

2005-2011



**Queensland HIV, Hepatitis C  
and Sexually Transmissible  
Infections Strategy**



**Queensland Government**  
Queensland Health

# Foreword

The Queensland Government fully recognises that we cannot successfully address the challenges of sexually transmissible infections, HIV/AIDS and other blood-borne viruses on our own.

We need partnerships with non-government service providers and community organisations, and we need Queenslanders with the education and awareness to prevent the spread of these infections.

Our partnerships have worked, and their success has contributed to Australia's globally-recognised status as a leader in the control of HIV.

To build on Queensland's success, we must meet the challenges of rapid population growth and our unique cultural, geographic and demographic circumstances.

To do this, the Queensland Government and key stakeholders have worked together to develop the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011*.

This Strategy improves on earlier approaches. It integrates the three program areas, so that in many communities the HIV/AIDS, hepatitis C and sexual health programs will be delivered by one service.

It also draws expertise from a variety of agencies into one whole-of-government strategy. This will maintain and improve Queensland's high standards in education, prevention, care and treatment.

To make sure that this Strategy works, the Government will review it annually. This will include seeking feedback from community organisations delivering HIV/AIDS, hepatitis C and sexual health services on behalf of Queensland Health.

Cabinet will consider the annual reviews, and they will then be published on the Queensland Health website so that Queenslanders can check the Strategy's progress.

During 2010-2011, the Strategy will be independently reviewed.

I thank all the people and organisations who have had a role in developing this important Strategy, and urge you to continue to work with us to deliver better HIV/AIDS, hepatitis C and sexual health services.

Peter Beattie MP

Premier and Treasurer

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## Abbreviations

ACU	Aged Care Unit
AIDS	Acquired Immunodeficiency Syndrome
AMU	AIDS Medical Unit
ARCSHS	Australian Research Centre in Sex, Health and Society
ASHM	Australasian Society for HIV Medicine
ATODU	Alcohol, Tobacco and Other Drugs Unit
BBV	Blood-borne Virus
CALD	Culturally and Linguistically Diverse
CBO	Community Based Organisation
CCYPCG	Commission for Children and Young People and Child Guardian
CDU	Communicable Diseases Unit
CFMU	Clinical Forensic Medicine Unit
CSSU	Cancer Screening Services Unit
CYHU	Child and Youth Health Unit
DC	Department of Communities
DCS	Department of Corrective Services
DChS	Department of Child Safety
DET	Department of Employment and Training
DGP	Divisions of General Practice
DIR	Department of Industrial Relations
DLGPSR	Department of Local Government, Planning, Sport and Recreation
EQ	Education Queensland
FPQ	Family Planning Queensland
GLBT	Gay, Lesbian, Bisexual and Transgender
GP	General Practitioner
HAART	Highly Active Antiretroviral Therapy
HCCQ	Hepatitis C Council of Queensland
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HOB	Health Outcomes Branch
HPV	Human papilloma virus
HSV	Herpes simplex virus
IDU/IDUS	Injecting Drug User/s
IGCAHRD	Intergovernmental Committee on AIDS, Hepatitis and Related Diseases
IHU	Indigenous Health Unit
MHU	Mental Health Unit
MOU	Memorandum of Understanding
NAPWA	National Association of People Living with HIV/AIDS
NCHECR	National Centre in HIV Epidemiology and Clinical Research

NCHSR	National Centre in HIV Social Research
NHMRC	National Health and Medical Research Council
NOCS	Notifiable Conditions System
NPEP	Non Occupational Post Exposure Prophylaxis
NPHP	National Public Health Partnership
NSP	Needle and Syringe Program
OCHO	Office of the Chief Health Officer
OHU	Oral Health Unit
OFY	Office for Youth
PAU	Pharmaceutical Advisory Unit
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PHSB	Public Health Services Branch
PLO	Police Liaison Officers
PLWH	People living with HIV
PLWHA	People living with HIV/AIDS
PNG	Papua New Guinea
PPNG	Penicillinase-producing Neisseria gonorrhoeae
QFDA	Queensland Funeral Directors Association
QH	Queensland Health
QHPSS	Queensland Health Pathology and Scientific Services
QPP	Queensland Positive People
QPS	Queensland Police Service
QuAC	Queensland AIDS Council
RACGP	Royal Australian College of General Practitioners
SAAP	Supported Accommodation Assistance Program
SBPO	School Based Police Officers
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
SHCSB	Statewide Health and Community Services Branch
SHPU	Statewide Health Promotion Unit
SHS	Sexual Health Service
SOPV	Sex on Premises Venue
STI	Sexually Transmissible Infection
TAFE	Technical and Further Education
UAI	Unprotected Anal Intercourse
WHSa	Workplace Health and Safety Act
WHSQ	Workplace Health and Safety Queensland
WRB	Workforce Reform Branch
ZPHUN	Zonal Public Health Unit Networks

# Introduction

In 1989 the Australian Government released the first National HIV/AIDS Strategy setting out Australia's response to the challenge presented by the then rising HIV/AIDS epidemic. This included a number of key guiding principles that have continued to frame Australia's response since that time, including the need for individuals to accept personal responsibility for their behaviour, the importance of supportive legal and social environments, informed consent for testing, protection of human rights, participation of those infected and at-risk in the development of responses, and the important need for all stakeholders to work together in partnership.

Those principles have been repeated and expanded upon in many national and state strategies that have followed and most recently they have been reaffirmed as central to the national strategies addressing HIV/AIDS, hepatitis C (HCV), and sexually transmissible infections (STIs) to cover the period 2005 -2008.

This *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011* (hereafter called "the Strategy") confirms a commitment to these principles. The structure of the document varies from the national approach in two ways. First, it combines all three program areas into a single document in recognition of Queensland's unique geographical, cultural and demographic position. For many communities, the HIV/AIDS, hepatitis C and sexual health programs on the ground will be delivered through the same service. This may particularly be the case where local populations are at risk across all three program areas, and services either directly or indirectly address a combination of HIV, HCV and sexual health issues in their health promotion, prevention and education or treatment programs. The unique approach of this Strategy will ensure that a holistic approach is taken to the delivery of services, that local resources are mobilised to address the integrated health needs of people in target groups and co-infections are managed appropriately.

However, in taking this approach it is important to recognise the differences between the three programs, particularly in relation to affected and at-risk populations, stages of the respective epidemics, differences in treatment and care needs and long term sequelae.

The second difference is that this Strategy for the first time integrates Queensland's response into a single whole-of-government approach. This provides a framework for government agencies to work

together, and clearer directions to government about the services it needs to purchase from the non-government sector. In doing so it allows Queensland to take a wider social determinant view of health needs, by incorporating psychosocial and social justice issues into a broader health and wellbeing framework. Consistent with this approach, the Strategy encourages respect for cultural and linguistic diversity in all areas of the community with a special emphasis on sexuality and relationships.

A strong focus of the Strategy is the promotion of personal health by raising awareness of risk factors and encouraging a harm reduction approach that aims to improve health, social and economic outcomes for both the community and individuals. Harm reduction encompasses a wide range of approaches, including needle and syringe programs (NSPs) as a key to prevention, education and other interventions.

The Strategy broadly targets all those affected by HIV, HCV and STIs in Queensland. However, much of its focus is on populations within the community considered to be at highest risk for transmission of these diseases. For people living with HIV, HCV or STIs, the Strategy seeks to minimise impacts on their health by identifying and responding to their needs and issues, especially those associated with care management and treatment. It also recognises the issues associated with co-morbidity.

The Strategy does not attempt to encompass all aspects of sexual health and/or reproductive health but addresses the immediate sequelae of contracting an STI or blood-borne virus. It indirectly impacts on fertility and pregnancy outcomes although these are not included as major focus areas.

The Strategy is operational from 2005–2011 with implementation, monitoring, reporting and evaluation coordinated through Queensland Health. Given the changing nature of many aspects within this program area, flexibility and adaptability to change remain critical. Therefore implementation of the Strategy will be monitored and reported annually to ensure that progress is being made against the stated objectives. The implementation section will be updated at the end of the first three years to ensure that it continues to identify actions that reflect changing environments across the three program areas. A final independent evaluation will be conducted towards the end of the Strategy and a report will be produced and published soon after.

## 1.1 Purpose and vision

The purpose of the Strategy is to provide direction and a framework for cooperation and support for and between government and non-government agencies, private practitioners, research organisations, service providers, community groups and the wider community to work together to:

- ▶ reduce the transmission of HIV, HCV and STIs;
- ▶ minimise the impact of HIV, HCV and STIs on the Queensland population; and
- ▶ improve the health and wellbeing of people living with HIV, HCV and STI-related chronic illness.

Achieving this will require a long term vision which empowers individuals to make informed decisions regarding their own health and wellbeing. This will be supported through:

- ▶ positive leadership and direction setting;
- ▶ shared responsibility and decision making;
- ▶ open communication and confidence among all partners;
- ▶ high standards of specialised and integrated services and approaches; and
- ▶ non discriminatory, easily negotiated and accessible services.

The Strategy provides details on how this can be achieved through:

- ▶ the identification of key outcomes, guiding principles, target populations, objectives, performance indicators and key strategies;
- ▶ targeting programs for specific at-risk populations;
- ▶ initiatives which consider gender, age, culture, language, sexuality, literacy level, disability, income, employment, community connectedness, geographic location and other social and economic factors;
- ▶ continued collaborative planning which takes into account future needs; and
- ▶ input from infected and other affected individuals and communities and trend analysis to inform program and service delivery.

An implementation section is included in this Strategy outlining how government departments will work towards the achievement of key outcomes. While the actions of community partners are not explicitly articulated in the implementation section, it is recognised that the contributions of all partners are integral to the achievement of Strategy outcomes. Specific community agencies have a particular role to play through funded service agreements and the performance frameworks for these agencies and health services will provide mechanisms for non government and community based organisations to describe their responses to the Strategy.

## 1.2 Policy context

### National

The Strategy is consistent with the underlying principles of a number of national strategies, reports, guidelines and policy documents which address health and wellbeing issues associated with HIV, HCV and STIs. These include the *National HIV/AIDS Strategy 2005–2008*, the *National STI Strategy 2005–2008*, the *National Hepatitis C Strategy 2005–2008* and the *National Aboriginal and Torres Strait Islander Sexual Health and Blood-Borne Virus Strategy 2005–2008*.

The *National HIV/AIDS Strategy 1999–2000 to 2003–2004* and the *National Hepatitis C Strategy 1999–2000 to 2003–2004* were reviewed in 2002<sup>1</sup> and the Australian Government provided a response to these reviews<sup>2</sup>. This State Strategy is consistent with the recommendations from the national review and the Australian Government response.

The Strategy includes:

- ▶ a partnership approach encouraging an integrated, coordinated program between all service providers;
- ▶ a commitment to an enabling environment;
- ▶ the fundamental principles of health promotion and harm reduction; and
- ▶ sharing of responsibility for the prevention, early detection and management of these health issues between service providers and among individuals and affected communities.

<sup>1</sup>Australian Government (2003) 2002 Reviews of the National HIV/AIDS and Hepatitis C Strategies and Strategic Research.

<sup>2</sup>Australian Government (2003) Australian Government Response to the Reviews of the National HIV/AIDS and Hepatitis C Strategies and Strategic Research.

Other relevant national strategies, reports, guidelines and policy documents include:

- ▶ *A Model of Care for the Management of Hepatitis C Infection in Adults (2003)*
- ▶ *Australian Contact Tracing Manual 2<sup>nd</sup> Edition (2003)*
- ▶ *Communicable Diseases Network Australia – Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting (2004)*
- ▶ *Estimates and Projections of the Hepatitis C Epidemic in Australia (2002)*
- ▶ *Evaluation Framework for HIV/AIDS Health Promotion for Gay Men and other Homosexually Active Men (1999)*
- ▶ *Gay Community Periodic Surveys (NCHSR)*
- ▶ *Infrastructure Benchmarks for Design, Implementation and Evaluation of HIV/AIDS Health Promotion Programs for Gay and Homosexually Active Men (1999)*
- ▶ *National Communicable Diseases Surveillance Strategy (1996)*
- ▶ *National Drug Strategic Framework*
- ▶ *National “HIV Futures” studies (ARCSHS)*
- ▶ *National Hepatitis C Testing Policy 2003*
- ▶ *National HIV Testing Policy (1998)*
- ▶ *National Aboriginal and Torres Strait Islander Sexual Health and Blood-Borne Virus Strategy 2005-2008*
- ▶ *National Indigenous Gay and Transgender Project Report (1998)*
- ▶ *National Medicines Policy (2003)*
- ▶ *National Mental Health Strategy and National Mental Health Plan 2003-2008*
- ▶ *National Mental Health Strategy 2000*
- ▶ *Longitudinal Surveys of Australian Youth 1996-2003*
- ▶ *National Occupational Health and Safety Commission – National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (blood-borne) Viruses (2003)*
- ▶ *National Standards for Mental Health Services (1997)*
- ▶ *National Women’s Health Policy (1989)*

- ▶ *Principles of Practice, Standards and Guidelines for Providers of Cervical Screening Services for Indigenous Women (2004)*
- ▶ *Return on Investment in Needle and Syringe Programs in Australia (2002)*
- ▶ *Status Report: on implementation of the final report recommendations of the Legal Working Party (1999)*

## State

The Strategy is consistent with the Queensland Government’s strategic vision for a healthy population and a dynamic, sustainable health system that meets the challenges of health service provision in the 21<sup>st</sup> century. This vision is outlined in the *Smart State: Health 2020 Directions Statement* which underlines the interdependence of consumers, providers, government, community and business in developing the Smart State health system.

