

INDICATORS OF INTERVENTION SUCCESS IN A REGION OF ABORIGINAL COMMUNITIES ON THE ANANGU PITJANTJATJARA YANKUNYTJATJARA (APY) LANDS WHICH HAS ACHIEVED LONG-TERM PREVALENCE REDUCTIONS IN SEXUALLY TRANSMITTED INFECTIONS (STIS)

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Introduction: Chlamydia trachomatis (CT) and Neisseria gonorrhoea (NG) remain common infections causing significant morbidity in remote Aboriginal communities, and there is an ongoing syphilis epidemic in Aboriginal communities within four states.¹ A comprehensive program successful in reducing these infections has been sustained in a group of Aboriginal communities on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands since 1996.^{2, 3} Consistent prevalence reductions have been recorded over two decades. While the comprehensive program structure has helped program sustainability, there are short-term indicators measured in this program consistently associated with highly effective outcomes in our region.

Methods: Population-wide annual STI Screening for common STIs (CT, NG, and syphilis) has been undertaken annually in all 14-40 year olds. STI screening is undertaken by the usual primary care clinicians (generalist remote clinical staff) supported by a program co-ordinator located within the health service. The health service maintains a comprehensive population register and an update process is undertaken prior to each STI screen. Screening results are recorded each year to demonstrate the degree of intervention intensity. Opportunistic screening and clinical testing and treatment in response to symptoms, continues throughout the year.

Results: In 2016, there was a 67% reduction in CT to a prevalence of 2.8%, an 83% reduction in NG to 2.5%. No cases of syphilis were detected. Participation rate was 81% among permanent residents and 40% among the transient population. 100% of people diagnosed with CT or NG were treated.

Conclusion: Adequate intervention intensity through measured targets are key to the prevalence reductions in common STIs shown to be sustainable within these South Australian remote Aboriginal communities. The targets measure key points of the testing-treatment cascade. A central co-ordinator role providing program management and expertise has been sustainable and effective.

1 Australian Government, Department of Health. 2017. *MJSO Meeting Communique, 17 August 2017*. [ONLINE] Available at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/\\$File/17-Aug-2017-communique.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/$File/17-Aug-2017-communique.pdf). [Accessed 29 September 2017].

- 2 Huang R, Torzillo P, Kirby A. Epidemiology of sexually transmitted infections on the Anangu Pitjantjatjara Yankunytjatjara Lands: results of a comprehensive control program — a postscript. *MJA* 2008;189(8):446.
- 3 Huang R, Torzillo P, Hammond VA, et al. Epidemiology of sexually transmitted infections on the Anangu Pitjantjatjara Yankunytjatjara Lands: results of a comprehensive control program. *MJA* 2008;189(8):442-445.