







## STI rates

#### CHLAMYDIA

Approx 4 x WA rate

#### GONORRHOEA

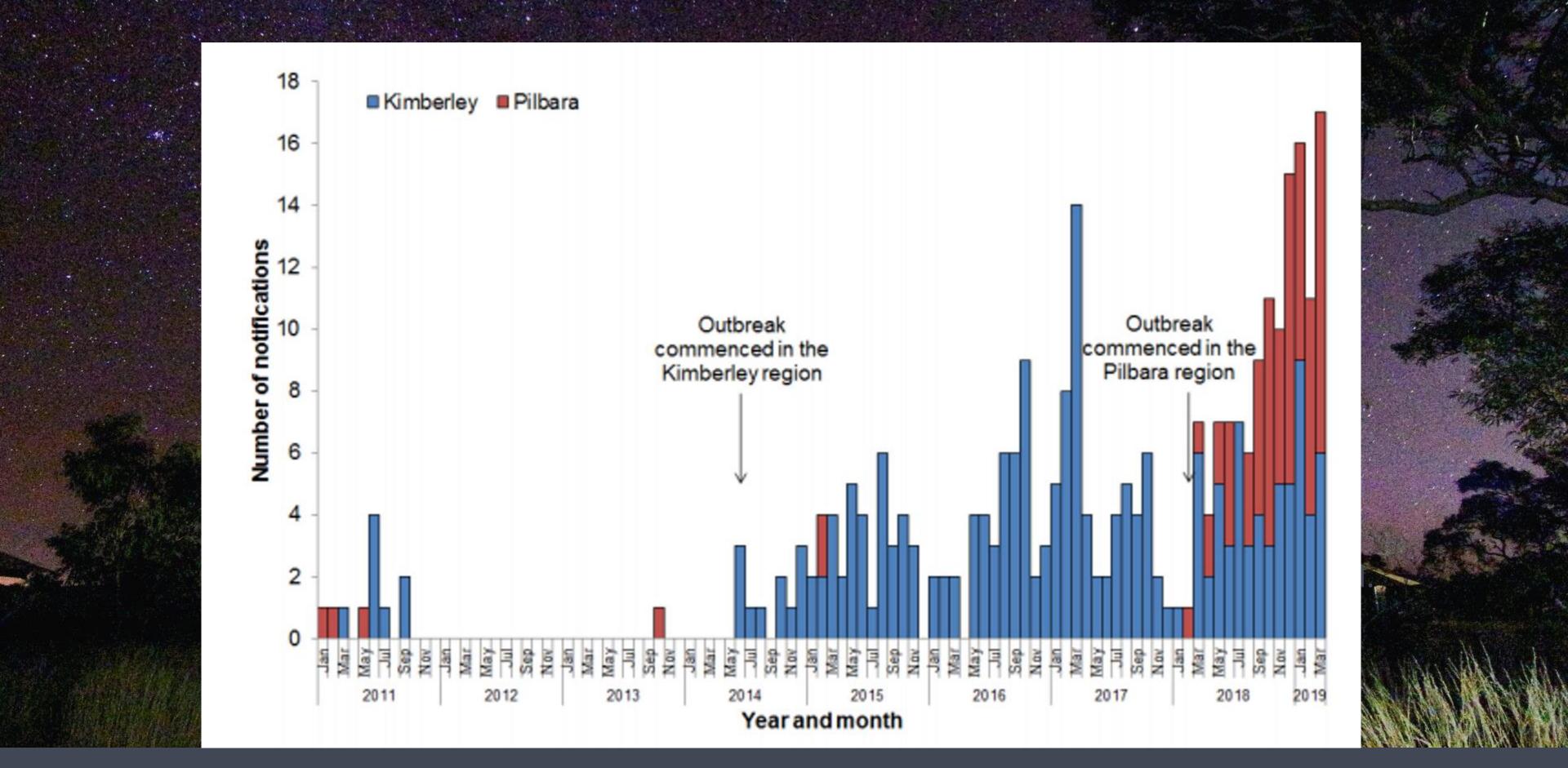
Approx 8 x WA rate

#### TRICH

Estimated as high as 25% in women in remote communities (STRIVE study)

