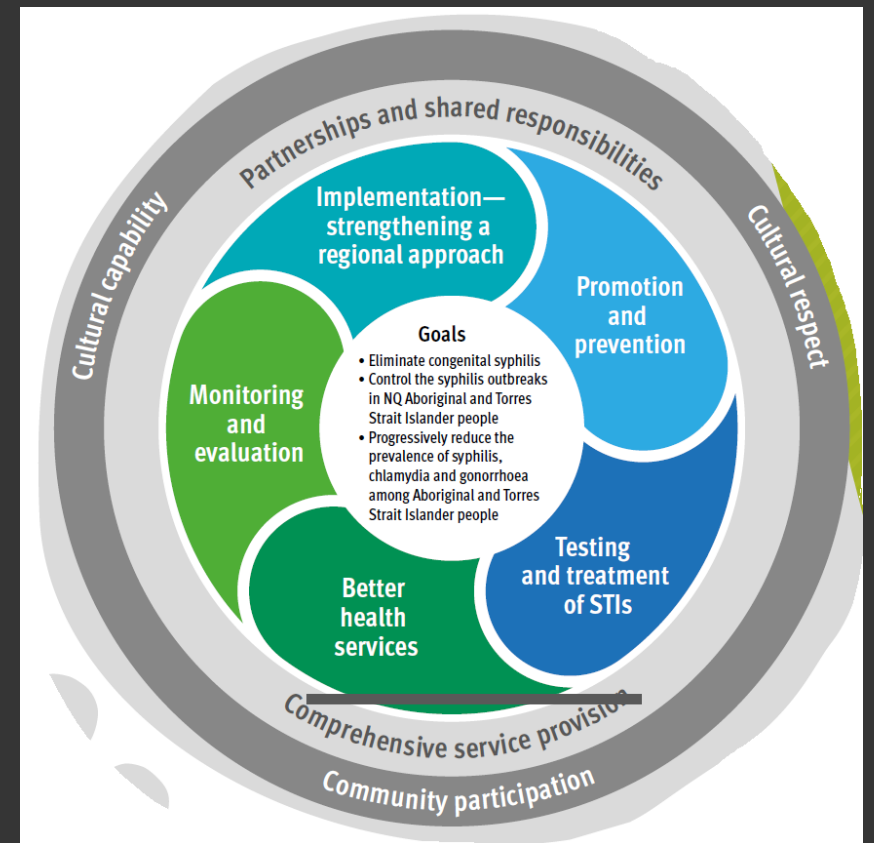
^ Rate calculated on a proportion of the total population

