Shifting narratives and changing the systems for quality STI control in remote Australia

A/Prof James Ward
Acknowledgements

• Gimuy Walabura Yidinji

• Yirriganydji

• CRANApplus

• Colleagues who work on all of these studies

• Warning: Difficult and sensitive issues
Overview

- STIs and their contribution to ill health
- Outcomes of STIs
- Testing rates in regional and remote areas
- The ugly public commentary often associated with STIs and young Aboriginal and TSI peoples
- Young peoples behaviours and understanding of STIs
Health and wellbeing of Indigenous adolescents in Australia: a systematic synthesis of population data

Peter S Azzopardi, Susan M Sawyer, John B Carlin, Louisa Degenhardt, Ngiare Brown, Alex D Brown*, George C Patton*
49% of females and 33% of males aged 16-19 years had at least one of the common STIs.

Guy et al STI 2015
Kirby Institute. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: annual surveillance report 2017
Gonorrhoea notification rate by Aboriginal/Torres Strait Islander status, sex and age group, remoteness 2016

Kirby Institute. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: annual surveillance report 2017
Trichomonas

- *Trichomonas vaginalis*

- More common in older women – persistent infection

- Not a nationally notifiable condition, but high prevalence observed amongst Aboriginal women living in remote areas
Trichomonas notifications NT
SYPHILIS IS ON THE MOVE IN REMOTE AREAS

- Areas affected by the outbreak
Results: From 2005 to 2009, in the Indigenous population, there was a substantial decline in the notification rate for infectious syphilis nationally; as well as in the following subgroups: females, 15–29 year olds, and people living in outer regional and remote areas in the Northern Territory and Queensland.

Conclusion: These data demonstrate that Australia has two distinct patterns of infectious syphilis..... Given the decline in notification rates in Indigenous remote communities, now might be the right time to move toward eliminating infectious syphilis from Indigenous communities.
Syphilis Outbreak

> 2k cases 14 cases CS 6 deaths
Aboriginal and TSI
Number of new HIV diagnoses, by sex

Source: State and territory health authorities
New HIV diagnoses - Aboriginal and TSI
41% increase 2013-2017

Source: State and territory health authorities

41% increase over 5 years vs 12% decrease

Rates 1.6 times higher in 2017

Source: State and territory health authorities
Exposure category by Indigenous status

Source: State and territory health authorities
HIV diagnosis rates by area of residence

Source: State and territory health authorities

[Graph showing age-standardised rate per 100,000 for Urban, Regional, and Remote areas from 2008 to 2017]
Late diagnoses Aboriginal & TSI and Non-Indigenous

Source: State and territory health authorities

Non-Indigenous includes all Australian-born non-Indigenous notifications
Number one leading cause of morbidity among Aboriginal young people in Australia

As been like this for well over two decades despite diagnostics and treatment availability

Rates appear to be going up

Syphilis outbreak across northern Australia provides good insight if nothing else especially in terms of response provides important insight into mobility

HIV is an ever impending risk
Consequences of STIs

CT- can lead to pelvic inflammatory disease (PID), epididymo-orchitis, infertility, pregnancy complications (including ectopic pregnancy)

NG- disseminated infection

Current syphilis outbreak-6 neonatal deaths

Increased risk of HIV transmission
Of 655 medical records reviewed, 119 women (18%) presented 224 times with lower abdominal pain.

Recommended investigations to diagnose PID were infrequently undertaken:

- bimanual examination [7%];
- testing for gonorrhoea and chlamydia [35%];
- history taking for vaginal discharge [26%],
- intermenstrual bleeding [12%] and dyspareunia [8%].

There were 95 presentations (42%) consistent with guidelines to diagnose PID, most (87 [39%]) based on symptom profile and history.

Of these, practitioners made 15 diagnoses of PID, and none had the recommended treatment documented.