#### **SYPHILIS**

Current outbreak



Syphilis Outbreak WA epi-curve - Source WASORG August Communique

# The Kimberley Model for STI control

- BASED ON A COMPREHENSIVE PRIMARY HEALTH CARE APPROACH
- BUILT ON STRUCTURED PARTNERSHIPS

## Partnerships and Collaboration



KIMBERLEY SEXUAL NETWORK AND
REPRODUCTIVE
HEALTH
SUBCOMMITTEE

KIMBERLEY
ABORIGINAL
HEALTH PLANNING
FORUM (KAHPF)





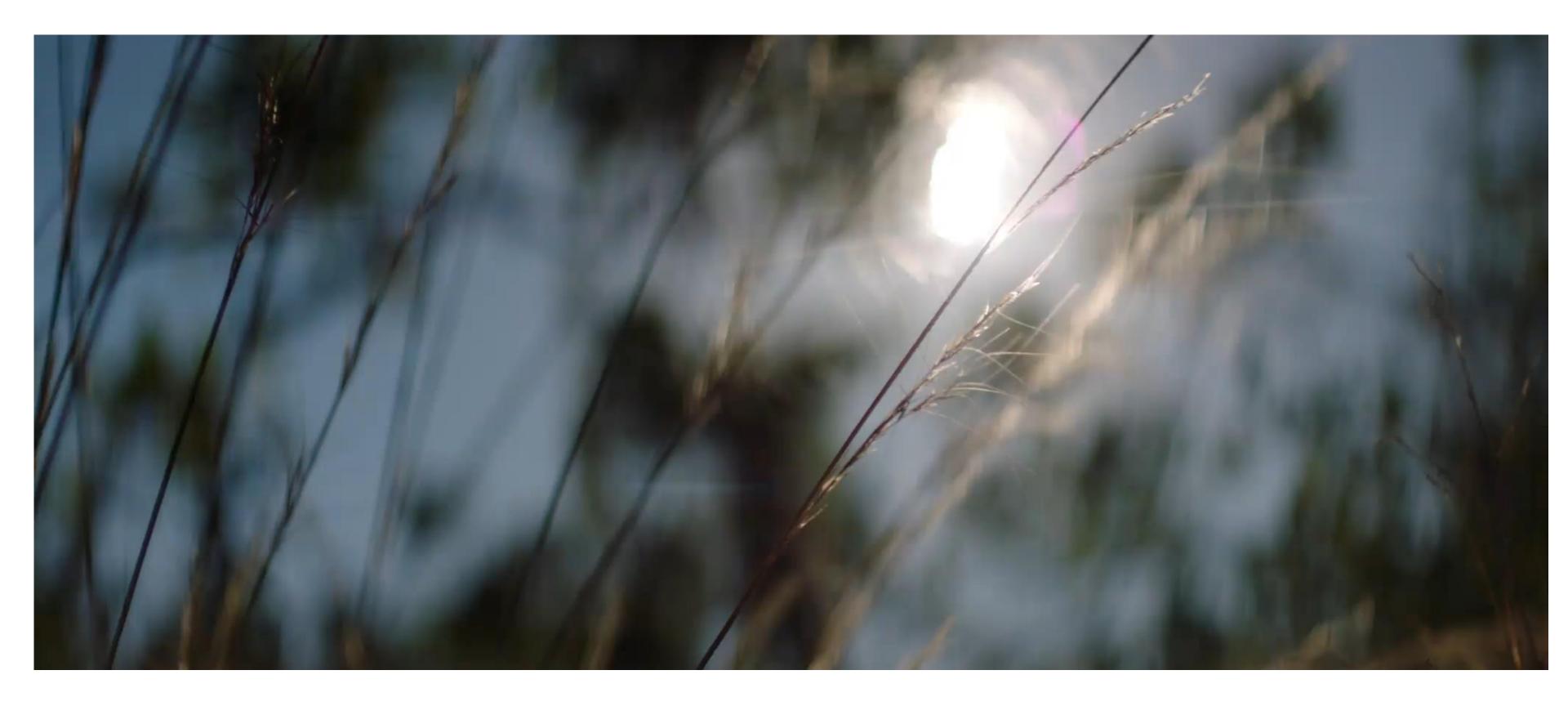
### HEALTH PROMOTION AND EDUCATION

CROSS PROGRAM
APPROACH

MEANINGFUL ENGAGEMENT COMMUNITY PARTNERS

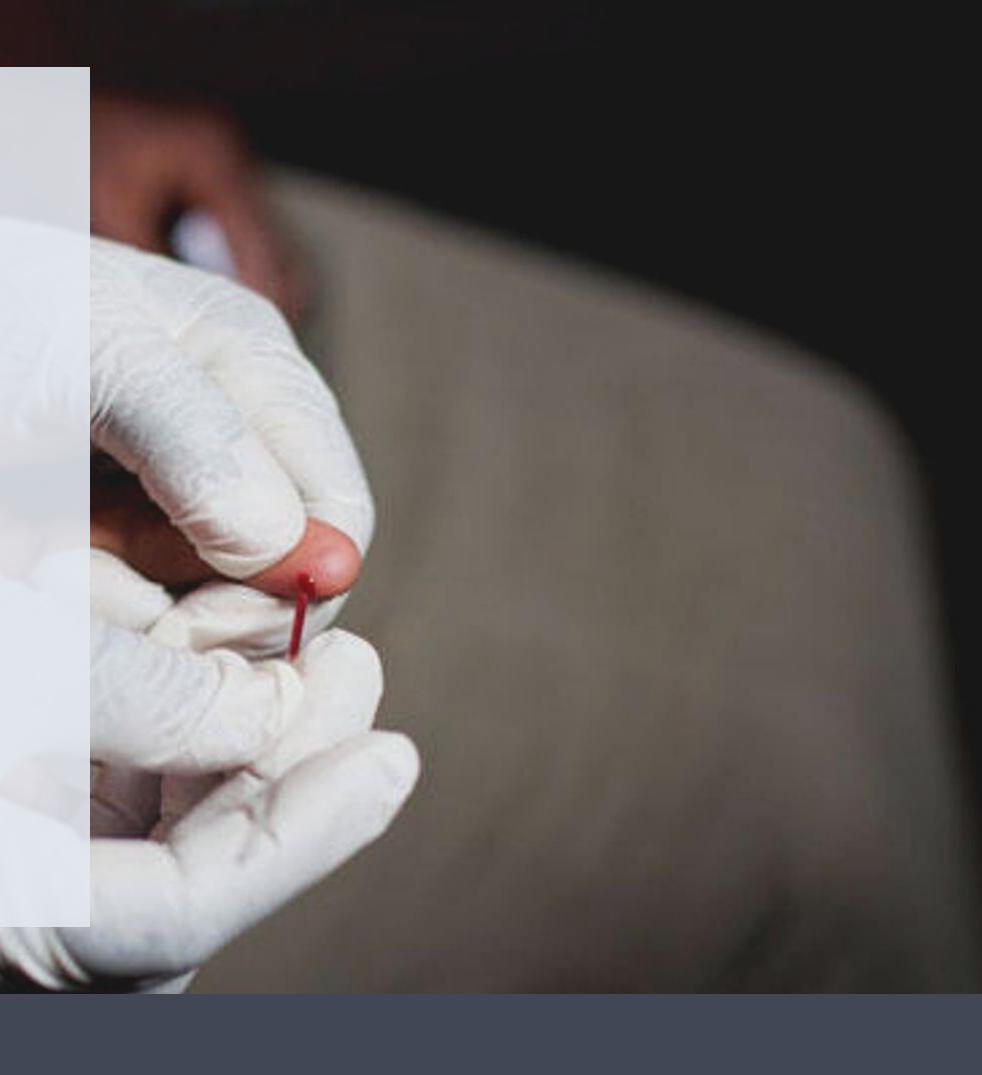






## Clinical Support

- Guideline review
- Clinical protocols
- Clinical templates and prompts
- Clinic environment and workflow