Source: NOCS

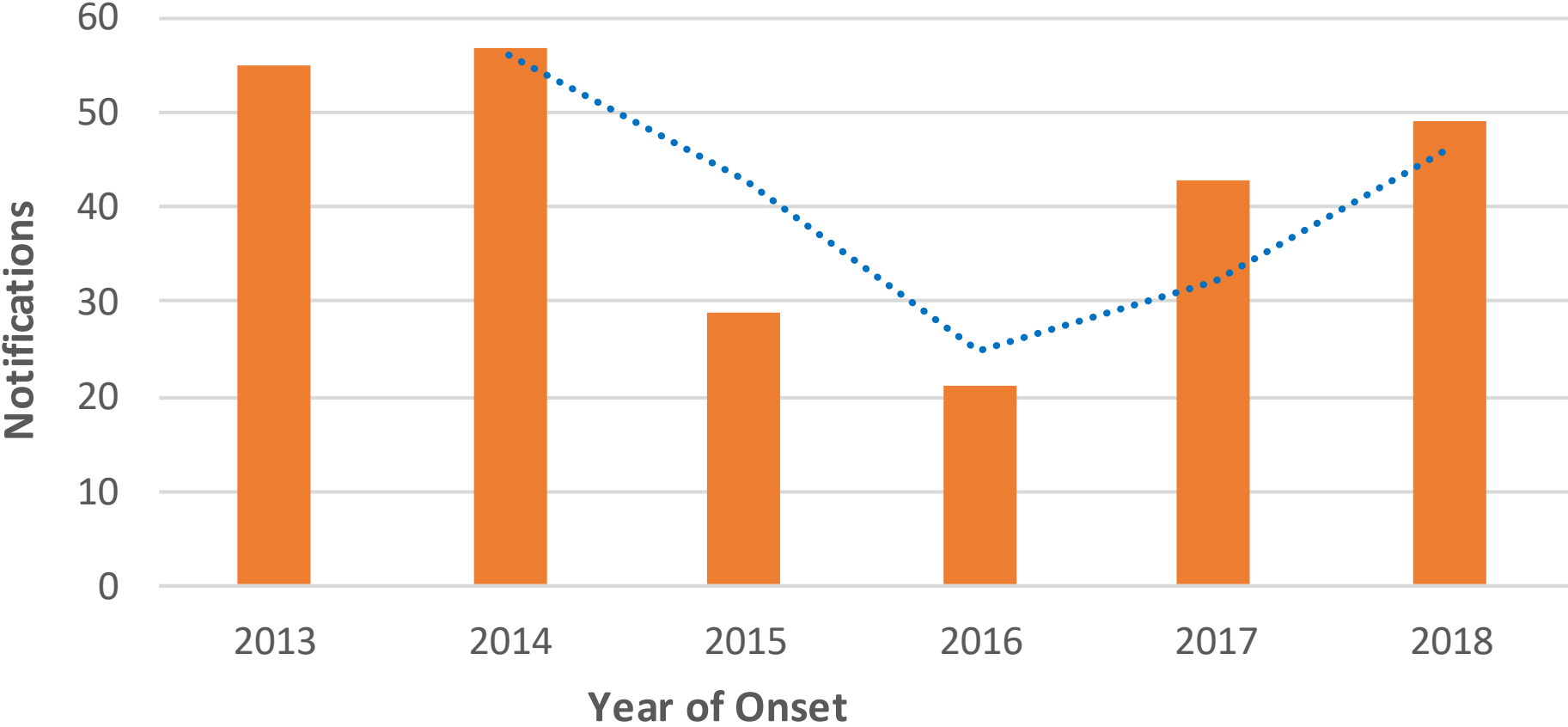
Action Plan Goals

1. **Eliminate congenital syphilis** in Aboriginal and Torres Strait Islander babies in North Queensland by December 2017.
2. **Control the syphilis outbreaks** in the North Queensland Aboriginal and Torres Strait Islander population by December 2020.
3. **Progressively reduce the prevalence** of syphilis, chlamydia and gonorrhoea among Aboriginal and Torres Strait Islander people in North Queensland.

\$15.8M over 3 years



All Persons Syphilis Notifications in North West Hospital and Health Service, by Year, 2016 - 2018