Silver et al MJA 2012
Linkage study in NSW 2000-2008

>38000 women followed for a year after CT NG diagnosis

Primary outcome - PID notification

<table>
<thead>
<tr>
<th>Socioeconomic disadvantage</th>
<th>Least disadvantaged</th>
<th>Middle tertile</th>
<th>Most disadvantaged</th>
<th>Unknown</th>
<th>Area of residence</th>
<th>Major city</th>
<th>Inner regional</th>
<th>Outer regional/remote</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>131</td>
<td>11559</td>
<td>1.41</td>
<td>1.13-1.76</td>
<td>0.002</td>
<td>1.34</td>
<td>1.05-1.69</td>
<td>0.01</td>
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<tr>
<td></td>
<td>188</td>
<td>11781</td>
<td>1.41</td>
<td>1.13-1.76</td>
<td>0.002</td>
<td>1.34</td>
<td>1.05-1.69</td>
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</tr>
<tr>
<td></td>
<td>205</td>
<td>12142</td>
<td>1.49</td>
<td>1.20-1.86</td>
<td>0.0004</td>
<td>1.33</td>
<td>1.02-1.74</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>333</td>
<td>1.59</td>
<td>0.70-3.63</td>
<td>0.27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area of residence</td>
<td>Major city</td>
<td>375</td>
<td>25320</td>
<td>1.00</td>
<td></td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inner regional</td>
<td>105</td>
<td>8168</td>
<td>0.87</td>
<td>0.70-1.08</td>
<td>0.72</td>
<td>0.57-0.91</td>
<td>0.005</td>
</tr>
<tr>
<td></td>
<td>Outer regional/remote</td>
<td>42</td>
<td>2009</td>
<td>1.41</td>
<td>1.02-1.95</td>
<td>1.08</td>
<td>0.76-1.55</td>
<td>0.65</td>
</tr>
</tbody>
</table>

Reekie  PLOS One 2014
Among 354,217 women, 1.0% (n=3658) had a prior chlamydia notification; 0.06% (n=196) had a prior gonorrhoea notification.
Newest study

NG data linkage date over 300,000 women followed over ten year period

Outcomes ectopic pregnancy and infertility

*burden of adverse reproductive health outcomes from gonorrhoea disproportionately affects Aboriginal women.*

>80% ectopic pregnancy cases and all infertility cases were among Aboriginal people

Manuscript under review
Summary:

Emerging strong evidence of the impact of these long standing STIs particularly on women’s health reproductive health outcomes
Regular testing

TESTING

You should get tested for STIs often. It is **free** and private at any clinic.

TESTING

Get tested often. Syphilis testing is an easy blood test. It is free and private at any clinic.
The potential impact of new generation molecular point-of-care tests on gonorrhoea and chlamydia in a setting of high endemic prevalence.

• 8 ACCHS in 2008-2009

• 13% of clients tested in 2008 and 16% in 2009

• Testing rates were higher among females ($p<0.001$) and among patients aged 16–29 than 30–39 years (males: $p=0.01$; females: $p<0.001$).
Data were included from 16–29 year olds attending 6 ACCHSs (n = 4,950); 22 SHSs (n = 20,691) and 25 GP clinics (n = 34,462).

Chlamydia testing rates among Aboriginal patients were 19.8% at ACCHSs, 75.5% at SHSs and 4.3% at GP clinics.
Just over 2000 people diagnosed with CT and/or NG in the study period;

14.9% were re-tested at 2–4 months, 26.9% at 5–12 months, a total of 41.8% overall.

Re-testing was higher in females than in males in both the 2–4-month (16.9% v. 11.5%, periods.

Women aged 25–29 years had a significantly higher level of re-testing

There was higher repeat NG positivity than repeat CT positivity (28.8% v. 18.1%, P < 0.01).