The integration of the three program areas of HIV, HCV and sexual health in strategic planning is consistent with the *Smart State: Health 2020 Directions Statement*. It acknowledges the potential of health promotion, prevention, early detection and intervention for improving health and addressing a range of health-compromising risk behaviours. The Strategy provides a strategic framework for improved whole-of-government service delivery and is aligned with the following Queensland Government Priorities:

### **Improving health care and strengthening services to the community**

- ▶ Improving the standard and accessibility of hospital and health services
- ▶ Supporting an increased quality of life through disease prevention and active participation
- ▶ Developing and implementing strategies to support Queensland families
- ▶ Improving the lives of people with a disability, their families and carers
- ▶ Working with Aboriginal and Torres Strait Islander communities to improve economic and social wellbeing
- ▶ Improving Queenslanders’ access to affordable housing

### Realising the Smart State through education, skills and innovation

- ▶ Improving workforce skills for current and future needs by focusing on lifelong learning
- ▶ Encouraging world-class research that builds on Queensland's unique resources.

### Protecting our children and enhancing community safety

- ▶ Implementing strategies which contribute to safe communities
- ▶ Minimising the risk and impact of accidents, emergencies and disasters
- ▶ Reforming the child protection system for the wellbeing of Queensland children

### Managing urban growth and building Queensland's regions

- ▶ Supporting Queensland's regions through statewide infrastructure development and regional job creation

### Delivering responsive government

- ▶ Engaging communities in government decisions and processes
- ▶ Strengthening government policy development and implementation to focus on future policy challenges
- ▶ Supporting a responsive public sector, focused on improving government service delivery.

The Strategy builds upon the work undertaken by Queensland Health through implementation of the *Queensland Health HIV/AIDS Strategy framed in the context of sexual health 1999 to 2002* and the *Queensland Health HCV Strategy 1997-2000 "Reducing the Impact"*. These departmental strategies were developed to guide Queensland Health's programs and to define links and partnerships with government and non-government service providers. They also aimed to refocus service delivery to address changing needs such as:

- ▶ an increasing move toward outpatient and ambulatory care services for people living with HIV;
- ▶ the significant impacts of hepatitis C for people who inject drugs;

- ▶ increasing demand for hepatitis C treatment; and
- ▶ a greater focus on sexual health for at-risk populations.

The Strategy also incorporates the *Queensland Indigenous Sexual Health Strategy 2003-2006* which will remain current until it is evaluated at the end of 2006.

The Strategy is guided by surveillance data and clinical and behavioural research in developing priorities for a continued strategic response to HIV, HCV and STIs.

Other key Queensland strategies, reports, guidelines and policy documents which impact on delivery of the Strategy include:

- ▶ *Agreement on Queensland Aboriginal and Torres Strait Islander Health (2002)*
- ▶ *Coordinating Efforts to Address Violence Against Women 2002-2005*
- ▶ *Health Indicators for Queensland – Public Health Services (2001)*
- ▶ *Protecting the Future – reducing illicit drug use and harm. Queensland Illicit Drug Action Plan 2003/2004 to 2006/2007*
- ▶ *Queensland Cervical Screening Program, Phase 3 State Plan 2002-2006*
- ▶ *Queensland Drug Strategic Framework*
- ▶ *Queensland Government Strategic Framework for Child Protection 2003-2006*
- ▶ *Queensland Health Aboriginal and Torres Strait Islander Health Policy (1994)*
- ▶ *Queensland Health and Education Queensland Joint Work Plan 2004-2007*
- ▶ *Queensland Health Infection Control Guidelines (2001)*
- ▶ *Queensland Health Multicultural Policy Statement (March 2000)*
- ▶ *Queensland Health Policy statement and guidelines on the treatment and management of abuse and neglect of children and young people (0-18 years)-2003*
- ▶ *Queensland Health Position Statement – Health Service Integration in Queensland (June 2000)*

- ▶ *Queensland Health Strategic Plan 2004-2010*
- ▶ *Queensland Indigenous Sexual Health Strategy 2003-2006*
- ▶ *Queensland Indigenous Women's Cervical Screening Strategy*
- ▶ *Queensland Women's Health Policy 1993*
- ▶ *Queensland Workplace Health and Safety Strategy 2004-12*
- ▶ *Reducing Suicide: The Queensland Government Suicide Prevention Strategy and Action Plan 2003-2008*
- ▶ *Response to Sexual Assault: Interagency guidelines for responding to adult victims of sexual assault (2001)*
- ▶ *Social Determinants of Health – The Role of Public Health Services (2001)*
- ▶ *Strategic Policy Framework for Children's and Young People's Health 2002-2007*
- ▶ *Torres Strait Health Framework Agreement (1999)*
- ▶ *Torres Strait Sexual Health Strategy*
- ▶ *Women in the Smart State 2003-2008 Directions Statement*

### 1.1 Data collection issues

The Queensland Health Communicable Diseases Unit (CDU) maintains the Notifiable Conditions System (NOCS), which captures notifications of all notifiable conditions in Queensland including HCV and STIs. Five years of HCV and STI trends were reported in the Queensland Health 1997-2001 Notifiable Diseases Report. HCV and STI data will continue to be reported annually through the Queensland Health Annual Notifiable Diseases Report. Notifications for HIV and AIDS are received by the AIDS Medical Unit (AMU) of Queensland Health. The AMU and CDU produce the annual Queensland Health HIV/AIDS Report which provides an in-depth analysis of data.

While the surveillance system provides valuable information relating to trends over time and assists health professionals to plan appropriate prevention and control strategies, it has limitations. Data should be used bearing this in mind. For example, measuring the prevalence of HCV (the total number of people infected at any specific time) and incidence of HCV (the number of people newly infected each year) is complex as current testing methods cannot distinguish between newly acquired and chronic infections. This impacts on the ability to determine patterns in transmission. Nevertheless, the Queensland notification data received by CDU together with information from a range of other sources contribute to statewide program planning and service provision.

Identifying Aboriginal and Torres Strait Islander clients in the health system and using more accurate information have been recognised as requisites to the effective description and reduction of health inequalities that currently exist between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people in Australia. Some of the current Queensland data for HIV/AIDS, HCV and STIs do not accurately reflect prevalence in the Aboriginal and Torres Strait Islander population. A key action of this Strategy will be improving the collection of Aboriginal and Torres Strait Islander identifiers.

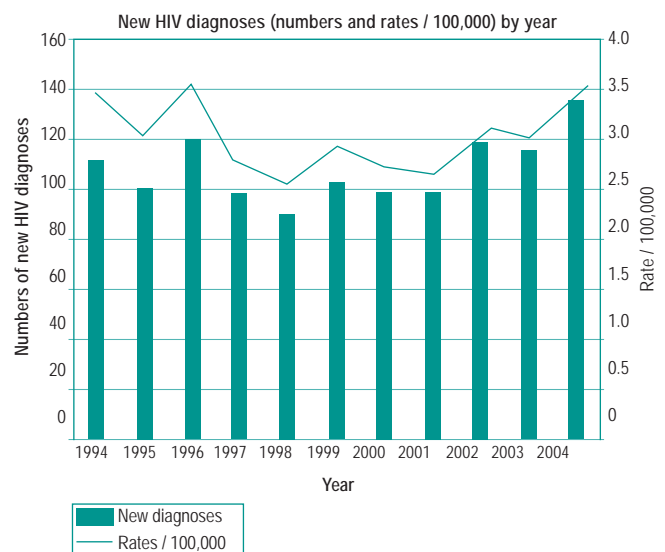
### 2.2 HIV and AIDS

Queensland epidemiological data regarding HIV and AIDS in recent years have continued to reflect national HIV/AIDS trends in Australia. The Queensland Health HIV/AIDS Report 2004 indicated that there were 1,008 Acquired Immune Deficiency Syndrome (AIDS) diagnoses in Queensland between 1984 and 2004, of which 94% were male. The number of diagnoses each year has remained fairly consistent since the introduction of highly active antiretroviral therapy (HAART) in 1996.

Since 1984 there have been 689 deaths attributable to AIDS in Queensland. Despite an increase in the number of deaths within a year of diagnosis of AIDS in 2002 compared with recent years, total annual deaths have remained comparatively low each year since the introduction of HAART.

In Queensland there were 2,174 HIV diagnoses between 1984 and 2004, of which 92% were male. Figure 1 indicates the numbers and rates of HIV diagnoses for the past ten years, the data for 2002 revealed a 21.6% increase in HIV notifications on the previous year. Analysis of data over recent years revealed that this fluctuation was not uncommon in relation to national data and a subsequent rise of 19.2% was experienced in 2004.

Figure 1. New HIV diagnoses (numbers and rates/100,000) by year



Much of the increase in 2002 and 2004 was in gay and other homosexually active men, with an increase in 2002 in the numbers of 20-29 year olds (31 in 2002, compared to 16 in 2001), which again was not statistically significant but indicated the need for ongoing surveillance. Table 1 outlines the main routes of transmission for HIV over a five-year period

through to 2003 (data set for 2004 not available at the time). In all years, gay and other homosexually active men has remained the primary category for exposure for notifications in Queensland. For women, the highest category of exposure continues to be origin from a high prevalence country or having a sexual partner from a high prevalence country.

**Table 1. Diagnoses of HIV infection by exposure category as a percentage of diagnoses each year where first diagnosed in Queensland, 1999-2003 and cumulative 1984-2003**

	Year of diagnosis	1999	2000	2001	2002	2003	1984-2003
		(n=92)	(n=87)	(n=79)	(n=106)	(n=99)	(n=1867)
<b>MALES</b>	<b>Exposure category</b>						
	MSM	68.5	71.3	69.6	75.5	74.7	75.8
	MSM and IDU	12.0	6.9	7.6	8.5	9.1	8.9
	IDU	6.5	3.4	6.3	1.9	2.0	3.4
	Heterosexual TOTAL	7.7	12.5	11.4	5.5	9.1	4.2
	From a high prevalence country	2.2	8.0	3.8	0.9	1.0	1.6
	Sex with injecting drug user	0.0	0.0	0.0	0.9	0.0	0.1
	Sex with person who received blood/tissue products	0.0	0.0	0.0	0.0	0.0	0.0
	Sex with person with haemophilia/coagulation disorder	0.0	0.0	0.0	0.0	0.0	0.0
	Sex with a person from a high prevalence country	3.3	3.4	6.3	2.8	6.1	2.1
	Sex with person whose exposure is other than above	2.2	1.1	1.3	0.9	1.0	0.8
	Heterosexual, not otherwise specified	0.0	0.0	0.0	0.0	1.0	0.4
	Blood Transfusion	0.0	0.0	0.0	0.0	0.0	0.9
	Haemophilia /coagulation disorder	0.0	0.0	0.0	0.0	0.0	1.4
	Maternal exposure	0.0	0.0	0.0	0.0	0.0	0.2
	Other/Unknown	5.4	5.7	5.1	8.5	5.1	4.6
	<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
	<b>Year of diagnosis</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>1984-2003</b>
	<b>Exposure category</b>	<b>(n=11)</b>	<b>(n=10)</b>	<b>(n=18)</b>	<b>(n=12)</b>	<b>(n=15)</b>	<b>(n=172)</b>
<b>FEMALES</b>	IDU	9.1	20.0	0.0	0.0	6.7	10.5
	Heterosexual TOTAL	81.9	70.0	89.0	91.6	80.0	70.9
	From a high prevalence country	45.5	10.0	38.9	25.0	40.0	19.8
	Sex with a bisexual male	0.0	10.0	11.1	33.3	13.3	14.5
	Sex with injecting drug user	0.0	0.0	5.6	0.0	0.0	8.7
	Sex with person who received blood/tissue products	0.0	0.0	0.0	0.0	0.0	1.7
	Sex with person with haemophilia/coagulation disorder	0.0	10.0	0.0	0.0	0.0	1.2
	Sex with a person from a high prevalence country	36.4	20.0	16.7	8.3	20.0	12.8
	Sex with person whose exposure is other than above	0.0	20.0	11.1	25.0	6.7	8.7
	Heterosexual, not otherwise specified	0.0	0.0	5.6	0.0	0.0	3.5
	Blood Transfusion	0.0	0.0	0.0	0.0	0.0	6.4
	Haemophilia /coagulation disorder	0.0	0.0	0.0	0.0	0.0	0.0
	Maternal exposure	0.0	0.0	0.0	0.0	0.0	2.3
	Other/Unknown	9.1	10.0	11.1	8.3	13.3	9.9
	<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: MSM = men who are homosexually active which includes gay men and men who do not identify as gay  
 IDU = injecting drug use

Data from other sources reveal that there has been a significant upward trend nationally in rates of unprotected anal intercourse (UAI) with casual male partners in recent years. *The Queensland Gay Community Periodic Survey 2004*, which provides a snapshot of sexual and HIV-related practices among gay men, verified this trend.

The National Centre in HIV Social Research (NCHSR) report, *2003–HIV/AIDS, Hepatitis C and Related Diseases Annual Report of Behaviour*, suggests the increase in UAI is continuing. Given that UAI is a high-risk activity for transmission of HIV, the report highlights the need for educators and policy makers to understand why this change in behaviour is occurring. Ongoing national research will inform the significance of this trend as well as other issues such as the effect of substance use on decision making in relation to sexual practices and the use of HIV Post Exposure Prophylaxis (PEP) as a prevention strategy.