## Asymptomatic STI testing FOR OPPORTUNISTIC SCREENING



Men and Women

First Catch Urine PCR

Women

Self Obtained Lower Vaginal Swab (SOLVS) PCR (dry swab or Cobas kit)

Men and Women Serology



Chlamydia Gonorrhoea Trichomonas



Chlamydia Gonorrhoea Trichomonas



HIV

Consider adding Hep B and Hep C if indicated (review risk factors and immunisation status)

Syphilis

KAMS - Sexual Health/Population Health 20





Essential training in the Kimberley

## Health Hardware

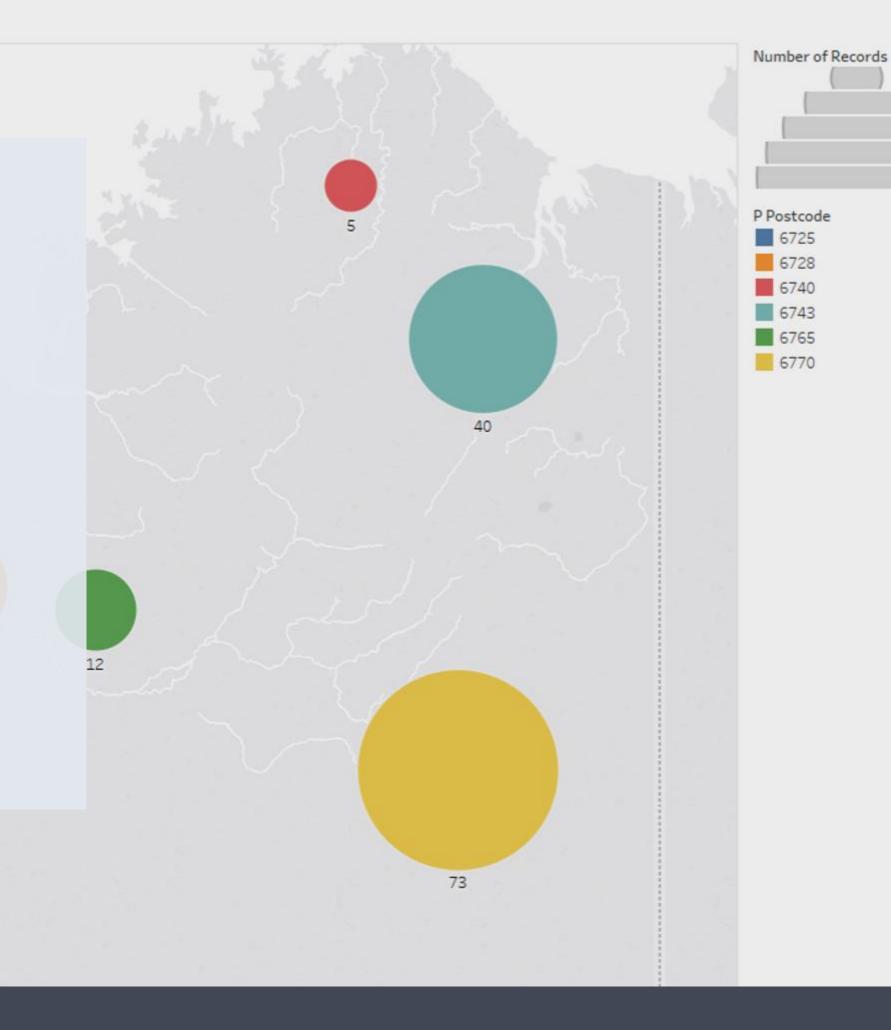
Condom accessability
Condom trees
Needle Syringe Program
Ceromonial equipment



## Data and Surveillance

Partnership with local PHU - Syphilis database and notification data

Monthly testing and postivity rates 26







LASHE

Centre for Research Exc in Aboriginal Sexual Hea Blood Borne Viruses

## Enhanced Syphilis Response



Increased workforce



Point of care testing



Community based action



### THE GOOD BITS

Incredible Environment
The people and culture
Ground up approach



#### THE TRICKY BITS

Crazy weather
Long distances
Staff turnover
Competing health demands