Garton et al  Sex Health 2016
Low HIV testing rates among people with a sexually transmissible infection diagnosis in remote Aboriginal communities

James S Ward¹, Amalie Dyda², Skye McGregor², Alice Rumbold³,⁴, Linda Garton⁵, Basil Donovan², John M Kaldor², Rebecca J Guy²

1 HIV testing of people aged 16–34 years attending 65 remote primary health care services within 30 days of a sexually transmissible infection (STI)* diagnostic test for which the result was positive, 2010–2014

<table>
<thead>
<tr>
<th></th>
<th>Any positive STI test¹</th>
<th>Testing within 30 days of the STI test (including same day)</th>
<th>Testing within 30 days of the STI test (excluding same day)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HIV</td>
<td>Syphilis</td>
</tr>
<tr>
<td>Total</td>
<td>15 260</td>
<td>4858 (31.8%)</td>
<td>6727 (44.1%)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>4190</td>
<td>2035 (48.6%)</td>
<td>2355 (56.2%)</td>
</tr>
<tr>
<td>Women</td>
<td>11 055</td>
<td>2815 (25.5%)</td>
<td>4361 (39.4%)</td>
</tr>
<tr>
<td>Age group (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16–19</td>
<td>3924</td>
<td>1305 (33.3%)</td>
<td>1761 (44.9%)</td>
</tr>
<tr>
<td>20–24</td>
<td>3827</td>
<td>1282 (33.5%)</td>
<td>1777 (46.4%)</td>
</tr>
<tr>
<td>25–29</td>
<td>2486</td>
<td>819 (33.0%)</td>
<td>1106 (44.5%)</td>
</tr>
<tr>
<td>30–34</td>
<td>1597</td>
<td>498 (31.2%)</td>
<td>686 (42.9%)</td>
</tr>
<tr>
<td>≥35</td>
<td>3416</td>
<td>954 (27.9%)</td>
<td>1397 (40.9%)</td>
</tr>
</tbody>
</table>
STRIVE study: total STI testing by calendar year

Number of tests

Year

Chlamydia
Gonorrhoea
Trichomonas

2010
6,452

2011
8,861

2012
10,386

2013
10,853

13,855
At baseline, the proportion of population who had at least one STI test in a year was low (23% in females, 14% in males),

so while an increment of 40-70% sounds impressive in relative terms, it only translates to absolute increments of 10-12%.

Modelling\textsuperscript{15} suggests an increase of some 200% in testing would be needed drive down prevalence.
Testing rates need to dramatically improve if we are to make a difference to STIs in remote Australia

Greater efforts are required especially for men

No single strategy is enough

CQI, Rapid testing, outreach, integration into initiatives such as AHC, ANC is required
The ugly nature of public commentary
Sexual abuse and STIs
Early sexual debut
STIs and people under the age of 16 years
Mandatory reporting
Sixth infant dies from congenital syphilis amid outbreak in northern Queensland

ABC News March 3 2018

March 3, 2018. ABC - NIT Syphilis (6th baby death)
SEXUAL DISEASES REVEAL DEPTH OF CRISIS

Child sex abuse ‘like a tsunami’

Child protection authorities are overwhelmed by the scale of neglect and unreported sexual activity involving children in the Northern Territory, which has seen rates of sexually transmitted infections soar over the past decade and prompted one former minister to suggest the rampant abuse of minors can only be stopped by imposing a form of martial law.

Territory Families took just five sex abuse victims into temporary protective custody between 2012-13 and 2015-16 despite substantiating 232 abuse cases, according to data compiled by a royal commission.

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Remove at-risk kids, leaders say

Corporation, Maurie Japarta Ryan, said those fears were misplaced. “It’s not another stolen generation — let’s get that clear,” he said. “This issue is about children whose parents aren’t doing the right thing ... I think it’s about time traditional men and women got together, sat down and had a talk about it — someone has got to take a stand.”

Warren Mundine, the former head of the Prime Minister’s Indigenous Advisory Council, said child safety was “paramount, more important than anything else, including culture and kin”.