From 1999/2000 to 2004/5 the number of people living with HIV/AIDS (PLWHA) in Queensland grew by 42.6%. Table 2 indicates the cumulative numbers of PLWHA in Queensland from 1999-2005. Advances in treatment therapies mean that after accounting for AIDS deaths, it is expected that the number of PLWHA will continue to grow by approximately 110 persons per year. This will be approximately 660 new cases over the life of this Strategy.

Table 2. Cumulative PLWHA and yearly new HIV notifications in Qld 1999 – 2005

YEAR	Cumulative PLWHA in QLD	%	New HIV Notifications	%
1999/2000	1082	-	103	-
2000/2001	1159	7.1	97	-5.8
2001/2002	1240	7.0	97	0.0
2002/2003	1338	7.9	118	21.6
2003/2004	1428	6.7	114	-3.4
2004/2005	1544	8.1	136	19.3

Other national research shows that approximately 52% of people living with HIV infection in Australia were treated with antiretroviral therapy in 2003. Whilst HAART has provided significant improvements for people living with HIV/AIDS, the national surveillance report cautions that:

*“the long-term effectiveness of anti-retroviral treatment remains unknown, and if treatments begin to fail for a substantial proportion of people, then AIDS incidence could increase”<sup>3</sup>*

Debate continues among treatment experts on when to commence antiretroviral therapy. Treatment decisions will continue to be made by physicians and clients on a risk/benefit analysis.

Recent research shows that nationally, prior to 2001, the rate of HIV diagnosis in the Aboriginal and Torres Strait Islander population was consistent with the HIV diagnosis rate in the non-Aboriginal and Torres Strait Islander population. The population rate of HIV diagnosis has gradually increased in the non-Aboriginal and Torres Strait Islander population from 4.1 in 2001 to 4.6 per 100,000 in 2004, whereas the rate of HIV diagnosis in the Aboriginal and Torres Strait Islander population increased substantially from 4.0 in 2001 to 5.8 per 100,000 in 2004.

Nationally, the rate of AIDS diagnosis also increased substantially in the Aboriginal and Torres Strait Islander population in 2000–2004, whereas the rate of AIDS diagnosis in the non-Aboriginal and Torres Strait Islander population gradually declined over this time. By 2004, the rate of AIDS diagnosis in the Aboriginal and Torres Strait Islander population was more than four times that of the non-Aboriginal and Torres Strait Islander population<sup>4</sup>.

Whilst this national trend is not reflective of the current Queensland situation where HIV notification and AIDS diagnosis rates for Aboriginal and Torres Strait Islander populations remain at or below those in the non-Aboriginal and Torres Strait Islander population, Queensland services will need to be mindful of this national trend when developing responses to HIV/AIDS in Aboriginal and Torres Strait Islander communities.

<sup>3</sup>National Centre in HIV Epidemiology and Clinical Research (NCHECR) 2003 HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2003.

<sup>4</sup>National Centre in HIV Epidemiology and Clinical Research (NCHECR) 2005. Unpublished data.

Based on testing and surveillance data, there is evidence to suggest that a small number of people may not be aware of their HIV status until they are severely immune suppressed or even seriously ill. This emphasises the importance of promoting HIV testing among target groups.

People living with HIV may experience co-infection with other blood-borne viruses including hepatitis C. Co-infection with multiple blood-borne viral infections can markedly alter the natural history of disease<sup>5</sup>. For HIV positive people, co-infection with hepatitis C may affect their health and/or their decisions in relation to antiretroviral therapy<sup>6</sup>.

The *HIV Futures 3*<sup>7</sup> study revealed that around two out of five (38.1%) respondents had been diagnosed with a major health condition other than HIV/AIDS. The most common major health conditions included HCV (9.9% of the total sample), cardiovascular disease (4.6%), asthma (3.6%) and hepatitis B (3.0%).

## 2.3 Hepatitis C

HCV is a blood-borne virus that causes significant morbidity to those infected due to the chronic nature of this infection. In 2003, an estimated 242,000 people living in Australia had been exposed to HCV with an estimated 16,000 new infections annually. A recent national seroprevalence study indicates that this may be an underestimate in reporting and suggests the overall prevalence of HCV in the Australian adult population to range from 1.8% to 2.9% with an age standardised seroprevalence of 2.3 per cent. This may represent an almost doubling in the estimate of 2003<sup>8</sup>.

In Queensland there were 2,835 notifications of HCV in 2004. The median age for all notifications was 35 years with the highest number of notifications reported among people aged 25–34 years. Projections of the number of people living with HCV in Australia by 2020 are estimated to be between

321,000 and 836,000, depending on future patterns of drug use<sup>9</sup>. HCV transmission continues to occur nationally as well as in Queensland predominantly among people with a recent history of injecting drug use. Nationally, more than 75% of people with newly acquired HCV infection reported a history of injecting drug use<sup>10</sup>.

Table 3 summarises the HCV notifications and rates per 100,000 population for Queensland and Australia over a six-year period from 1999-2004.

**Table 3. Rates of notifications of HCV infection in Queensland and Australia 1999-2004**

	1999	2000	2001	2002	2003	2004
<b>Numbers of Notifications</b>						
Queensland*	3,047	3,283	3,032	2,774	2,607	2,835#
Australia*	19,168	19,487	18,924	16,309	14,499	NA
<b>Rates / 100,000 people</b>						
Queensland*	86.8	92.1	83.6	74.8	68.7	74.7#
Australia*	102.3	103.4	99.6	84.8	74.5	NA

\*1999 -2003 These are unspecified HCV infections and include cases in which the duration of illness can not be determined (Source: National Centre in HIV Epidemiology and Clinical Research, 2004)

# Data Source: Notifiable Conditions Surveillance System, Queensland Health, 2005

These data give some indication of the pattern of notifications and rates in Queensland. However, the data should not be used in isolation as:

- ▶ fluctuations in the notification rates may be a product of changes in screening and detection and may not necessarily be a measure of the burden of this disease;
- ▶ at present, Queensland does not investigate notifications of HCV to study risk factors, possible duration of infection, or reason for testing;

<sup>5</sup>Australasian Society for HIV Medicine (ASHM), *HIV/Viral Hepatitis a guide for primary care*, Darlinghurst, New South Wales, 2001.

<sup>6</sup>Grierson et al., *HIV Futures 3 – Positive Australians on Services, Health and Wellbeing. Monograph Series Number 37*. The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne Australia, 2002.

<sup>7</sup>Grierson et al., *HIV Futures 3 – Positive Australians on Services, Health and Wellbeing. Monograph Series Number 37*. The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne Australia, 2002.

<sup>8</sup>Amin J et al., Hepatitis C prevalence-a nationwide serosurvey, *Communicable Diseases Intelligence* 2004;28:517-521.

<sup>9</sup>National Centre in HIV Epidemiology and Clinical Research (NCHECR) 2003 *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2003*.

<sup>10</sup>National Centre in HIV Epidemiology and Clinical Research 2004. *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2004*. National Centre in HIV Epidemiology and Clinical Research, Sydney, NSW; Australian Institute of Health and Welfare, Canberra, ACT. 2004

- ▶ cases are diagnosed when the patient presents with symptoms of chronic disease or through screening. Detection of incident cases of infection is difficult because less than 10% of people who are exposed to the virus develop signs of acute hepatitis, and an even smaller proportion seek medical advice; and
- ▶ although new infection can be detected serologically, it requires serial testing of individuals within a limited time period.

Due to the chronic nature of HCV infection, people living with HCV infection in the future are likely to require significant levels of resources from the public health system. This Strategy aims to address issues of treatment and care for people living with HCV while preventing new infections through innovative education and prevention strategies.

Treatment for HCV has been available in Australia since 1992. However, the majority of people with

HCV infection have yet to seek treatment and there is a lack of formal research evidence to indicate why conventional treatment uptake is low.

As indicated earlier, the overall prevalence of HCV in Australia’s adult population is estimated to range between 1.8% and 2.9% with an age standardised seroprevalence of 2.3 per cent and a higher prevalence in specific high-risk populations.

The following figure demonstrates the natural history of HCV. The natural history of HCV is defined (in the National Hepatitis C Resource Manual) as:

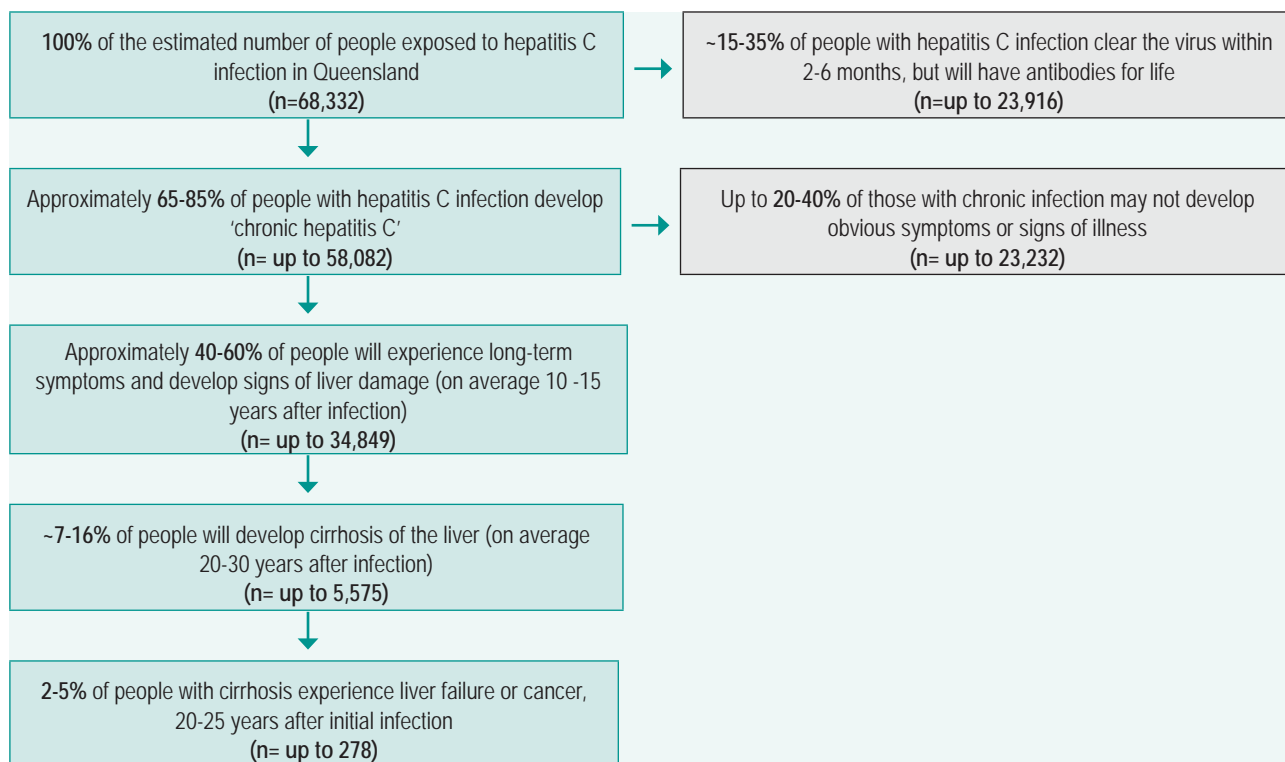
*‘The progression of (the disease) in the absence of any medical treatment or other intervention over a designated period of time.’*

This example uses an estimate of infection with HCV in 1.8% of the Queensland population.

Figure 2. Queensland Hepatitis C Situation 2003

Population (using 2003 estimated residential population in Queensland) = 3,796,244

If 1.8% have been exposed to hepatitis C = 68,332 people



The major long-term health concern associated with HCV infection is cirrhosis. Persistent infection occurs in 65-85% of people who are infected with HCV and cirrhosis is estimated to occur in 7-16% of these cases, usually 20 years after infection. Of those with cirrhosis, a further 2-5% will develop liver failure or hepatocellular carcinoma 20-25 years following infection. These figures do not take into account the number of people living with HCV in the community who are yet to be tested and identified as HCV positive.

Recent research indicates that *'the impact on the health system of illness associated with chronic infection over the next decade is likely to increase as those infected in this study approach the duration of infection, 15-25 years, at which complications of hepatitis C arise'*<sup>10</sup>.

## 2.4 Sexually transmissible infections

Recent improvements to testing technologies and single dose treatments have contributed to earlier detection and better treatment outcomes for many STIs. In some cases it is difficult to identify whether recent increases in notifications can be attributed to the availability of these less invasive tests, or whether they are representative of increased levels of transmission in the community.

STI rates are higher among young people and consistently higher across all age groups between 15-24 years. Since 1999, the number of chlamydia notifications for females has increased by approximately 90%, whereas notifications for males increased by approximately 112%. This increase in notifications for males is likely to be due to less invasive testing procedures.

Widespread evidence links the presence of STIs to an increased risk of infertility<sup>11</sup>, to contracting HIV<sup>12</sup> and, more recently, to cervical cancer<sup>13</sup>. In women, STIs can cause pelvic inflammatory disease, ectopic pregnancy and chronic pelvic pain. Both men and women can eventually become infertile. Unfortunately many

STIs are asymptomatic, and widespread screening programs in identified populations remain the best option for this endemic problem.