1/3 of the cases are in 15-19 age group and 4 are 15 + one 13 yrs old

..... 2 Year moving Average

No significant Change in Testing levels

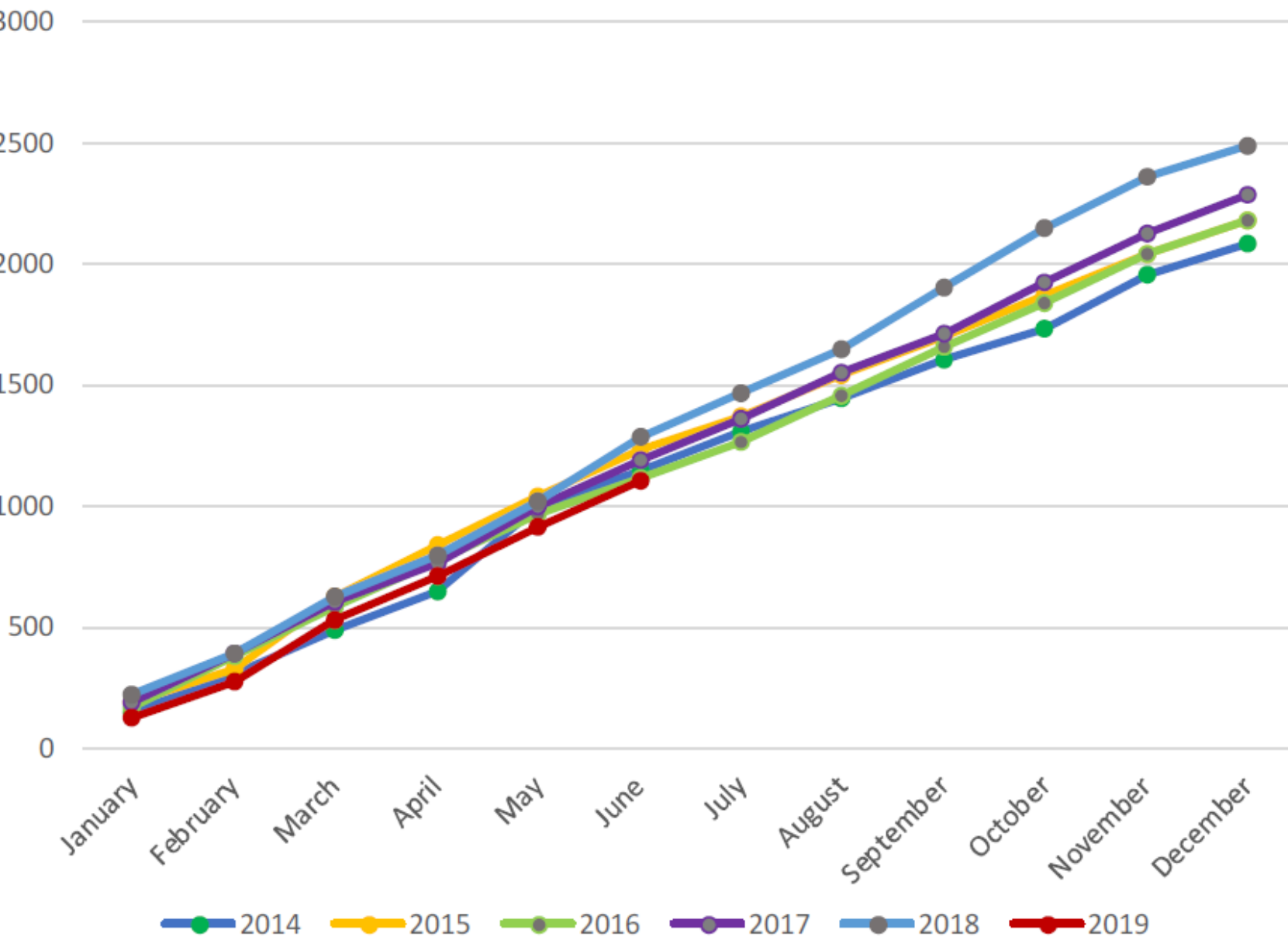
HIV – Its arrived.....and Congenital Syphilis

- ▶ Prior to 2015, only 1-2 diagnoses per year in Aboriginal and Torres Strait Islander people at Cairns Sexual Health Service.
- ▶ In 2016: 12 new Aboriginal and Torres Strait Islander people with HIV diagnoses, most in gay men/MSM.

and its our communities Mt Isa and Townsville.

No Congenital Syphilis cases but the risk of Congenital syphilis is still here as evidenced by ongoing diagnosis of syphilis in pregnant women

Cumulative Syphilis Tests, 15- 40 Years old Indigenous Persons, North West Hospital and Health Service, 2014 to 31 July 2019




- At best an addition 50 tests a week;
- The late surge in 2018 in testing came from Gidgee Healing involvement.
- In 2019 testing of males has halved
- Not sure how many people have been offered testing and declines



Syphilis Screening in The North West and Townsville Hospital and Health Service Emergency Departments

Katie Edmondson

CNC Contact Tracing Support, Townsville Sexual Health



Add on testing Mt Isa 2013 and Dec 2018 in Townsville

- Syphilis tests to be added-on routinely:
 - Tests to be added-on to clients meeting criteria:
 - Age 15-40 years
 - Aboriginal and Torres Strait Islander clients only
 - Having blood tests as part of their care
 - Did not decline testing during their ED stay
- Syphilis to be added-on to existing blood test order in ED retrospectively by Sexual Health staff
- Mechanisms in place to avoid over-testing