“Culture is not a reason to leave a child in an unsafe or neglectful home,” he said “Indigenous child-officers run for cover rather than taking the necessary steps to treat children for these diseases”.

The Australian reported on Monday that the rates of some STIs among Aboriginal children had risen by as much as 180 per cent in the past decade. Underage Aboriginal girls are now almost 60 times more likely to contract syphilis than non-Aboriginal girls, with some communities in northern Queensland and the NT in the grip of an STI epidemic. Children can contract STIs by various means including having sex adults or with each other or from their mothers at birth.

Senator Patrick Dodson said “abnormally high” rates of STIs in
A CULTURAL RIGHT? NO, CHILDREN HAVING SEX IS ILLEGAL

We are suspending the human rights of NT kids and creating a repugnant mess

JOHN ELFERINK

In the 1980s I watched an ambulance officer protectively cradle a newborn infant in Alice Springs and coo softly at the little girl: “You’re so beautiful. It’s a pity...”

Budgets have been expanded. From 2000 to 2016 the budget for child protection grew from $9 million to $110m.

Former federal Aboriginal affairs minister John Herron once sent the army.

The Productivity Commission has recently reported that $30bn is spent on Aboriginal outcomes annually for a national Aboriginal suggests that the best people to look after a child are family.

However, it has decayed into an approach in which children are left in circumstances where their human rights are regularly breached in favour of a notion that cultural rights somehow have supremacy.

This represents a return to that maxim “by the standards of the...”
Why are white people on Sunrise with no experience calling for Indigenous child removals?

OPINION: "Debates facilitated by the wrong people does little more than stir up emotions and reinforce negative stereotypes rather than focus on solutions," writes Summer May Finlay

PROTESTERS packed Martin Place demonstrating against Sunrise. But Sunrise ensured viewers weren't seeing it.

SUNRISE was the scene of a massive protest this morning, but the show seemingly went to extraordinary lengths not to let their audience know about it.

A crowd of hundreds packed Martin Place, which forms the backdrop of the breakfast TV show, demonstrating the show’s decision earlier in the week to discuss Aboriginal adoption on a Hot Topic segment which they said had spiralled into "blatant racism".

But as the crowd — and volume level — grew, producers closed soundproof blinds in the studio, and broadcast old overlay of the show’s Martin Place backdrop behind the hosts.
Data disputes Indigenous abuse claim

Michael Kozloli

Detailed new statistics on sexually transmitted infections among Indigenous children in the Northern Territory reveal the number of cases is declining and there is little evidence to link STI rates to child abuse.

The publication by The Australian last week of STI figures among Indigenous children in the NT with their same age peers, rather than being abused.

“They live in communities where STIs are endemic,” he told Fairfax Media. “If you have sex when you’re 14 or 15 in those communities, you’re very likely to acquire an STI.”

Professor Ward, the former head of the Kirby Institute’s Aboriginal and Torres Strait Islander program, said it was “no abuse I think is completely misleading.” Ms Havnen told ABC radio on Thursday. “People need to get a bit of a reality check on what’s actually happening here.”

Indigenous children were reportedly being diagnosed with syphilis at 60 times the rate of their non-Indigenous counterparts. While alarming, experts warned the numbers needed to be seen in the context of the epidemic outbreak.

Call for reality check on STIs

Michael Kozloli

Detailed new statistics on sexually transmitted infections among Indigenous endemic,” he told Fairfax Media. “If you have sex when you’re 14 or 15 in those
EXCLUSIVE

‘Blindness’ behind syphilis epidemic

STEPHEN FITZPATRICK

A syphilis epidemic that has gripped remote Aboriginal communities has been stoked by ‘wilful blindness’.