Rates of chlamydia, gonorrhoea, trichomonas and syphilis in some Aboriginal and Torres Strait Islander communities in Queensland are up to five times higher than in the non-Aboriginal and Torres Strait Islander population. However, Aboriginal and Torres Strait Islander identification in the notification data is inconsistent. Consequently an accurate estimate of incidence is not available. Research into similarly high rates of STIs in the Northern Territory established that this could be attributed to poorer access to primary health care services, and was not linked to increased levels of sexual activity among Aboriginal and Torres Strait Islander people<sup>14</sup>. As a result, a key focus of the National Indigenous Australians' Sexual Health Strategy has been to improve access to non-invasive testing methods such as Polymerase Chain Reaction (PCR) testing of urine.

### Chlamydia (*Chlamydia trachomatis*)

Chlamydia is the most commonly notified of all STIs in Queensland, with 8,851 notifications during 2004 and more than 730 new notifications each month. As shown in Figure 3, there are significantly more notifications among women.

Figure 4 identifies chlamydia notifications by age and gender with most notifications in 2004 occurring among 15-24 year olds. The same trend was observed in the previous six years.

The introduction of non-invasive PCR urine testing in 1997 has contributed to large increases in notifications of chlamydia in Queensland. For example, of the 8,851 notifications during 2004, approximately 1291 were identified through targeted Aboriginal and Torres Strait Islander screening programs<sup>15</sup>. In addition, increased awareness among the community and medical fraternity through public health campaigns such as the Chlamydia Awareness Campaign 2000 may have contributed to the rise in notifications.

<sup>10</sup>Amin J et al. Hepatitis C prevalence – a nationwide serosurvey (Communicable Diseases Intelligence Vol 28 No 4) 2005

<sup>11</sup>Karinen L, Pouta A, Hartikainen AL, Bloigu A, Paldanius M, Leinonen M, Saikku P, Jarvelin MR. Association between Chlamydia trachomatis antibodies and subfertility in the Northern Finland Birth Cohort 1966 (NFBC 1966), at the age of 31 years. [Journal Article] *Epidemiology & Infection*. 132(5):977-84, 2004 Oct.

<sup>12</sup>Grosskurth H, Mosha F, Todd J, Mwijarubi E, Klokke A, Senkoro K, Mayaud P, Chagalucha J, Nicoll A, Ka-gina G, et al. *Impact of improved treatment of sexually transmissible diseases on HIV in rural Tanzania: randomised control trial*. *Lancet* 1995 Aug 26;346 (8974):530-6.

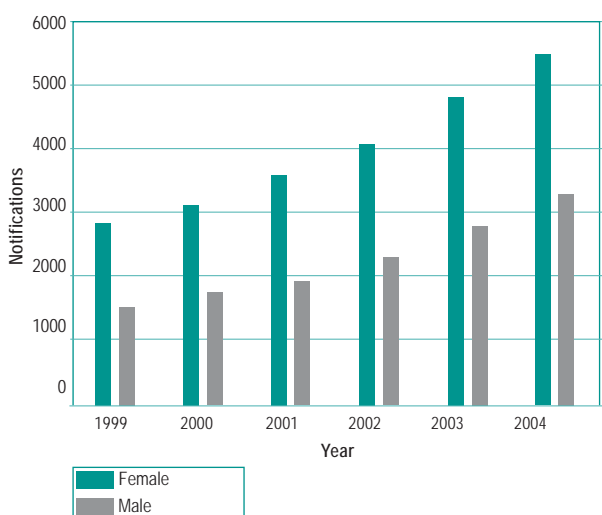
<sup>13</sup>Anttila T, Saikku P, Koskela P, et al. *Serotypes of Chlamydia Trachomatis and Risk for Development of Cervical Squamous Cell Carcinoma* JAMA 2001; 285:47-51.

<sup>14</sup>Bowden FJ and Fairley CK 1996 *Endemic STDs in Northern Territory: estimations of effective rates of partner change*. Northern Territory RACP Meeting, November 1996. Unpublished.

<sup>15</sup>Indigenous Polymerase Chain Reaction Testing Reports to the Commonwealth Office for Aboriginal and Torres Strait Islander Health. Pathology and Scientific Services, Queensland Health. Unpublished.

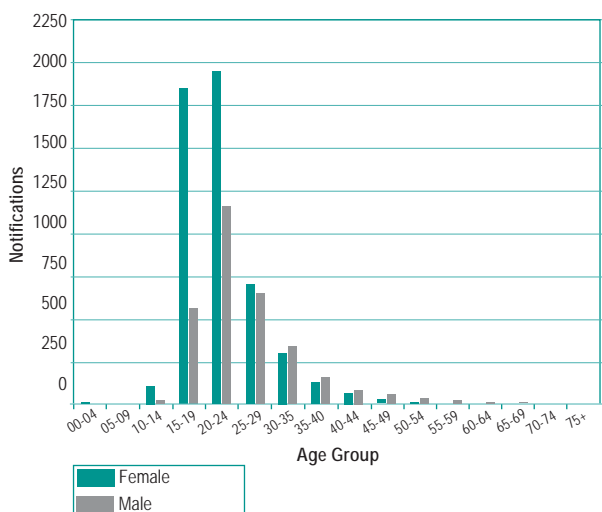
Chlamydia presents a significant challenge for all health programs as, in addition to reduced access to services in many parts of rural and remote Queensland, up to 70% of cases in women and 50% of cases in men are asymptomatic<sup>16</sup>. This may allow them to unwittingly infect their sexual partners. It is estimated that notifications significantly under-represent the burden of infection due to asymptomatic infection, under-testing of persons with symptomatic infection and presumptive treatment of cases and contacts. In women, chlamydia is also associated with adverse pregnancy outcomes and pelvic inflammatory disease. In both sexes it is linked to infertility.

Figure 3. Queensland Chlamydia Notifications by Year and Sex 1999 – 2004



Source: Notifiable Conditions System, Communicable Diseases Unit, Queensland Health.

Figure 4. 2004 Chlamydia Notifications by Age Group



Source: Notifiable Conditions System, Communicable Diseases Unit, Queensland Health.

### Gonorrhoea (*Neisseria gonorrhoeae*)

Queensland notified 1,197 cases of gonorrhoea during 2004, or approximately 100 cases per month. Unlike chlamydia, gonorrhoea is notified more frequently among males. Like chlamydia however, the highest rate of gonorrhoea notifications was among young people aged 15-24 years. Co-existent infection with chlamydia trachomatis is common.

Dedicated screening programs among the Aboriginal and Torres Strait Islander population account for a significant proportion of notifications in the past three years. There also appears to have been increased notifications in males with anal/rectal or pharyngeal gonococcal infections in 2003-2004, raising concerns again about risk factors in this population sub-group.

The advent of drug-resistant strains of penicillinase-producing *Neisseria gonorrhoeae* (PPNG) has recently required Queensland treatment protocols to be adjusted. Penicillin is no longer recommended as the first line treatment for gonorrhoea. However, vigilance needs to be maintained to ensure that, wherever possible, testing for drug resistance continues to ensure that strains of *Neisseria gonorrhoeae* that demonstrate additional drug resistance patterns known to occur in parts of South East Asia do not also occur in Queensland.

### Syphilis

Syphilis notifications are lower than those for either chlamydia or gonorrhoea. In 2004, there were 357 notifications for syphilis in Queensland, with approximately 30 cases notified per month. Serological testings for syphilis can remain positive for long periods, leading to over-notification and over-treatment. A statewide Syphilis Register was introduced in July 2001 to help manage Queensland syphilis notifications, and this has helped to reduce over-notification and enhanced patient treatment outcomes.

North Queensland notification rates in 2004 were three times higher than the State rate, in part due to the higher Aboriginal and Torres Strait Islander population in north Queensland. There is also early evidence of an increase in cases of syphilis in gay and other homosexually active men.

## Genital Herpes

It is thought that a substantial proportion of the population is infected with Herpes Simplex Virus (HSV). However, as herpes is not a notifiable condition, no prevalence data exist regarding the extent of infection within the general Queensland population.

At present there is no cure for herpes. However, there are medications to treat herpes that reduce the duration and severity of episodes and decrease the likelihood of a recurrence of herpes infection. Antiviral treatments decrease the likelihood of a herpes outbreak and transmission to others.

HIV positive patients have been shown to shed HIV as well as HSV from active herpes lesions. Thus, genital herpes can increase the risk of transmission of HIV<sup>17</sup>.

## Genital Warts (Human Papilloma Virus)

Like genital herpes, the extent of infection with Human Papilloma Virus (HPV) in Queensland is not known. HPV is the cause of genital warts and a major factor in cervical cancer<sup>18</sup>. Most genital HPV infections are asymptomatic, subclinical or unrecognised, with only about 1% of HPV infection resulting in clinically apparent ano-genital warts.

As most HPV infections are asymptomatic, it is essential that all women who have ever been sexually active ensure they undergo regular and continuing cervical screening. As with all STIs, it is important to acknowledge the psychological distress associated with a diagnosis of HPV, genital warts and/or changes identified through a Pap smear.

## Trichomonas

Trichomonas is widespread and, although common in rural and remote Australia, there has been a considerable decline in incidence and prevalence in urban Australia during the past decade<sup>19</sup>. Trichomonas is not notifiable in Queensland and was not included in routine testing as part of the former Well Persons Health Check program in Northern Queensland. However, research from the Northern Territory found that, in a sample population of 345 Aboriginal and Torres Strait Islander women, 27% tested positive for trichomonas<sup>20</sup>.

In adults, trichomonas is almost always transmitted sexually and is frequently asymptomatic. Untreated, infection may persist in women for years and in men for many months. Trichomonas may facilitate HIV infection in women and new evidence from studies around the world suggests a link between trichomonas and pre-term birth, premature rupture of the membranes and postpartum infection<sup>21</sup>. Trichomonas may co-exist with gonococcal infection.

<sup>17</sup> Auvert B, Ballard R, Campbell C, Carael M, Carton M, Fehler G, Gouws E, Macphail C, Taljaard D, Van Dam J, Williams B. *HIV infection among youth in a South African mining town is associated with herpes simplex virus 2 seropositivity and sexual behaviour.* AIDS 2001 May 4; 15(7):885-98.

<sup>18</sup> Mayelo V, Garaud P, Renjard L, Dianoux L, Lansac J, Lhuintre Y, Coursaget P, Anthonioz P. *Cell abnormalities associated with human papillomavirus-induced squamous intraepithelial cervical lesions. Multivariate data analysis.* Am Journal Clinical Pathology 1994 Jan 101 (1): 13-8.

<sup>19</sup> Bradford D, Queensland Health, personal communication.

<sup>20</sup> Fairley CK, Bowden FJ. Letter to the Editor, Journal of Australian Medical Association, July 9, 1997. 278(2).

<sup>21</sup> Cotch MF, Pastorek JG, Nugent RP et al. Trichomonas vaginalis associated with low birth weight and preterm delivery. Sex Transmissible Diseases 1997 24:353-60.

The **key outcomes** of the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011* will be:

- ▶ reduced transmission of HIV, HCV and STIs;
- ▶ minimisation of the impact of HIV, HCV and STIs on the Queensland population; and
- ▶ improved health and wellbeing of people living with HIV, HCV and STI-related chronic illness.

These outcomes have been identified in consultation with stakeholders to guide efforts towards a coordinated and unified statewide approach to addressing the significant health issues associated with HIV, HCV and STIs in the Queensland population.

The **key indicators** by which the above outcomes will be measured are:

- ▶ incidence of new infections;
- ▶ incidence and prevalence of HIV and STIs, and prevalence of HCV in the Queensland population and risk populations as reported through national and state surveillance;
- ▶ reduction in AIDS diagnoses as a proportion of PLWH;
- ▶ percentage annual increase in the number of people accessing and completing antiviral HCV treatment;
- ▶ proportion of people living with HIV accessing antiretroviral treatment; and
- ▶ health and wellbeing of PLWHA and people with HCV as indicated through data from quality of life studies.

