

Consultation on the Draft National Strategies for Blood Borne Viruses and Sexually Transmissible Infections

AFAO comments on draft Third National Sexually Transmissible Infections Strategy 2014 - 2017

AFAO's approach to providing feedback for this consultation

AFAO makes the following comments on the understanding that given the proposed referral of the draft Strategies to the AHPPC in early May, shortly after the consultation closes, there will be limited opportunity for major revisions to the Strategy. We have therefore made suggestions, where possible, for minimal revisions that would either address concerns we have with the current text or at least go part-way to addressing those concerns.

1. Introduction

- The introduction of the National STI Strategy **must** include specific mention of gay men and other men who have sex with men as this population being one of the two most affected by STIs in Australia.
- Replace the first sentence of the fourth paragraph with:
“While we should be proud of these successes, we must also acknowledge that substantial challenges remain. Notification rates for chlamydia among young people, and gonorrhoea and syphilis among gay men continue to increase in most jurisdictions. While each of these increases in infections is of concern in its own right, continuing high rates of STIs among gay men potentially carry the additional consequence of facilitating HIV transmission among this population.

Concerted efforts need to be made in all jurisdictions to reduce the incidence of STIs among gay men. Refocused attention should be given to the health promotion components articulated in the National Gay Men's Syphilis Action Plan, developed under the previous National STIs Strategy. Tailored health promotion interventions targeting gay men most at risk of STI infection also need to be developed and implemented as a matter of urgency.”

- Suggest removing the second sentence of the fourth paragraph “Messages on safe sexual practices seem to no longer be meeting their mark.” as it is unclear and not specific.
- Suggest changing the first sentence of the fifth paragraph to:
“The burden of STIs and their complications is **also** disproportionately experienced by Aboriginal and Torres Strait Islander people, and this issue, **too**, must be urgently addressed...”
- In the sixth paragraph, add hepatitis A and HPV to the second sentence, so it reads:
“Management of STIs also underpins HIV control and provides opportunities for diagnosing viral hepatitis infection and providing hepatitis A, hepatitis B and HPV vaccination where warranted.

- Suggest adding the WHO definition of sexual health to the Introduction. Suggested wording: “In discussing the promotion of good sexual health, the World Health Organisation defines sexual health as ‘a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.’ (http://www.who.int/topics/sexual_health/en/)”

2. STIs in Australia

- Suggest adding the following sentence to the start of this section, to ensure the important issues of the different sexual practices that STIs can be transmitted/contracted with, that many STIs being asymptomatic, and many can have long term consequences: “Sexually transmissible infections are contracted through a range of sexual practices including unprotected sex, and while symptoms may often not be obvious, long-term consequences may arise if not treated.”
- Suggest adding the following sentences after the existing first paragraph: “Sexually transmissible infections other than HIV also carry the additional consequence of facilitating HIV transmission. The transmission of many STIs can be easily reduced and many can also be easily treated. As such, they are a cost-effective focus for health promotion activities.”
- The epidemiology used in some of the descriptions use total numbers, while some use population rates. We suggest using the same method of measurement across the different STIs for consistency.
- Syphilis:
Suggest also noting the particular impact of syphilis on HIV-positive gay men and other men who have sex with men.
- Human papillomavirus:
Suggest also noting the higher risk of anal cancer for HIV-positive people, and HIV-positive gay men and other MSM in particular.
- Herpes:
The previous strategy noted the potential of a HSV2 vaccine being developed. Suggest this is followed up and noted in this strategy so it is not lost.
- Pelvic inflammatory disease, ectopic pregnancy and infertility:
This should be removed. These aren’t STIs, but are consequences of STIs. Also, by listing only these, other consequences of STIs are not named. Suggest just adding the sentence from the first bullet point in this section above instead.
- Consider inserting an entry/heading for Hepatitis C as an STI – see information below.
- Emerging issues:
 - Hepatitis C
 - Essential that the sexual transmission of hepatitis C among HIV-positive gay men and other MSM is included, based on the data (and so that this also reflects the Hepatitis C Strategy.) Suggested wording (taken from the current draft of the Hepatitis C Strategy, but reworked as it is currently unclear).

Wording should be:

“There is a growing number of people with HIV and hepatitis C co-infection. In a recent national study of recent hepatitis C infections around 30% of those who had recently acquired hepatitis C were also HIV positive, and of those just over half were attributed to male-to-male sexual activity.”