EXCLUSIVE

Project to fight syphilis epidemic

STEPHEN FITZPATRICK

A $8.8m program to combat syphilis in remote indigenous communities is on the verge of being rolled out.
Hunt flagged STI issue year ago

EXCLUSIVE

GREG BROWN

Health Minister Greg Hunt wrote to Labor MPs a year ago detailing the skyrocketing rates of sexually transmitted infections in Aboriginal communities, declaring the government was “assessing” a $25 million policy to tackle the issue, but later rejected it in favour of smaller plan which is yet to be rolled out.

In a letter obtained by The Australian, written in March last year, Mr Hunt told opposition health spokeswoman Catherine King and Labor MP Warren Snowdon that he shared Labor’s concerns about increased rates of STIs in Aboriginal communities.

Hunt wrote a cover letter on the policy when it was given to Senator Scullion, warning action on the issue was “critical”.

Writing in The Australian today, Senator Smith said: “More must be done and faster. Good intentions will not be enough to avoid a catastrophe. The response needs to be rapid and strategic”.

The two pilot sites of the new syphilis program will start in May, 18 months after the government received the policy.

Indigenous Health Minister Ken Wyatt denied the syphilis response was stalled.

“It is well advanced including the purchase of medication, on-ground co-ordination and the targeting of areas at greatest risk of syphilis,” Mr Wyatt said.

Mr Hunt’s letter was sent to The Australian
The Australian Communications and Media Authority (ACMA) has found that Channel Seven Sydney breached the Commercial Television Industry Code of Practice in a Sunrise ‘Hot Topics’ segment broadcast on 13 March 2018.
Sexual abuse
In the Northern Territory during 2015-16 there were 1786 notifications of which 71 cases (4%) of sexual abuse were substantiated.

This is 71 too many

But it is also a small proportion of the 25,000 Aboriginal children in the NT and not the tsunami of sexual abuse has been reported

Australia wide in 2015-16, there were 5559 substantiated cases of sexual abuse in children. (AIHW data)

And what about the RC into sexual abuse in Australian institutions?
An STI epidemic in young people does not signal sexual abuse

March 15, 2018 8:45am AEDT
STIs in < 16 year olds
<table>
<thead>
<tr>
<th>STIs&lt; 16 years</th>
<th>Aboriginal</th>
<th>Non-Indigenous</th>
<th>Proportion in 13-15 yo Aboriginal/ Non Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>3051</td>
<td>2800</td>
<td>95% ; 99%</td>
</tr>
<tr>
<td>NG</td>
<td>1972</td>
<td>319</td>
<td>93%; 88%</td>
</tr>
<tr>
<td>Syphilis</td>
<td>122</td>
<td>5</td>
<td>92%; 100%</td>
</tr>
</tbody>
</table>

CT- Susceptibility greatly enhanced by greater presence of columnar epithelial cells in cervix in young women

Source: Kirby Institute ASR 2017
### Mandatory reporting requirements

<table>
<thead>
<tr>
<th>S/T</th>
<th>Who has to report?</th>
<th>What is reported?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NT</td>
<td>Anybody</td>
<td>A belief that a child has/is likely to suffer harm or exploitation. Health practitioners must report if they believe a child aged 14 or 15 years has/is the victim of a sexual offence, and the age difference between the child and their sexual partner is greater than 2 years.</td>
</tr>
<tr>
<td>WA</td>
<td>Police officers, health professionals, teachers and boarding supervisors, and professionals working with families.</td>
<td>Through the course of their work, a belief that a child has/is being sexually abused, or is a risk of being abused, ill-treated exposed or subjected to behaviour which may harm the child.</td>
</tr>
<tr>
<td>QLD</td>
<td>An authorised person or public service employee, along with health and education professionals, police officers and child advocates.</td>
<td>A belief that a child has suffered/ is suffering significant harm caused by physical or sexual abuse.</td>
</tr>
<tr>
<td>SA</td>
<td>Health professionals.</td>
<td>A belief that a child is at risk of significant harm.</td>
</tr>
</tbody>
</table>
Median age of sexual debut for Aboriginal people is between 15 and 16 years of age and for non-Indigenous Australians 16 and 17, meaning that around half of the population have first sex earlier than age of consent in most jurisdictions (currently 16).
Early sexual debut, mandatory reporting, child sexual abuse and STIs are complex issues all playing into public discourse which is not helpful for us working in the field nor the communities we work for....
Education, housing, access to health services

It's about addressing determinants of early sexual debut

We need to do much more about improving literacy around early sexual debut, mandatory reporting, child sexual abuse and healthy relationships.