These outcomes will be achieved through a focus on the following **strategic priority areas**:

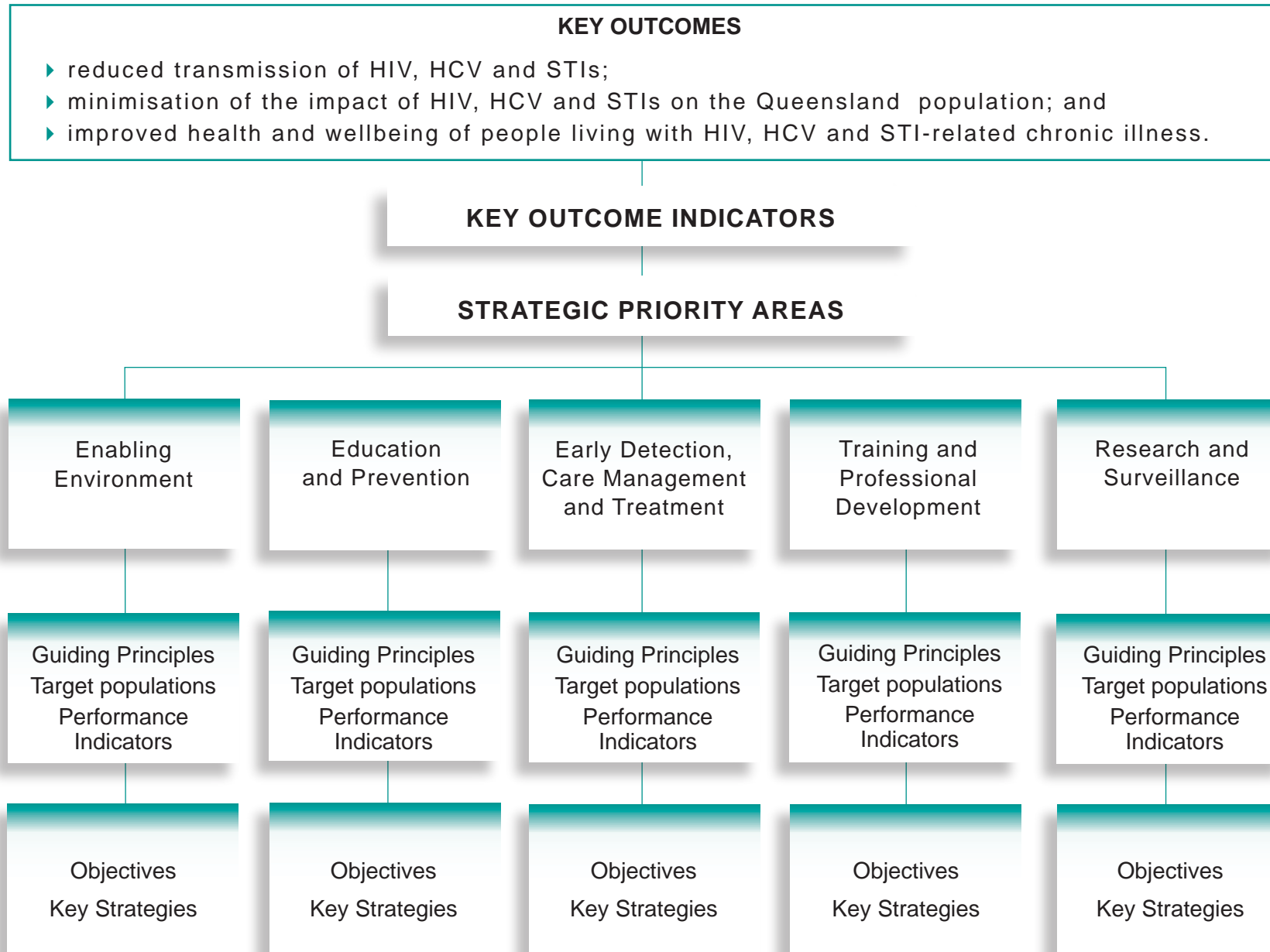
1. An enabling environment
2. Education and prevention
3. Early detection, care management and treatment
4. Training and professional development
5. Research and surveillance

Outlined in each strategic priority area are **guiding principles, target populations, performance indicators, objectives**, and **key strategies** for achieving the key outcomes. Table 2 provides a graphical representation of the Strategy structure.

The list of key strategies is not intended to be exhaustive or prescriptive. Rather, it aims to provide guidance to policy development and/or development of action plans across the broad spectrum of government departments and stakeholder agencies working towards the achievement of the Strategy's key outcomes.

Performance indicators of success have been suggested to assist in identifying ways by which implementation of the Strategy can be measured. The list of performance indicators is not intended to be exhaustive, and those that are included relate predominantly to health-related outcomes. Other government departments and agencies will consider the specific performance indicators to assist in measuring efforts to implement the Strategy.

Table 4: Structure of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011



### 3.1 Enabling environment

The World Health Organisation, through its endorsement of the *Ottawa Charter on Health Promotion*, acknowledged the need to foster environments which support the rights of people to have a say on issues impacting on their health and wellbeing. These issues include social, behavioural, cultural and economic determinants such as living and working conditions, mental health and spiritual wellbeing, physical environment, personal health practices/individual capacity, culture, ethnicity and discriminatory practices. Demographics such as age, gender and location may also have a significant influence. These determinants have been shown in a variety of settings to have the greatest influence on health<sup>22</sup>.

As government departments are responsible for providing leadership in developing, funding, delivering and evaluating a range of services that reflect the needs of the community, a whole-of-government response working in partnership with groups and communities affected by HIV, HCV and STIs will be the key to enhancing an enabling environment.

#### Guiding Principles

The creation of an enabling environment relies on principles that respect the contribution of individuals and communities to improve their own health outcomes. Elements of success include:

- a) a supportive legislative environment at all levels of government that emphasises a rational, non-coercive and responsive approach to issues associated with the prevention and management of HIV, HCV and STIs;
- b) legislative and policy responses that act to eliminate discrimination, marginalisation, prejudice and violence associated with sexual orientation, gender, race and/or people living with or affected by HIV, HCV and STIs;
- c) systems that ensure people affected by HIV, HCV and STIs have equitable opportunities for access to programs and services;
- d) access by individuals and communities to information and support to develop knowledge and skills to take responsibility for their own health;
- e) local and statewide political and social

environments that assist communities to actively participate in the improvement and delivery of local programs; and

- f) recognition that social determinants and cultural factors contribute to a person's ability to negotiate safer behaviours.

#### Target populations

All relevant:

- a) government departments;
- b) community leaders;
- c) government, non-government and private service providers;
- d) community members; and
- e) media.

#### Performance Indicators

- a) Evidence of legislation, policy, protocols and/or guidelines aimed at improving HIV, HCV and STI related health and consequent wellbeing outcomes.
- b) Evidence of programs that support target populations to participate in policy and program development that impacts on their own health and wellbeing outcomes.
- c) Proportion of relevant government departments that incorporate and address issues covered by this Strategy.
- d) Evidence of local interagency/interdepartmental forums to improve collaboration and sharing of resources.
- e) Evidence of activity aimed at improving HIV, HCV and STI related health and consequent wellbeing outcomes.

#### 3.1.1 Objective One

The enhancement of an environment that supports improved health and consequent wellbeing in relation to HIV, HCV and STIs for people in Queensland.

##### Key Strategies

1. Lead and promote opportunities for the development, implementation and evaluation of legislation, policy, protocols and

guidelines that reflect the guiding principles of the national strategies and the relevant recommendations of the National Public Health Partnership (NPHP).

2. Lead and promote opportunities to address the social determinants of health by reducing barriers such as discrimination and stigma, social isolation, homelessness and violence particularly for:
  - ▶ Aboriginal and Torres Strait Islander people;
  - ▶ lesbian, bisexual and transgender persons;
  - ▶ gay and other homosexually active men;
  - ▶ people from culturally and linguistically diverse backgrounds;
  - ▶ people in correctional centres;
  - ▶ people living with or affected by HIV, HCV and STIs;
  - ▶ people who inject drugs;
  - ▶ sex workers; and
  - ▶ young people.

### 3.1.2 Objective Two

A whole-of-government approach to the management of HIV, HCV and STIs across Queensland.

#### *Key Strategies*

1. Encourage statewide and/or regional planning initiatives that take a whole-of- government approach and recognise the impact of social determinants of health such as access to education, housing, social services and employment.
2. Strengthen links between local government and non-government services through interagency planning, development of local networks, and collaboration to improve coordination and delivery of local services.
3. Foster cross-border partnerships and collaborative activities with other States and Territories and Papua New Guinea for preventing the risk of transmission of HIV, HCV and STIs and to enhance cross border management of people infected and affected by HIV, HCV and STIs.

### 3.1.3 Objective Three

Target populations and people with HIV, HCV and STIs in Queensland have the opportunity to participate in decision making to improve their health and wellbeing outcomes.

#### *Key Strategies*

1. Promote structures and programs that encourage the active participation of and decision making by individuals with and local communities affected by HIV, HCV and STIs in the development of policies and programs impacting on their health, relationships and wellbeing.
2. Include input from those communities who are being targeted, including peers, in partnership with service providers, government and researchers.

## 3.2 Education and prevention

In keeping with the principles of health promotion and harm reduction, the Strategy aims to deliver a wide range of interventions to prevent the transmission of HIV, HCV and STIs. This includes initiatives to improve health outcomes for people in high risk groups and those affected by HIV, HCV and STIs.

### Guiding Principles

Principles that should underpin the development of education and prevention programs in Queensland include:

- a) equitable access to education and prevention programs for target populations to assist them to minimise their risk of transmitting or contracting HIV, HCV and STIs;
- b) individuals taking responsibility for minimising their risk of infection;
- c) harm reduction approaches;
- d) peer based approaches;
- e) supporting young people to make informed decisions about risk taking behaviours;
- f) use of language and imagery relevant to the target populations;
- g) partnerships with relevant stakeholders;

- h) involvement of infected and affected populations in the development of strategies and programs that address their particular needs and cultural and linguistic diversity, and promote broader long-term behaviour change;
- i) respect for diversity and individual rights; and
- j) public health policies, and education and prevention strategies that are evidence based and respond to changes in epidemiology and risk behaviours over time.

## Target populations

### Primary Targets

While the Strategy will recognise the education and prevention needs for the wider Queensland population, it will focus on the following primary target populations that vary according to program area:

#### HIV

- ▶ gay and other homosexually active men;
- ▶ people living with HIV;
- ▶ people who inject drugs, including initiates to injecting;
- ▶ Aboriginal and Torres Strait Islander people; and
- ▶ people from high prevalence countries and their sexual partners.

#### HCV

- ▶ people who inject drugs, including young people and initiates to injecting;
- ▶ people with HCV;
- ▶ people in correctional facilities, including remand centres/ watchhouses and youth detention centres; and
- ▶ Aboriginal and Torres Strait Islander people.

In 2003, an estimated 242,000 people in Australia had been exposed to HCV with an estimated 16,000 new infections annually. Recent research indicates that this may be an underestimate in reporting and suggests the overall prevalence of HCV in the Australian adult population to range between 1.8% and 2.9% effectively doubling the previous estimate.

Current injecting drug users are the most vulnerable group for risk of hepatitis C transmission. Those who inject are not an easily identifiable 'community'

or group of people. Drug use occurs in varying ways ranging from recreational to habitual use. The diversity of this population results in some individuals being connected with services while others remain disenfranchised, often experiencing high levels of discrimination.

The cultural context in which drug use occurs presents many challenges for education and prevention, requiring innovative and informed approaches in responding to and accessing this often marginalised and diverse population.

### STIs

- ▶ people living with chronic STIs;
- ▶ young people, including those in care;
- ▶ Aboriginal and Torres Strait Islander people;
- ▶ gay and other homosexually active men;
- ▶ sex workers;
- ▶ people from high prevalence countries and their partners; and
- ▶ people travelling to or returning from overseas.

Other populations that may require targeted approaches in each of the program areas include:

- ▶ people from culturally and linguistically diverse backgrounds;
- ▶ people living in rural and remote areas with poor access to services;
- ▶ people who have experienced sexual abuse;
- ▶ people with disability including those with mental illness; and
- ▶ pre conception and pregnant women.

### Secondary targets

The Strategy recognises the importance of people working with the above populations in promoting the adoption of safe behaviours. They include:

- a) Aboriginal and Torres Strait Islander health workers
- b) correctional facility, youth detention, police and watchhouse staff;
- c) health and student services staff at TAFE colleges, universities and other adult education facilities;
- d) general practitioners;
- e) government, non-government and private service providers;

- f) parents and foster carers;
- g) peers and social networks;
- h) people providing skin penetration services, tattooing or beauty therapy;
- i) School Based Police Officers;
- j) School Based Youth Health Nurses;
- k) teachers;
- l) workplace health and safety staff, unions and management;
- m) youth, refuge and hostel workers;
- n) staff of licensed care services;
- o) multicultural service providers and centres;
- p) Community Visitors employed by the Commission for Children and Young People and Child Guardian;
- q) Child Safety Officers;
- r) Client Services Officers;
- s) Residential Care Officers; and
- t) Family Support Officers.

### Performance Indicators

- a) Annual incidence and/or prevalence of notifiable HIV, HCV, and STIs among the Queensland population (trends over time) as indicated by annual Queensland Health and other commissioned reports.
- b) Proportion of people who report awareness of Occupational and Non Occupational HIV post exposure prophylaxis as indicated through national and state research reports.
- c) Increased awareness of HIV, HCV and STIs among targeted populations accessing education and prevention programs as indicated by evaluation reports.

#### 3.2.1 Objective One

Target populations in Queensland are engaged in education programs designed to reduce the risk of transmission of HIV, HCV and STIs.

##### Key Strategies

1. Engage at-risk populations in the development and implementation of education and prevention initiatives.

2. Provide and promote education to encourage safer behaviours and practices.
3. Incorporate best practice opportunistic education interventions as a component of standard service delivery.
4. Provide access to relevant and appropriate educational resources on HIV, HCV and STIs.
5. Support the community to develop education programs, including evaluation mechanisms to promote safer behaviours.
6. Use social, behavioural and epidemiological data and evaluation reports to inform prevention programs.

#### 3.2.2 Objective Two

HIV, HCV and/or STI prevention programs are accessible across Queensland.

##### Key Strategies

1. Provide and/or promote access to and use of preventive equipment (eg. condoms, sterile injecting equipment) to support adoption of safer behaviours and practices.
2. Develop and implement structures and procedures that support statewide availability of preventive equipment.
3. Promote and provide statewide access to occupational and non-occupational HIV post exposure prophylaxis.

### 3.3 Early detection, care management and treatment

Early detection of HIV, HCV and STIs, and appropriate care management and treatment are essential to improving the health and wellbeing of the Queensland population. As well as preventing or reducing the impact of chronic illness and/or infertility, improved early detection and treatment of HIV, HCV and STIs reduces the potential for further transmission and, in the case of STIs, the facilitation of HIV transmission.

Regional considerations often mean that treatment and care services across all three program areas are delivered by or reliant on the same facilities and/or service providers. This is particularly so when target populations such as gay men or IDUs have an

affinity towards a particular agency or service. This relationship and the availability of specific services in regional and remote Queensland has been a key factor in the integration of the three program areas into one Strategy, enabling service responses to take a holistic approach to individuals with co-infections and other co-morbidities.