- The correct reference for this is:
Matthews GV, Pham ST, Hellard M, Grebely J, Zhang L, Oon A, et al. Patterns and characteristics of hepatitis C transmission clusters among HIV-positive and HIV-negative individuals in the Australian trial in acute hepatitis C. Clin Infect Dis. 2011 Mar 15;52(6):803-11. PubMed PMID: 21282185. Pubmed Central PMCID: 3106259. Epub 2011/02/02. eng.
- The high levels of underdiagnoses and the level of undetermined exposure category for hepatitis C also needs to be included. Suggested wording:
“There is a very high level of underdiagnosis of hepatitis C, and there is also a particularly high proportion of infections that are reported as undetermined exposure category. In 2012, 164 of the 466 (approximately 35%) were classed as undetermined.” [Kirby Annual Surveillance Report 2013)

3. Achievements

- Suggest adding the following to the list of achievements:
 - development of comprehensive STI Testing Guidelines for MSM (see <http://www.stigma.net.au/stitesting.html>)
 - successful integration of STI health promotion programs targeting gay men and other men who have sex with men into community-based HIV organisations' programs
- The fourth and fifth bullet points seem too generic to list as achievements, suggest including more specific examples.

4. Measuring progress

4.1. Goals

4.2. Objectives

- Suggest changing the first objective to be inclusive of all vaccinations for STIs. Suggested wording:
“Achieve and maintain high levels of vaccinations for STIs, including HPV, hepatitis A and hepatitis B”

4.3. Targets

- There should also be targets for hepatitis A and hepatitis B vaccinations
- There should also be information on hepatitis A and B vaccinations in the content section as there is on HPV.

4.4. Indicators

- The objective “Improve knowledge and reduce risk behaviours associated with the transmissions of STIs” needs additional indicators. This should not just be about school students’ knowledge.
- There needs to be an indicator for the objective “Eliminate the negative impact of stigma, discrimination, legal and human rights issues on people’s health”.

5. Guiding principles and underpinning Australia’s response

- If these guiding principles are common to all of the strategies, we suggest an introductory paragraph making this explicit. If these principles are specific to this strategy, we suggest an introductory paragraph explaining them in greater detail.
- Under “Access and equity”, suggest changing the second sentence to not be a finite list, so it reads:
“The multiple dimensions of inequality should be addressed, whether related to factors including geographic location, gender, sexuality, drug use, occupation, socioeconomic status, migration status, language or culture.”
- Health Promotion:
Suggest providing a reference for the full details of the Ottawa Charter for Health Promotion.
- Prevention:
Suggest addition “Targeted and culturally appropriate” to the start of the second sentence, so it reads:
““Targeted and culturally appropriate education and prevention programs...”
- No longer a section on the “Commitment to evidence-based policy and programs”
- Under “Partnership”, add community organisations to the first sentence, so it reads:
“An effective partnership between affected communities, community organisations, government, researchers and health professionals...”

6. Priority populations

- At the end of the first paragraph, suggest adding:
“Priority populations must be involved in the development and implementation of STI programs.”
(see removal of similar statement for young people in the appendix)
- It lists “Young People” here but in the Appendix is says “Sexually active young people under 30”. Suggest changing to match the Appendix, both for consistency, but also clarity of who the population is.

7. Priority areas for action

- In the first paragraph, change the first word of the second sentence from “safe” to “protective”, so it reads:
“Protective sexual behaviours are the critical foundation to reducing the transmission of STIs.”

- In the first paragraph, add the words “and treatment” to the last sentence, so it reads: “The use of condoms and water-based lubricants, combined with voluntary testing, and treatment, remain the primary tool for the prevention of STI transmission.”
- The third paragraph needs to have the word “antibiotic” removed so it reflects treatment of all STIs not just bacterial ones: “Timely and appropriate testing and treatment of STIs will reduce infectiousness, improve control, and reduce the likelihood of complications of infection.”
- In the fourth paragraph, add the words “testing and” to the first sentence, so it reads: “A clinical, public health and community sector workforce that is well trained and confident in their testing and management of STIs is fundamental to implementing this strategy.”