We can't rely on the education system to do this.

Mandatory reporting often imposed from top--young people who mature into sexual beings have little idea about these issues.
the GOANNA study

- National cross sectional survey of Aboriginal and Torres Strait Islander people aged 16-29 years
- Assessed knowledge, risk factors and health service access for STIs and BBVs
- Collaboration involving every jurisdiction health Departments and ACCHS orgs
Methods

• Series of cross-sectional surveys
• 2 survey collection events each year (total 16 p.a.)
• Aboriginal and Torres Strait Islander cultural events
• GOANNA 1 – 2877 participants
• Baseline data
• GOANNA 2 underway
RECRUITMENT METHODS

Are you 16-29?

Come and give people a voice

15 min health survey

win prizes free stuff

and sensitive & confidential

QLD
Who was in the survey?

Female 60% Male 40%
median age 21
Aboriginal 88%
Torres Strait Islander 5%
Both 7%
  • Single 58%
  • Heterosexual 91%
  • 45% Education higher than Year10
  • urban 45%, regional 41%, remote 14%
<table>
<thead>
<tr>
<th>Experience</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never had Sexual intercourse</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>First Sexual Intercourse</td>
<td>16 years (IQR: 15-17)</td>
<td>15 years (IQR: 14-16)</td>
</tr>
<tr>
<td>First Oral Sex</td>
<td>16 years (IQR: 15-18)</td>
<td>15 years (IQR: 14-16)</td>
</tr>
</tbody>
</table>
Sexual partners in the last year

- Female
- 16-18
- 19-24
- 25-30

- Male
- 16-18
- 19-24
- 25-30

Proportion

- none
- 1 partner
- 2+ partners
Last Partner Aboriginal or Torres Strait Islander

Proportion

Partner at last sex

Aboriginal/TSI  | Male | Female
--- | --- | ---
Neither  | |  
Don't Know  | |  

SAHMRI
South Australian Health & Medical Research Institute
Partner at last sex

16-18 | 19-24 | 25-30
--- | --- | ---
Female | Male

- 16-18
- 19-24
- 25-30

new partner
same partner
Website hosts:

- Two national campaigns

**Young, Deadly, Syphilis Free campaign**
- Animations
- Infographics
- TV commercials
- Posters
- Social media campaign

**Remote STI & BBV Project (Young Deadly Free)**
- Peer education for young people
- Fact sheets for young people
- Additional infographics & animations
- Resources for people of influence (under development)
- Resources for clinicians (under development)

www.youngdeadlyfree.org.au
• Both new TV commercials are available to view at: 
  youngdeadlyfree.org.au/young-deadly-syphilis-free/tv-and-radio/
• Full suite of 36 posters available to download and print from: youngdeadlyfree.org.au/young-deadly-syphilis-free/posters/
Summary

- Huge burden of disease that contributes to young peoples health
- Syphilis epidemic and HIV risk
- Significant evidence emerging to quantify risks for Aboriginal women particularly because of sustained STIs
- Testing rates need to dramatically improve if we are to improve in regional and remote areas
- The ugly public commentary often associated with STIs and young Aboriginal and TSI peoples your role in untangling these issues
- Young peoples behaviours and understanding of STIs
- What we really need is increased focus on policy programming funding that is delivered to communities to make the necessary changes to close these gaps.
Thank you