However, it is important under this approach to recognise that each of the three program areas continue to require individual approaches reflecting the differing complexities of infection, opportunities for treatment, and long term sequelae.

As an example, many common STIs such as chlamydia, gonorrhoea, syphilis, and trichomonas can be treated and cured once diagnosed. The focus of this Strategy with regard to STIs therefore is to support early detection and screening programs.

As a chronic long term infection, HIV requires a different focus. While early detection remains important, the focus of the Strategy is to support those infected with HIV to manage their illness and maintain wellness. This includes ensuring that HIV treatment prescribers remain accessible and well trained, domiciliary care and support services to assist the management of disease progression and side effects of HIV treatment are available statewide, and publicly provided ancillary services are appropriate, professional and non-discriminatory. All services need to remain responsive to changes in the HIV epidemic and treatment approaches over time.

Care management and treatment strategies for HCV also vary, given the large number of people with HCV, the natural history of the virus, the range of treatment options available, and differences in morbidity and mortality associated with infection. Reduced access to treatment and care facilities is another significant consideration, including access for those experiencing the severe complications of HCV infection including cirrhosis, hepatocellular carcinoma, liver transplantation and death.

This Strategy seeks to ensure the focus with regard to HCV is on early detection strategies, effective management of those infected, and improved access to treatment. It also identifies the need for enhanced access to mental health services, respite care services and a range of supports for managing treatment side effects to facilitate compliance with and completion of treatment.

## Guiding Principles

- a) Services are modelled on evidence and best practice and offer a holistic approach to health care.
- b) Services are confidential, non-discriminatory, and culturally appropriate especially with regard to sexual practice, gender identity, HIV or HCV status or drug use behaviour.
- c) Literacy levels and cultural and linguistic diversity are a consideration in all service provision and in the development of information resources.
- d) Clients inform the development and delivery of health services.
- e) Decisions regarding treatment and care management involve both client and practitioner.
- f) Services reflect variations in the populations affected by HIV, HCV and STIs and adapt service models and approaches accordingly.
- g) Testing is voluntary and undertaken only with informed consent and pre and post test counselling.
- h) Health information systems provide service providers with up-to-date information about changing disease profiles and related treatment strategies.
- i) People in correctional facilities have the same rights to treatment and care as members of the general community.
- j) Quality assurance processes are incorporated into all funded and other relevant programs.
- k) Social determinants and cultural factors contribute to health outcomes.

## Target populations

- a) People engaging in behaviours that increase the risk of transmission of HIV, HCV and/or STIs especially those within the following groups:
  - ▶ gay and other homosexually active men;
  - ▶ young people;
  - ▶ people who inject drugs
  - ▶ people in detention and/or correctional facilities;
  - ▶ people who are ineligible for Medicare ; and
  - ▶ Aboriginal and Torres Strait Islander people.

- b) People living with and/or affected by HIV, HCV and STI-related chronic illness.
- c) People undergoing treatment for HIV/AIDS, HCV and STIs.
- d) Pre-conception and pregnant women.
- e) Government, non-government and private service providers.

### Performance Indicators

- a) Proportion of gay men in the Queensland Gay Community Periodic Survey who report being tested for HIV in the past 12 months compared with previous years.
- b) Proportion of IDUs in the Fingerprick Survey who report being tested for HIV, HBV and HCV in the past 12 months compared with previous years.
- c) Number of persons identified as newly diagnosed with HIV and HIV late presenters as reported in the Queensland Health notification data.
- d) Annual incidence in Queensland of notifiable STIs.
- e) Chlamydia notifications among persons aged 15–24 years as a proportion of total notifications.
- f) Waiting times for assessment and access to hepatitis antiviral treatment.
- g) Proportion of Queensland Health Service Districts in which PLWHA reside where an HIV treatment prescriber is available.
- h) Evidence of compliance with best practice standards in relation to service provision.

#### 3.3.1 Objective One

Quality, evidence based and best practice HIV, HCV and STI early detection, care management and treatment services in Queensland.

##### Key Strategies

1. Promote and provide support for services that provide care management and treatment services for people living with or at risk of HIV, HCV and/or STIs consistent with best practice and incorporating new and emerging research evidence and technologies.
2. Monitor trends and conduct or contribute to research to assess changing patterns in the treatment and care of HIV, HCV and STIs that may directly impact on service provision.

3. Use the data from research trends and evaluation of activities to inform program planning and ensure that services are delivered against evidence based standards.

#### 3.3.2 Objective Two

Early detection of HIV, HCV and STIs in the Queensland population.

##### Key Strategies

1. Support and provide targeted testing and/or screening activities, as appropriate for at-risk populations for HIV, HCV and STIs consistent with national testing policies.
2. Identify and remove barriers that may prevent the appropriate testing and/or screening of target populations and asymptomatic people.
3. Promote and implement contact tracing for HIV, and STIs consistent with state and national policy and guidelines.
4. Discourage inappropriate testing and/or screening for HIV, HCV and STIs.
5. Collect data to inform early interventions.
6. Progress innovative models and new technologies to increase access to testing and treatment.

#### 3.3.3 Objective Three

Equitable, accessible and culturally appropriate services for the treatment and care of people with HIV, HCV and STIs and identified at-risk populations in Queensland.

##### Key Strategies

1. Review models and the geographical reach of services to ensure they continue to adequately reflect the changing demographics and needs of target populations, patterns of infections and risk behaviours.
2. Provide access to and/or support the delivery of dedicated strategies that are equitable, accessible, culturally and age appropriate; confidential; and non-discriminatory for people in target populations.
3. Support people with HIV, HCV and STIs to access relevant health information, advice, treatment and care to improve their health outcomes.

4. Provide mechanisms for community and non government organisations (especially those receiving funds to provide HIV, HCV and STI services) to contribute to decision making for service planning and delivery.
5. Increase the capacity of the service system to support treatment providers through access to relevant up to date information and networks to assist in the planning, development, implementation and evaluation of programs and services.
6. Develop and/or maintain service provider links with relevant National and State peak bodies and/or organisations.

### 3.3.4 Objective Four

Care management and treatment interventions responsive to the particular needs of people with HIV, HCV and/or STIs in Queensland.

#### Key Strategies

1. Promote and provide care management and treatment through improved inter-departmental and interagency collaboration and the development of local referral mechanisms.
2. Promote and facilitate the coordination and delivery of services that acknowledge the impact of social determinants of health on people living with or at risk of HIV, HCV and STIs.

## 3.4 Training and professional development

Professionally trained and competent service providers are essential to reduce the transmission and impact of HIV, HCV and STIs in Queensland. Both government and the community are responsible for ensuring that training programs are available to help workers develop skills that can be applied in a range of settings.

### Guiding Principles

- a) High standard of service for the Queensland population.
- b) Training is culturally and linguistically appropriate to target populations.
- c) Standard practices are in place across workplace

settings and reflect best practice protocols and principles.

- d) Training is delivered throughout the state by suitably qualified professionals.
- e) Service providers are appropriately qualified and trained to perform the duties of their position.
- f) Government and non-government service providers are recognised for the influential role they play in supporting behaviour change among target populations.

### Target populations

- a) Government, non-government and private sector service providers.
- b) General practitioners and general practice organisations.
- c) Community workers across government, non-government and private sectors who work with or have influence with identified at-risk populations.
- d) Relevant, academic and training institution staff.
- e) Human resource personnel, workplace health and safety professionals, unions and management.
- f) Foster carers.

### Performance Indicators

- a) Evidence of education/training programs addressing HIV/AIDS, HCV and STI issues for service providers implemented and evaluated.
- b) Evidence of performance management/appraisal structures for service providers linked to the organisational planning cycle.

### 3.4.1 Objective One

A skilled workforce (paid and volunteer workers) that can assist in reducing the transmission and minimising the impact of HIV, HCV and STIs in Queensland.

#### Key Strategies

Relevant government departments in partnership with the community sector to:

1. Develop, implement and evaluate training programs using relevant national and state benchmarks and quality assurance standards appropriate to the target population.

2. Provide access to appropriate and targeted training and education opportunities.
3. Work with organisations, academic and other training institutions to develop curricula reflecting best practice relevant to the needs of target populations.
4. Provide and support opportunities to encourage recruitment to and retention of service providers in HIV, HCV and STI services and programs.
5. Promote and provide information about sector training opportunities in Queensland.
6. Maintain and facilitate access to and use of current evidence based resources, including guidelines and manuals.
7. Implement a communication system to support ongoing professional education and exchange of information between service providers, including access to electronic networks, training and resources.
8. Strengthen training and development opportunities for Aboriginal and Torres Strait Islander workers.

### 3.5 Research and Surveillance

Maintaining and promoting multidisciplinary research is integral to the effective implementation of the Strategy. A strong evidence base is an essential component of all programs or interventions.

Monitoring and surveillance information systems and activities are essential for identifying emerging issues or trends and to inform appropriate program planning responses.

#### Guiding Principles

- a) Research is consistent with the *National Health and Medical Research Council (NHMRC) Guidelines on Ethical Research*.
- b) Confidentiality procedures are implemented to protect the identity of individuals and ensure the security of information.
- c) High quality health information systems provide timely information on the changing profile of HIV, HCV and STIs in Queensland and related risk, morbidity and mortality data.

- d) High quality information systems provide data on social determinants which impact on HIV, HCV and STIs.
- e) Resources are allocated according to identified priorities and to where the greatest public health benefit can result.
- f) Priority is given to research that has a direct bearing on the program and policy planning and management and, where appropriate, involving a partnership with the relevant community concerned.
- g) Methods used are appropriate to the populations under investigation.
- h) Research is strategically focused and illuminates matters of concern to service providers.

#### Target populations

- a) Health workers and epidemiologists.
- b) Universities and research institutions.
- c) Government, non-government and private sector service providers.
- d) Affected individuals and communities.
- e) At-risk populations.

#### Performance Indicators

- a) Number of research projects related to Strategy outcomes in which Queensland services participate.
- b) Proportion of notifications where Aboriginal/Torres Strait Islander status is reported.
- c) Evidence of information systems that allow effective surveillance and monitoring activities.
- d) Evidence of relevant data and research to inform program and policy planning.

#### 3.5.1 Objective One

Queensland conducts, contributes to and/or participates in appropriate monitoring, research and surveillance.

##### Key Strategies

1. Foster initiatives that support and increase funding for biomedical and other research relevant to HIV, HCV and STIs.

2. Support targeted research such as the Queensland Women Prisoners' Health Survey, Finger Prick Survey and the Gay Community Periodic Survey.
3. Develop, maintain and enhance information systems for the provision of relevant data.
4. Timely dissemination of relevant epidemiological data, enhanced surveillance data and research results to service providers, researchers and the general community as appropriate.
5. Facilitate and/or support participation in industry sponsored research and clinical trials.

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### 3.5.2 Objective Two

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Policy, prevention, treatment planning and service delivery is informed by current evidence.

#### *Key Strategies*

1. Collect, analyse and interpret behavioural, prevention and treatment service data to inform program and policy development and service delivery.
2. Ensure evaluation models are incorporated into the design of all interventions.
3. Develop, maintain or enhance data collection and surveillance methods to inform program and policy planning including futures studies.
4. Develop capacity to conduct enhanced surveillance programs and improve collection of Aboriginal/Torres Strait Islander and ethnic identifiers, HCV and STI data.

## Partnerships and Governance

Health is influenced by many factors including lifestyle, genetic inheritance, economic and social determinants and the environment. The Queensland Government relies on the support of the health, business, research, social and education sectors as well as wider community involvement for effective service planning and delivery. Queensland Health has identified *Healthier Partnerships* as a fundamental process for the successful implementation of any public health intervention.

As articulated in 1.1, all partners' contributions are integral to the achievement of the key outcomes of this Strategy. The Strategy relies on a shared understanding of the issues, current knowledge and practices, and the skills required to deliver services. To significantly impact on health outcomes relating to HIV, HCV and STIs, a multifaceted approach that will inform, support and provide individuals with information and skills to improve, maintain and manage their health is needed.

### 4.1 Queensland stakeholders

The Queensland Government has overall responsibility for delivery of the Strategy in partnership with key stakeholders.

Relevant government departments will implement, monitor and report on progress (refer to Sections 5, 6 and 7) through Queensland Health convened forums and communication processes through nominated officers in each agency.

Representatives of affected communities and community and non-government service providers across the state participate in the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee convened by Queensland Health. This committee comprises representatives from the health and community sector and aims to discuss, formulate and endorse advice to Queensland Health on key and emerging issues at a strategic level. Meetings are held twice yearly and are chaired by the Director of the Communicable Diseases Unit.

In addition, a number of Queensland Health zonal coordination positions assist in further defining issues and responses relevant to local communities. These coordinators liaise with relevant local and zonal stakeholders such as local government councils, community organisations and private practitioners to achieve effective implementation of the Strategy.