Add on Testing from all sites in the NWHHS 2018-19

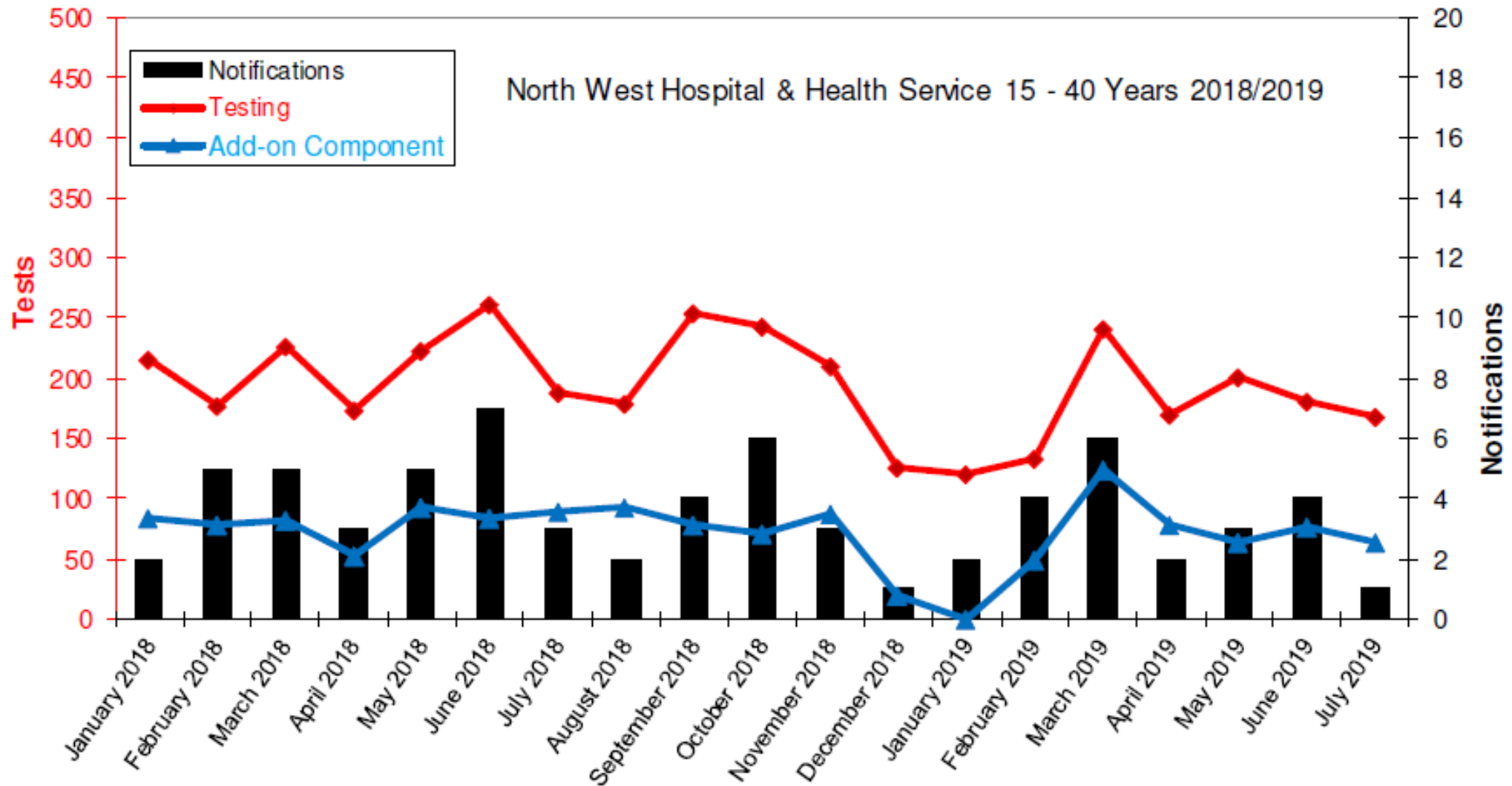


Table 4. Indigenous testing and presentations to the Mount Isa Emergency Department by Month for those aged 15-40 years, and number of add-on tests ordered in 2019, (as of 09/05/19)