7.1. Prevention

- In the fourth bullet point in the Priority Actions box, change to include all vaccines. Suggested wording: “Increase uptake of all vaccines for STIs, including HPV, hepatitis A and hepatitis B.”
- Suggest adding an additional bullet point in the Priority Actions box: “Investigate and implement a catch up HPV vaccination program for gay men and other men who have sex with men above the age for the school-based National Immunisation Program”
- In the first sentence of the first paragraph, change “unsafe” to “unprotected” for consistency to the rest of the document and clarity, so it reads “Complex behavioural change, such as increasing use of condoms and reducing unprotected sex, requires an integrated and sustained health promotion and disease prevention approach.”
- Change the first sentence of the second paragraph to: “Sexually transmissible infections are contracted through a range of sexual practices including unprotected sex, and while symptoms may often not be obvious, long-term consequences may arise if not treated.” To reflect the range of sexual practices STIs can be contracted through (and including changing “unsafe” to “unprotected” as above).
- It is essential that this strategy supports a national education curriculum, including one that ensures LGBTI youth also receive appropriate and relevant sexual health education. So it is strongly suggested that the following sentence is added after the third sentence in the second last paragraph (after “...schools and teachers.”): “This strategy supports a national education curriculum, including comprehensive sexual health (HIV and STI) education that is culturally appropriate and inclusive of sexuality and gender diversity.”
- Information on the other vaccines (hepatitis A and hepatitis B) needs to be added to the information about the HPV vaccine the end of this section, to be inclusive of all vaccines for STIs.
- After the final paragraph, add information about HPV vaccination for young gay men and other men who have sex with men above the age for the National Immunisation Program in schools. Suggested wording:

“There is an opportunity to improve the coverage of the HPV vaccine, particularly among gay men and other men who have sex with men above the age for the National Immunisation Program in schools. The HPV vaccination has been shown to reduce the risk of development of anal cancers in these men. A catch up program for this finite group of men should be investigated and implemented.”

- Suggest including an additional paragraph about investigating and evaluating additional prevention tools for STIs [e.g. the use of chemoprophylaxis for syphilis (http://sti.bmj.com/content/89/Suppl_1/A283.2)]

7.2. Testing

- Strongly suggest adding an additional sentence the the start of the first paragraph: “Early detection of STIs is important to prevent the development of complications and to limit further transmission of STIs. It is also important to limit the facilitation of HIV transmission.”
- After the second paragraph, strongly suggest adding: “Different models of testing should continue to be explored and evaluated, including peer-led models in community-based settings.”
- In the third paragraph, suggest expanding on this by providing some examples of the number of methods and/or providing references regarding their effectiveness.
- In the 8th paragraph, suggest adding “comfort” and “sexuality and gender identity” to the first sentence so it reads: “For all these strategies to be effective, health care professionals require improved confidence, knowledge, skills and comfort in discussing sexual health, sexuality and gender identity and offering STI testing.

7.3. Management, care and support

- In the third paragraph, removing “in particular young people” from the end of the third sentence, as services may require reorientation to address the needs of all priority populations.
- In the fifth paragraph, suggest changing the first sentence to the following (as it is only referring to partner notification, not contact tracing): “Improvements in partner notification and treatment systems need to be built on.”
- In the sixth paragraph, the word “antibiotic” needs to be removed from the third sentence so it reflects treatment of all STIs not just bacterial ones, so it reads: “Other methods to increase the testing and treatment of sexual partners...”

7.4. Workforce

- In the second bullet point in the Priority actions box, suggest changing “health care professionals” to “people”
- In the first paragraph, strongly suggest adding “sexuality and gender identity” to the second sentence so it reads:

“Improvements in prevention, testing and management rely on the various sectors of the workforce feeling confident, comfortable and skilled in discussing sexual health, sexuality and gender identity and encouraging regular sexual health check-ups.

- In the fourth paragraph, suggest removing “such as pelvic inflammatory disease” from the second sentence to be inclusive of all complications of STIs.

