

DEVELOPING INTEGRATED STI CARE CASCADES TO SUPPORT CLINICAL CARE AND SURVEILLANCE IN ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES

Authors:

El-Hayek C¹, Williams S¹, West R¹ (Biripi), Mohotti W¹, Ward J¹ (Pitjantjatjara and Narungga), on behalf of the ATLAS Indigenous Primary Care Surveillance Network

¹The University of Queensland, Poche Centre for Indigenous Health

Introduction: Effective STI management requires person-centred care delivered through routine testing, prompt treatment, and regular follow-up with multiple infections addressed in a coordinated way. National guidelines recommend regular asymptomatic testing for chlamydia, gonorrhoea, syphilis and HIV among Aboriginal and Torres Strait Islander people aged <30 years, which expands to <35 years and includes trichomoniasis in regional/remote settings. Using clinical data from Aboriginal Community Controlled Health Services (ACCHS), we developed integrated STI care cascades to visualise stages of care across multiple STIs to help monitor and enhance coordinated care delivery.

Methods: We used de-identified data from 44 regional/remote and 11 urban ACCHS to estimate number of clients within the following stages of STI care, stratified by region:

Tested: for each STI, any STI, all STIs.

Tested Positive: each, at least one, and multiple STIs.

Treated: within 7 days, 8-21 days, or >21 days.

Retested: within 3 months post-diagnosis.

Repeat Positive: positive on re-test.

Clients with an STI-related event in 2023 were included and counted once in each stage.

Jan-Mar 2024 data allowed follow-up of people diagnosed Oct-Dec 2023.

Results: Of 7,447 urban (15–29 years) and 18,536 regional/remote (15–34 years) clients, 15%(urban) tested for chlamydia and gonorrhoea, 18%(regional/remote) tested for these and trichomoniasis; 13%(urban) and 17%(regional/remote) additionally tested for HIV/syphilis. Of those tested, 14%(urban) and 16%(regional/remote) tested positive for at least one STI. Among those treated, 71%(urban and regional/remote) were treated within 7 days. Chlamydia, gonorrhoea and/or trichomoniasis retesting occurred in 57-68%(urban) and 43-58%(regional/remote) of people diagnosed; repeat positivity ranged from 19-22%(urban) and 17-31%(regional/remote).

Conclusion: The integrated STI care cascades demonstrated strong treatment timeliness and follow-up efforts across multiple STIs. Low testing coverage and high repeat positivity suggest opportunities to improve routine screening and reinfection

prevention. We aim to co-develop these tools with ACCHSs to support locally tailored STI management.

Disclosure of Interest Statement:

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