



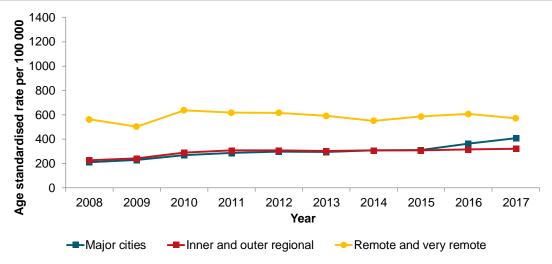
Trends in STI diagnoses in Australia

Professor Rebecca Guy | 1 November 2018

UNSW



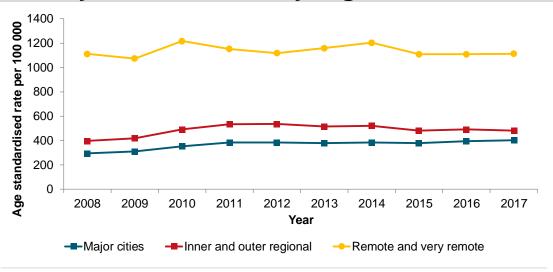
Chlamydia in males, by region







Chlamydia in females, by region

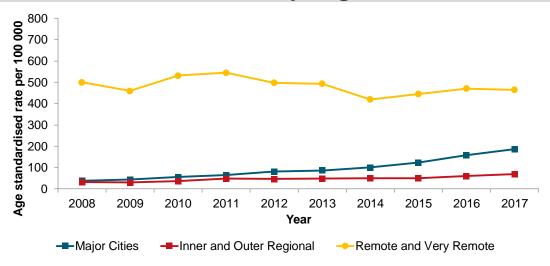


Source: State and territory health authorities

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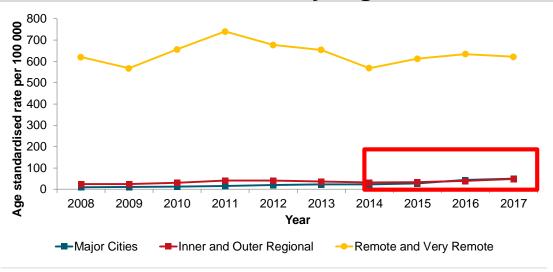
Gonorrhoea in males, by region







Gonorrhoea in females, by region

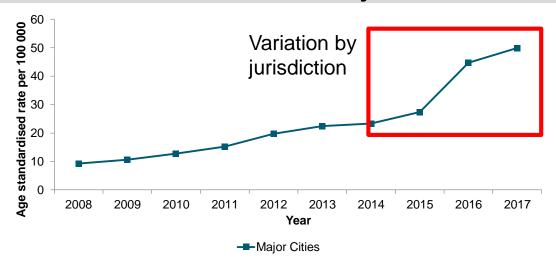


Source: State and territory health authorities

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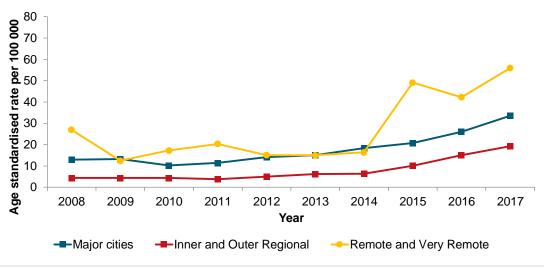
Gonorrhoea in females in major cities







Infectious syphilis in males, by region

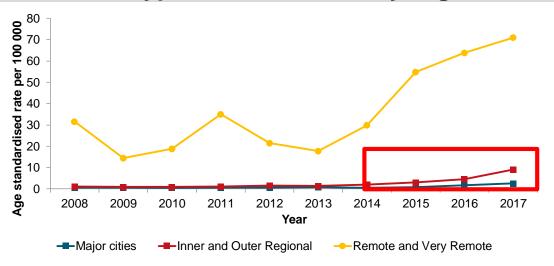


Source: State and territory health authorities

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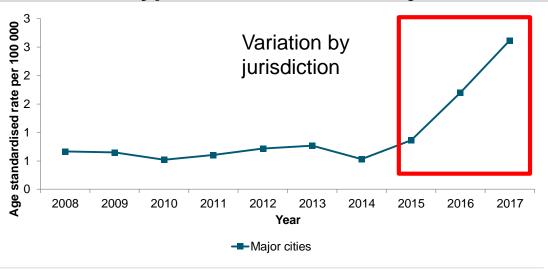
Infectious syphilis in females, by region







Infectious syphilis in females, major cities

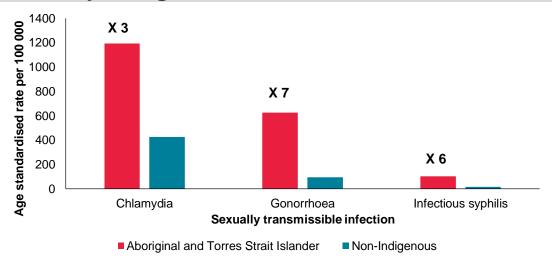


Source: State and territory health authorities

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STIs, by Indigenous status, 2017

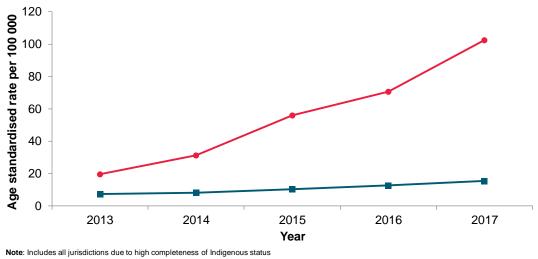


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Infectious syphilis, by Indigenous status



Source: Australian National Notifiable Diseases Surveillance System





Summary

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- STIs notification rates 3-7 times higher in Indigenous people, gap greatest in remote
- Ongoing syphilis outbreak in regional/remote Northern Australia 0
- High rates of STIs in men in major cities (men who have sex with men)
 - Long term trend 0
 - More testing comprehensive and frequency
 - Switch from culture to PCR at some major labs
 - HIV biomedical prevention, reduced condom use
- Increasing rates gonorrhoea and syphilis in heterosexuals in major cities - variation by jurisdiction

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Strengths and limitations

Strengths

- Testing denominator data
- STI incidence in MSM and FWSs from sexual health clinics
- Cascades of care chlamydia and gonorrhoea

Limitations

- Indigenous data only reported for four states (chlamydia)
- Enhanced data (sexual orientation), only available nationally for syphilis and HIV

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Acknowledgements

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- Annual Surveillance Report Advisory Committee
- National BBVSTI Surveillance Subcommittee

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