### Queensland State Government Departments

Queensland Health will coordinate the implementation of the Strategy and has collaborated with other relevant government departments to develop the implementation section. Queensland Health will take a lead agency role in working with these departments to develop stronger and more formal links to support cross-departmental action on activities that impact on health. In the area of HIV/AIDS, HCV and STIs, links between Queensland Health and those departments who have a role in the implementation of this Strategy will be fostered. Those involved include:

1. Commission for Children and Young People and Child Guardian (CCYPCG)
2. Department of Child Safety (DChS)
3. Department of Communities (DC)
4. Department of Corrective Services (DCS)
5. Department of Employment and Training (DET)
6. Department of Industrial Relations (DIR)
7. Department of Local Government, Planning, Sport and Recreation (DLGPSR)
8. Education Queensland (EQ)
9. Queensland Health (QH)
10. Queensland Police Service (QPS)

Consultation and collaboration with the following additional departments will be enhanced through the life of the Strategy, with the aim of furthering the implementation and development of future Strategies:

1. Anti-Discrimination Commission of Queensland
2. Disability Services Queensland
3. Department of Aboriginal and Torres Strait Islander Policy
4. Department of Emergency Services
5. Department of Housing
6. Department of Justice and Attorney-General
7. Department of the Premier and Cabinet
8. Department of Tourism, Fair Trading and Wine Industry Development
9. Prostitution Licensing Authority
10. Queensland Transport (including Queensland Rail and Main Roads)
11. Queensland Treasury

## Queensland Health Corporate Office

Developing the most effective and efficient responses to HIV, HCV and sexual health issues requires negotiation across the relevant business areas within Queensland Health. The following business units were consulted in developing the implementation section and remain key partners in the implementation of the Strategy:

- ▶ Office of the Chief Health Officer (OCHO)
- ▶ Health Outcomes Branch (HOB)
- ▶ Public Health Services Branch (PHSB)
  - Alcohol, Tobacco and Other Drugs Unit (ATODU)
  - Cancer Screening Services Unit (CSSU)
  - Child and Youth Health Unit (CYHU)
  - Communicable Diseases Unit (CDU)
  - Clinical Forensic Medicine Unit (CFMU)
  - Indigenous Health Unit (IHU)
  - Statewide Health Promotion Unit (SHPU)
  - Zonal Public Health Unit Networks (ZPHUN)
- ▶ Queensland Health Pathology and Scientific Services Branch (QHPSSB)
- ▶ Statewide Health and Community Services Branch (SHCSB)
  - Aged Care Unit (ACU)
  - Mental Health Unit (MHU)
  - Oral Health Unit (OHU)
- ▶ Workforce Reform Branch (WRB)
  - Pharmaceutical Advisory Unit (PAU)

Structures to support cross collaboration on key strategies may include joint consultative forums, review and advice on strategic documents, policies and procedures and collaborative service planning and delivery.

## Queensland Health Service Districts

Health Service Districts are responsible for the provision of a range of primary care and sexual health services appropriate to their geographical locations and populations. This includes population-based health promotion programs for HIV, HCV and sexual health.

The Communicable Diseases Unit collaborates with Health Service Districts and Statewide Health and Community Services Branch in developing service contracts for the provision of HIV, HCV and sexual health programs and services across districts in the northern, central and southern zones.

The development and implementation of these interventions are supported by Zonal HIV, HCV and Sexual Health Coordinators. These positions are located within six health service districts and provide a distinct role in promoting the coordination and collaboration of local responses both within and across the three zones.

Many effective health service district HIV, HCV and STI interventions have been achieved through the integration of prevention, care and treatment strategies. These have been delivered through collaboration between public hospital and community based services, sexual health clinics and local service providers.

## Local Government

The State Government works with local government in the development of policy and in the delivery of initiatives that are relevant to local communities. In relation to HIV, HCV and STIs, this relationship covers particular issues such as safe disposal and management of infectious waste, town planning (particularly in relation to positioning of needle and syringe programs), workplace health and safety of local government employees and risk management for the broader local communities.

A 2003 protocol establishing the roles and responsibilities of State and local government in the Queensland system of local government will further guide this relationship in implementing the Strategy.

## Affected Communities

The community in the broadest sense plays a vital role in improving health outcomes and the life experiences of people with HIV/AIDS, HCV and STIs. The wider community and members of the affected communities in particular, are fundamental to any strategic response. These stakeholders bring specific experience and expertise which will inform and guide the development, implementation and evaluation of Queensland's response.

Involvement in the Queensland response can occur in a number of ways including:

- ▶ participation in community based organisations that are represented on committees or working groups such as the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee;
- ▶ through formal mechanisms for the review, development, delivery and evaluation of community based and government programs and services;
- ▶ as individuals or through community advocates in the development and evaluation of policy, programs and services; and
- ▶ through participation in research to inform responses and to identify emerging issues.

### Non-government Sector and Community Based Organisations

Non-government service providers offer a range of services across Queensland and advocate for the interests of affected individuals, communities and/or those at risk of HIV, HCV and/or STIs. These important organisations provide services to target populations that are complementary to government and private sector services. Together with other organisations, they provide a range of programs and services including those described as clinical, educational, preventive and training.

The non-government sector and community based organisations are well placed to provide programs to target populations such as the gay community, other homosexually active men, sex workers, injecting drug users, culturally and linguistically diverse populations, people with haemophilia and blood-borne virus co-infection, people living with HIV/AIDS and people with HCV.

Non-government and community based organisations participate in the Queensland response in a number of ways including:

- ▶ as advocates for those most affected in the development and evaluation of policy programs and services;
- ▶ as representatives of the affected communities on state based committees such as the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee and working groups;

- ▶ through formal mechanisms for the review, development, delivery and evaluation of community based and government programs and services;
- ▶ through coordination and collaboration with community sector and government agencies to facilitate and strengthen community based responses; and
- ▶ through the delivery, monitoring and evaluation of community based programs and service responses and the identification of emerging issues.

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## 4.2 National stakeholders

### Australian Government

As indicated in 1.2, a number of national policies and strategic documents impact on outcomes for HIV/AIDS, HCV and STIs in Queensland. In addition, national structures such as intergovernmental advisory forums, funding agreements and other State/Territory and Australian Government decision-making bodies provide strategic direction.

Queensland Health as lead agency will work in collaboration with the Australian Government, particularly the Department of Health and Ageing, to establish national frameworks for an effective response to public health issues such as HIV, HCV and STIs.

Some of the existing structures which facilitate the Queensland Government's participation in formulating national responses include:

- ▶ The Intergovernmental Committee on HIV/AIDS, Hepatitis C and Related Diseases (IGCAHRD) – which provides a forum for regular Australian, State, and Territory Government and community liaison. Its primary role is to act as a key advisory body to the National Public Health Partnership through the Communicable Diseases Network Australia (CDNA) on policy, program, social issues and activities related to HIV/AIDS, HCV, STIs and related diseases.
- ▶ Communicable Diseases Network of Australia.
- ▶ National Public Health Partnership.

- ▶ The Intergovernmental Committee on Drugs (IGCD) which consists of senior officers that represent health and law enforcement agencies in each Australian jurisdiction and in New Zealand, as well as representatives of the Australian Department of Education, Science and Training and the Ministerial Council on Aboriginal and Torres Strait Islander Affairs and provides policy advice to the Ministerial Council on Drug Strategy (MCDS) on drug-related matters, and is responsible for implementing National Drug Strategy policies and programs, as directed by the MCDS.
- ▶ Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH).

Queensland Health works through the above structures in collaboration with other states and territories on the development and implementation of initiatives that have cross-border implications, including coordination of service provision education programs, research initiatives and data collection.

### National community organisations

A range of peak non-government organisations act with their State and Territory affiliates to represent Australia's community-based response on issues associated with HIV/AIDS, HCV and STIs. This work may include education, policy and resource development, advocacy, international activities and support to their State/Territory constituents.

Organisations include Australian Federation of AIDS Organisations (AFAO); Australian IV League (AIVL); Scarlet Alliance; National Association of People Living with HIV/AIDS (NAPWA) and the Australian Hepatitis Council.

The Queensland Government also has a relationship with a number of these agencies as joint members of the IGCHAHRD.

### National research institutes

To ensure that Australia's strategic management of HIV/AIDS, viral hepatitis and STIs are based on the most up to date scientific evidence, the Australian Government funds research and encourages collaborations with relevant overseas experts. The strategic HIV/AIDS, Hepatitis C and Indigenous Sexual Health Research Program and the National and Collaborating Centres in HIV Research include the:

- ▶ National Centre in HIV Epidemiology and Clinical Research (NCHECR).
- ▶ National Centre in HIV Social Research (NCHSR).
- ▶ Australian Research Centre in Sex, Health and Society (ARCSHS).
- ▶ Australian Centre for HIV and Hepatitis Virology Research

These agencies are key research organisations that have significantly contributed to informing government policy, and education and prevention programs as well as innovative advancements in treatment for those affected by these infections.

Queensland has an ongoing relationship with these agencies through participation in research and surveillance activities at the jurisdictional level.

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## 4.3 Research, medical, scientific and health care professionals

The contribution of professionals in these fields is essential for the delivery of treatment and care services and for the development and provision of informed education, training, research and policy. Links between these professionals and government departments are highly valued. New links will be established where necessary and established links, for example those with the national research centres, tertiary institutions, the Australasian College of Sexual Health Physicians and the Gastroenterology Society of Australia (GESA) will be maintained and enhanced throughout the life of this Strategy.

The vast majority of primary health care services in Queensland continue to be delivered through general practitioners (GPs) who have an important role to play in the delivery of the Strategy. In addition, a range of specialist and allied health professionals also contribute to the education, prevention, treatment and care of people living with or at risk of HIV, HCV and STIs. During the course of this Strategy resources will be directed towards improving the skills and knowledge of these professionals to contribute to the outcomes of the Strategy and towards strengthening relationships between service providers, professionals and representative bodies such as Divisions of General Practice (DGP).

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#### 4.4 Educational and training institutions

Educational institutions play a key role both in educating the wide array of professionals linked to the provision of treatment and care services and prevention and education programs, but also in the broader education of the general public. During the course of the Strategy it will be important to proactively review industry training programs and materials and, where possible, facilitate the creation of appropriate new programs to address identified gaps. In Queensland, courses operated by the University of Queensland School of Medicine, Griffith University School of Nursing, Family Planning Queensland and the North Queensland Workforce Unit are of particular importance in this regard.

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#### 4.5 International partners

Where practicable, through links established through the Australian Government, Queensland seeks to work in collaboration with our international neighbours in identifying and implementing strategies that assist in the management of health concerns across jurisdictions. Given the movements of people across borders, this relates in particular to Papua New Guinea in the area of Aboriginal and Torres Strait Islander sexual health matters and in accordance with agreements under the Torres Strait Treaty.

Implementation of the Strategy will occur at a number of levels and involve a range of government departments, non-government organisations, community organisations and other key stakeholders. Implementation will be coordinated and based on a collaborative approach to the delivery of outcomes. Queensland Health, through the Communicable Diseases Unit, will be responsible for the coordination and implementation of the Strategy.

Recent years have seen significant changes in the delivery of programs and services addressing HIV, HCV and sexual health issues. The implementation of this Strategy will need to be flexible and responsive to changes occurring within the field and more broadly across systems for the management of communicable diseases in Australia.

Queensland Health, in its lead role, will continue to coordinate and mobilise State and local responses to issues within the whole-of-government response. To this end, Queensland Health, through the Communicable Diseases Unit, will continue to convene interagency forums such as the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee and other working groups to progress coordinated responses on priority issues.

Over the six-year course of this Strategy, implementation will be guided through two three-year Implementation Action Plans. The Implementation Action Plan for 2005-2008 is contained within this document (see Section 7). The 2009-2011 Implementation Action Plan will be developed following the review of the current plan (see Section 6).

## Monitoring, reporting and evaluation

Queensland Health will be responsible for coordinating the monitoring, reporting and evaluation of the Strategy.

### 6.1 Annual review process

Progress on implementation of the Strategy will be monitored through an annual reporting process. Sources of information for this process will include:

- ▶ feedback from Government departments on their progress against the Implementation Action Plan via a standard performance report;
- ▶ reports and feedback from community based organisations delivering HIV/AIDS, HCV and sexual health services on behalf of Queensland Health; and
- ▶ reports from Zonal HIV/AIDS, Hepatitis C and Sexual Health Coordinators and Health Service Districts.

The terms of reference for the annual review process and the actual task will be managed by Queensland Health with the assistance and guidance of the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee. Committee members were nominated to represent particular constituencies and will liaise with their stakeholders to ensure their views are considered.

The findings of annual reviews will be provided to the Cabinet of the Queensland Government and published on the Queensland Health website.

### 6.2 Implementation action plan review

During 2007/08 a review and update of the Implementation Action Plan will be conducted with a view to publishing a revised Implementation Action Plan to guide the roll out of the Strategy during 2009/2011. This mid-term review will ensure that the Strategic Priorities, Objectives and Actions identified to deliver on the objectives of the Strategy are reviewed in light of progress already achieved, the tasks remaining, and to ensure that it continues to reflect changes to the environment in which the Strategy is being implemented.

Queensland Health will take the lead agency role in this process with the assistance and guidance of the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee. A discussion paper will be developed to inform this review. Once approved, the updated Implementation Action Plan will be released for distribution as a companion document to the Strategy.

### 6.3 Final evaluation

During 2010/11 Queensland Health will commission an independent review of the Strategy. Methods to ensure comprehensive feedback could include written submissions, community forums with key stakeholders, and a bulletin board or other electronic option.

This review will be asked to consider the Strategy implementation including:

- ▶ a report of the overall success of the Strategy;
- ▶ achievement and progress against each of the key outcomes and indicators;
- ▶ a summary of achievements against the Implementation Action Plan;
- ▶ evaluation of the partnership approach;
- ▶ evidence of the extent to which programs and services have adapted to meet the expressed outcomes of the Strategy; and
- ▶ an analysis of key tasks remaining or areas where progress was inadequate and recommendations for any future Strategy.