7.5. Removing barriers

- Suggest changing second bullet point to:
“Support STI education programs that address the vulnerability of young people, especially those from priority populations, including sexuality and gender diverse young people, within the school system and also those who are outside the school system, including homeless youth.”
- In the last bullet point, suggest expanding for clarification, as “Establish a dialogue” is unclear.
- In the first and second paragraphs, change “BBV” to “BBVs and STIs”
- In the second sentence in the third paragraph, I believe it should read “It is an age..” rather than “It as an age..”
- After the fourth paragraph, add information about the role of gay men’s health organisations. Suggested wording:
“Organisations such as AIDS councils and gay men’s health organisations play a fundamental role in engaging with gay men and other men who have sex with men and providing them with targeted HIV and STI health promotion, including access to essential peer education programs.”
- In the fifth paragraph, “gay men and other men who have sex with men” need to be included in the list of priority populations, as do “people in custodial settings”, so it reads:
“This strategy supports continued partnerships with community and peer support groups which seek to break the perpetuating isolation and marginalisation of priority populations, such as sex workers, gay men and other men who have sex with men, culturally and linguistically diverse people, Aboriginal and Torres Strait Islander people, and people in custodial settings which has been demonstrated to limit the ability to seek information, support and health care.”
- In the seventh paragraph, add the word “testing” to the list so it reads:
“There is an ongoing need for Australian governments to continue to review and work towards removing barriers to access to STI prevention, testing, treatment, care and support; to promote and protect the human rights of people with HIV and people among affected communities; and to break down the stigma and discrimination associated with HIV.”
- In the eighth paragraph, add the word “testing” to the list so it reads:
“Programs that address advocacy and empowerment of priority populations to access HIV prevention, testing, treatment, care and support in community, education, workplace, health care and legal settings should be promoted.”

- In the ninth paragraph, suggest adding “and other service providers” and “and STI”, so it reads:
“Support must also be provided to health care professionals, such as clinicians, and other service providers at the front line of HIV and STI diagnosis and treatment...”

7.6. Surveillance, research and evaluation

7.6.1. Surveillance and monitoring

- After the second paragraph, strongly recommend the inclusions the support of capturing data regarding sexuality and gender identity as these areas are also not captured well. Suggested wording:
“The improvement of improving surveillance data through capturing important data on sexuality and gender identity is also supported.”
- In the third paragraph it refers to “Trichomaniasis” but elsewhere in the document it is referred to as “Trichomonas”.
- Suggest adding a paragraph about enhanced surveillance systems:
“Enhanced surveillance systems (such as sentinel surveillance programs) should be maintained. Expanding these, including into other jurisdictions, should also be investigated.”

7.6.2. Research and evaluation

- In the third last paragraph, strongly suggest adding the following to be inclusive of all vaccines, not just the HPV vaccine:
“The uptake of other vaccinations for STIs will also be monitored and evaluated, including the hepatitis A and hepatitis B vaccinations.”
- The last paragraph says “activities and programs have been undertaken under previous hepatitis C strategies.” I believe “hepatitis C” is there by mistake, so it should read?:
“A significant number of activities and programs have been undertaken under previous hepatitis C strategies....”

Appendix: Priority Populations

- Sexually active young people under 30:
Under “Additional Focus”, suggest remove the second sentence “Young people must be involved in the development and implementation of STI programs.” And put similar statement for all priority populations under ‘6. Priority Populations’ (see that section above)
- Gay men and other men who have sex with men:
 - Under “Specific Barriers to Effective Response”:
 - Add additional wording to the first bullet point, so it reads:
“Non-condom based risk reduction strategies for HIV may result in an increase risk of other STIs, although many STIs can still be transmitted when condoms are used.”

- Add additional bullet points, suggested wording:
 - “Health care professionals not being aware of men’s identity or behaviour, due to things such as health care professionals’ assumptions and men’s fears and experiences of homophobia, leading to inappropriate service provision”
 - “Inadequate education of STIs, particularly as they relate to gay men and other men who have sex with men in school curricula”
- Move the second bullet point to “Additional Focus”
- Travellers and mobile workers:
First bullet point under Reason for Priority Status: change “unsafe” to “unprotected” as per comments above for 7.1
- People in custodial settings:
 - Under Specific Barrier to Effective Response, strongly suggest expanding the last part of the sentence to be clear about what people have limited access to.
Suggested wording:
“...compounded by limited access to things like condoms, clean injecting equipment, education, and voluntary HIV (and other BBV) and STI testing services while in prison, results in a very high risk sub-population.”
 - Under additional focus, suggest changing back to similar to previous wording, as the current wording may be too generic? Suggested wording:
“Custodial settings can provide people at high risk access to activities, tools and programs. These could include offering education, condoms, clean injecting equipment, voluntary screening, diagnosis and treatment as well as vaccination where recommended.”
 - Under additional focus, suggest adding an additional point:
“There is also an opportunity to offer voluntary HIV (and other BBV) and STI testing as part of general health assessments on entry to prison.”