Month	Indigenous Tests	Indigenous Presentations	Percent (%) Tested	Add-On Tests Ordered*
Aged 15 - 40 Years				
January	13	197	6.6	0
February	40	162	24.7	36
March	95	165	57.6	107

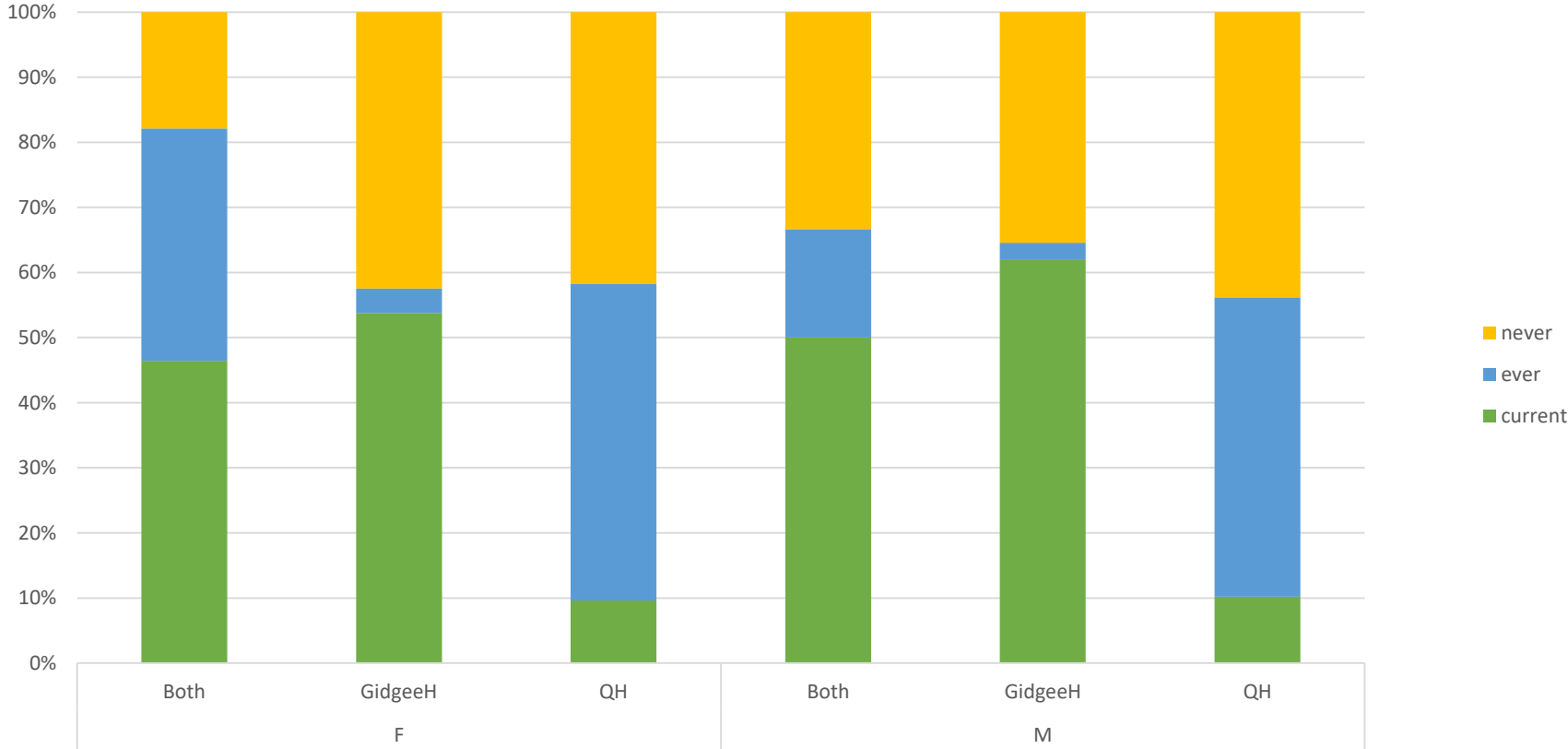
* For a range of reasons (blood clotted, insufficient sample, recent testing, etc) not all tests added on are performed. When the information is available, tests which were ordered but not performed are not included in this data.

Plan is to set up a Sexual Health Outreach Service in ED;
Discussions ongoing

Approach 2 Population lists

- Gidgee Healing are now providing outreach PHC services to a number of communities
- Both Sexual Health and Gidgee Healing have constructed population lists of people accessing care in the communities
- Frightfully time consuming process and fraught with difficulties about sharing data. No data agreements in place currently.
- Preliminary analysis
- The model is based on the 715s and is very Doctor Dependent

Syphilis Screening Combined Data Qld Health and Gidgee Healing 2018-June 2019



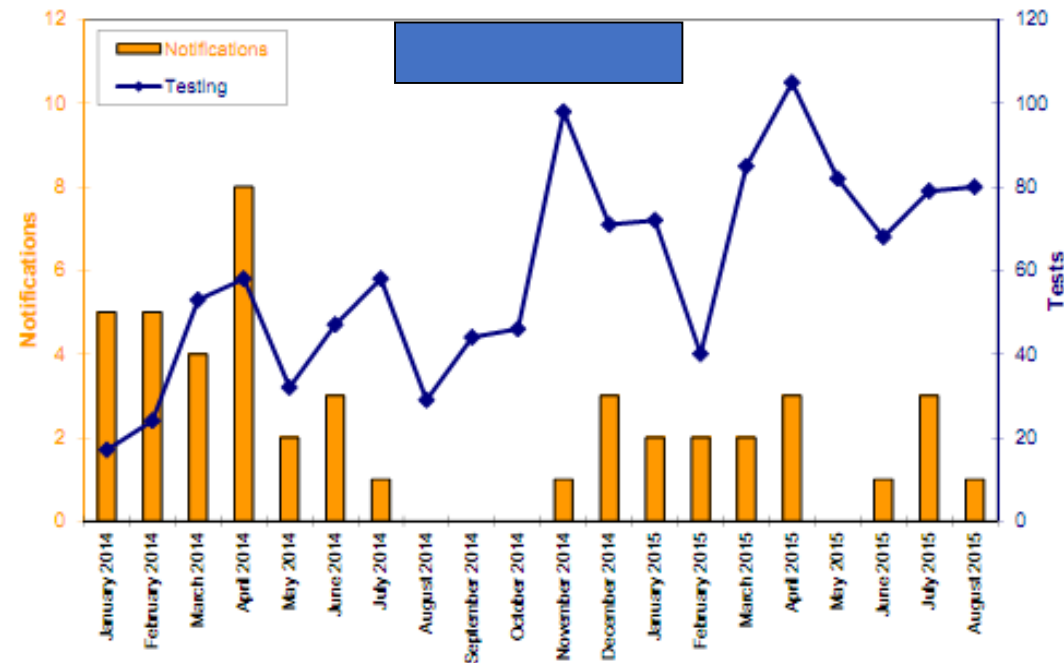
FIFO model may not be the answer...
The Fiona effect...eg 2015.

1

3

	Total	Infectious syphilis
Jan- August 2015	530	13

	Total	Infectious syphilis
Jan-July 2015	219	1



Pulling it together.....

- Meaningful Community engagement; We have not managed to engage the population at risk of Syphilis. We are out of our depth. There is no genuine partnership
- The Aboriginal Health workforce needs developing
- Better tools for diagnosis, treatment and follow up
- Epidemiologist looking at real time data
- Its not just about Syphilis,
- **Fundament Sexual Health and social issues need addressing**
- but

NACCHO

The ongoing crisis in Indigenous (sexual) health is due to generations of neglect, lack of cohesive public policy and failure to provide sufficient resources and ensure that they reach people on the ground.

The underlying causes of poor Indigenous health can be attributed to social and economic exclusion, unemployment, low income, poor housing and sanitation, poor education, and lack of adequate nutrition. Despite suffering from much worse health than other Australians, indigenous people generally have much less access to health care services.

Historically, Indigenous people have had little power to influence these factors and the public policy decisions that affect their lives and health.

I believe that the progress needed can only be accelerated through a deeper partnership with the states and territories and with Aboriginal and Torres Strait Islander Australians. Top-down does not work, only partnerships do. Scott Morrison 2019 Close the Gap Report

Questions/ Discussion