# 7 Implementation Action Plan 2005-2008

## Strategic Priority One: Enabling environment

Objective	Key Strategies	Actions	Responsible Departments
1. The enhancement of an environment that supports improved health and consequent wellbeing in relation to HIV, HCV and STIs for people in Queensland.			
		<b>Actions by Queensland Health</b>	
	1.1	<b>Lead and promote opportunities for the development, implementation and evaluation of legislation, policy, protocols and/or guidelines that reflect the guiding principles of the national strategies and the relevant recommendations of the National Public Health Partnership (NPHP).</b>	
		Lead and/or support legislative or policy reform to support the key priorities of the Strategy.	QH
		Develop, implement and evaluate policy, protocols and guidelines that support the key priorities of the Strategy.	
		Provide advice on and progress review and development of legislation that responds to identified barriers during the life of the Strategy.	
		Encourage bipartisan political support for strategies to address HIV, HCV and STIs.	
	1.2	<b>Lead and promote opportunities to address the social determinants of health by reducing barriers such as discrimination and stigma, social isolation, homelessness and violence.</b>	
		Continue to promote, provide and support programs and resources that are accessible and culturally appropriate.	QH
		Resource a project to investigate discrimination issues for people with HCV in the workplace.	
		Support and promote staff attendance at education sessions creating awareness of legislation that protects the rights of persons from target populations.	
		Ensure all Queensland Health employees work in accordance with HRM policies relating to anti-discrimination, EEO and ethical behaviour in the workplace.	
		Advocate for the inclusion of education on discrimination and appropriate management of people with HIV or HCV in tertiary education courses eg. medicine and nursing.	
	New	Promote the equitable access to health and welfare services for gay, lesbian, bisexual and transgender (GLBT) persons in Queensland.	
	New	Resource a project that aims to improve equity of access to health and welfare services for GLBT persons in Queensland through networking and informing service providers.	
	New	Progress the development of a comprehensive sexual assault program (including Clinical Forensic Medicine Units and sexual health services) that can provide male and female victims with a 24 hour assessment and follow up service.	
	New	Develop, implement and evaluate action plans and local sexual health service operational plans that reflect priorities of the Strategy.	

## Strategic Priority One: Enabling environment

Objective	Key Strategies	Actions	Responsible Departments
		<b>Actions by Other Queensland Government Departments</b>	
		Participate in interagency meetings and forums at a Corporate and local level.	QPS
		Ensure policy and procedures reflect current best practice and community standards, within operational imperatives of a correctional environment.	DCS
		Undertake ongoing policy review to facilitate reduction of spread of HIV, HCV and STIs within correctional facilities.	
		Advise on and support policy reform that contributes to reducing the impact and preventing the transmission of HIV, HCV and STIs for young people identified by CCYPCG legislation as priority groups.	CCYPCG
	New	Assist young people in Youth Detention Centres and Out of Home Care to access sexual health services where possible.	
		Advise on and support policy reform that contributes to preventing and reducing the impact of HIV, HCV and STIs for children and young people in care and their families and carers.	DChS
		Participate in relevant interagency and intersectoral forums.	
		Facilitate negotiations with local government on its role in implementing this Strategy.	DLGPSR
	New	Develop a Biological Hazards Code of Practice under the Workplace Health and Safety Act 1995 to assist employers and other obligation holders to manage occupational exposure to infectious disease risks, including HIV, HCV and STIs.	
		Review the First Aid Advisory Standard to provide guidance on managing occupational exposure to infectious disease risks in the workplace first aid setting.	
		Initiate a target audit program of the Sex on Premises Venues (SOPV) industry and develop a SOPV workplace health and safety guide to address occupational HIV, HCV and STI risks.	DIR
		Develop a funeral industry workplace health and safety guide to include occupational blood-borne viruses.	
		Provide quality and evidence based advice on occupational HIV, HCV and STI risks to internal and external stakeholders.	
		Develop policies and procedures to support the administration of the WHS Act 1995 in relation to occupational HIV, HCV and STI risks, eg. enforcement notices.	
		Explore opportunities to develop new initiatives in response to emerging occupational issues involving blood-borne diseases.	
		Ensure that the development of the Minimum Standards for services funded under the Supported Accommodation Assistance Program encourages the development of inclusive and responsive services to people who are affected by HIV, HCV and STIs.	DC
		Continue to provide information to staff and students in relation to improved health, encompassing HIV, HCV and STIs.	DET (TAFE Qld)

## Strategic Priority One: Enabling environment

Objective	Key Strategies	Actions	Responsible Departments
<b>2. A whole-of-government approach to the management of HIV, HCV and STIs across Queensland.</b>			
		<b>Actions by Queensland Health</b>	
	<b>2.1</b>	<b>Encourage statewide and/or regional planning initiatives that take a whole-of-government approach and recognise the impact of social determinants of health such as access to education, housing, social services and employment.</b>	
		Develop a Memorandum of Understanding to formalise partnerships with Education Queensland.	QH
	New	Coordinate the implementation, monitoring and evaluation of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.	
		Coordinate the implementation, monitoring and evaluation of the Queensland Indigenous Sexual Health Strategy 2003 to 2006.	
		Develop links with relevant government departments to encourage regional and statewide planning initiatives that take a whole-of-government approach and recognise the impact of determinants of health on the health and wellbeing of target populations.	
		Facilitate and monitor government and non-government services' acceptance, coordination and implementation of HIV, HCV and sexual health programs and policies throughout Queensland.	
		Provide high quality and timely advice on HIV, HCV and STI policies and issues to Queensland Health, other senior personnel in government, CBOs and the private sector.	
		Review existing HIV, HCV and STI policies and develop new policies as required.	
	<b>2.2</b>	<b>Strengthen links between local government and non-government services through interagency planning, development of local networks, and collaboration to improve coordination and delivery of local services.</b>	
		Participate in and/or support statewide and local government and non-government collaborative activities that support the key priorities of the Strategy.	QH
		Promote the inclusion of HIV, HCV and STI issues as agenda items at appropriate agency and interagency meetings.	
	<b>2.3</b>	<b>Foster cross-border partnerships and collaborative activities with other States and Territories and Papua New Guinea (PNG) for preventing the risk of transmission of HIV, HCV and STIs and to enhance cross-border management of people infected and affected by HIV, HCV and STIs.</b>	
		Foster cross-border partnerships and the development of procedures with State and Territory Health Departments and PNG to reduce the risk of transmission of HIV, HCV and STIs and enhance the management of HIV, HCV and STIs across Queensland.	QH

## Strategic Priority One: Enabling environment

Objective	Key Strategies	Actions	Responsible Departments
		<b>Actions by Other Queensland Government Departments</b>	
		Participate in the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.	DCS
		Develop links with relevant government departments to support implementation of the Strategy as required.	
		Provide high quality and timely advice on HIV, HCV and STI risks in correctional facilities.	
		Develop and implement an action plan for the CCYPCG that will form a part of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.	CCYPCG
		Participate in the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.	DIR
		Develop links with relevant government departments to encourage regional and statewide preventive strategies for occupational HIV, HCV and STI risks, eg. needlestick injury prevention.	
		Foster cross-border partnerships with the National Occupational Health & Safety Commission (NOHSC) and other WHS jurisdictions in the development and implementation of initiatives relating to occupational HIV, HCV and STI risks.	
	New	Initiate a Relationship Management Program with participating hospitals across Queensland to facilitate best practice in WHS issues, including occupational blood-borne viruses.	
		Provide timely, high quality advice on occupational HIV, HCV and STI risks to government agencies.	DET (TAFE Qld)
	New	Participate in interagency and intersectoral forums.	
		Participate on relevant cross-government committees to oversee the management of these issues.	EQ
<b>3. Target populations and people with HIV, HCV and STIs in Queensland have the opportunity to participate in decision making to improve their health and wellbeing outcomes.</b>			
		<b>Actions by Queensland Health</b>	
	3.1	<b>Promote structures and programs that encourage active participation and decision making by individuals with and local communities affected by HIV, HCV and STIs in the development of policies and programs impacting directly on their health, relationships and wellbeing.</b>	
		Provide opportunities for the active participation of individuals and local communities affected by HIV, HCV and STIs in the development of policies and programs impacting directly on their health outcomes.	QH
		Support community based programs that allow people with HIV, HCV and STIs to develop and implement strategies to improve their health outcomes.	
		Promote staff participation in training or access to resources relating to clients' rights and responsibilities across Queensland Health.	
		Provide consumer access to information regarding feedback/complaint/complement processes.	

## Strategic Priority One: Enabling environment

Objective	Key Strategies	Actions	Responsible Departments
	<b>3.2</b>	<b>Include input from those communities who are being targeted, including peers, in partnership with service providers, government and researchers.</b>	
		Coordinate and administer the Queensland Health HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee.	QH
		Coordinate and administer the Interdepartmental Working Group on Public Health in Prisons.	
		Work collaboratively with community groups and target populations to identify issues and appropriate timeframes to develop programs that are culturally effective and culturally safe.	
		Develop and implement working protocols for people diagnosed with "serious mental illness" and HIV/AIDS or hepatitis C.	
		<b>Actions by Other Queensland Government Departments</b>	
		Facilitate involvement of appropriate advocates in supporting HIV and HCV positive prisoners.	DCS
		Participate in interagency meetings and forums as required, particularly the Interdepartmental Working Group on Public Health in Prisons.	
		Provide opportunities for prisoners to have input into policy changes.	
		Encourage consultation with young people and involve them in decision making processes.	CCYPCG
		Consult with key stakeholders in the initiation and development of strategies relating to occupational HIV, HCV and STI risks.	DIR
	New	Promote opportunities for target population to participate in decisions affecting their health.	DET (TAFE Qld)

## Strategic Priority Two: Education and prevention

Objective	Key Strategies	Actions	Responsible Departments
<b>1. Target populations in Queensland are engaged in education programs designed to reduce the risk of transmission of HIV, HCV and STIs.</b>			
<b>Actions by Queensland Health</b>			
<b>1.1 Engage at-risk populations in the development and implementation of education and prevention initiatives.</b>			
		Provide support and resources for community based organisation programs to develop and implement education strategies for identified target populations.	QH
		Ensure that priority target populations are represented on the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee and working groups.	
<b>1.2 Provide and promote education to encourage safer behaviours and practices.</b>			
		Provide resources for health promotion and harm minimisation programs aimed at identified priority target populations and delivered through appropriate community and/or peer based agencies where possible.	QH
		Promote the Queensland Health HIV, HCV and sexual health website and Youth Site as a source of public and professional information on HIV, HCV and STIs.	
		Provide advice on and support the development and implementation of education strategies for identified target populations.	
		Identify emerging issues and develop and implement an educational response.	
<b>1.3 Incorporate best practice opportunistic education interventions as a component of standard service delivery.</b>			
		Provide and promote opportunistic education and information to the target population and appropriate service providers.	QH
		Provide services to recognise and respond to opportunities for education and prevention eg. implementation of brief interventions such as opportunistic HCV education "Short & Sweet".	
<b>1.4 Provide access to relevant and appropriate educational resources on HIV, HCV and STIs.</b>			
		Resource relevant community organisations to address the needs of people with low literacy levels and people from culturally and linguistically diverse backgrounds.	QH
		Facilitate accessibility of relevant information on HIV, HCV and STIs in services accessed by target groups/populations eg. hostels, youth detention centres, schools, brothels, sex on premises venues, prisons, injecting drug use and alcohol services, community organisations etc.	
		Provide health promotion information in easily accessible locations throughout Health Service Districts, including rural and remote areas.	

## Strategic Priority Two: Education and prevention

Objective	Key Strategies	Actions	Responsible Departments
	<b>1.5 Support the community to develop education programs, including evaluation mechanisms to promote safer behaviours.</b>		
		Provide advice to and work in collaboration with education authorities in the development of education programs for young people and provide information and resource materials on HIV, HCV and STI issues.	QH
		Investigate and develop collaborative education and prevention initiatives with other relevant government and non-government departments eg. Prisons Lifestyle Project and the Healthy Women's Initiative in Cape York.	
		Collaborate with key agencies to support implementation of the Queensland Indigenous Sexual Health Strategy 2003 to 2006.	
	<b>1.6 Use social, behavioural and epidemiological data and evaluation reports to inform prevention programs.</b>		
		Respond to new and emerging challenges in relation to risk behaviour and transmission trends.	QH
		Disseminate information on surveillance and research findings and promote a commitment to best practice in health promotion.	
	<b>Actions by Other Queensland Government Departments</b>		
		Provide training to School based Police Officers, Police Liaison Officers and GLBT Liaison Officers to allow them to provide opportunistic education interventions for at-risk populations to minimise the potential risk of transmission of blood-borne viruses.	QPS
		Continue implementation and evaluation of initiatives from the Prisons Lifestyle Project.	DCS
		Provide access to maximal harm minimisation measures, within operational limitations, for prisoners and staff.	
	New	Make available information, where appropriate, to young people who come into contact with the Commission for Children and Young People and Child Guardian, through the provision of referral information, website links or other appropriate methods. Note: CCYPCG's focus is on giving priority to the needs and interests of children who – (i) are in, or may enter, out of home care or detention in a detention centre; or (ii) have no appropriate person to act on their behalf; or (iii) are not able to protect their rights, interests or wellbeing; or (iv) are disadvantaged because of a disability, geographic isolation, homelessness or poverty.	CCYPCG
		Increase information available to secondary target groups (Community Visitors) by accessing appropriate training programs (refer to Strategic Priority Four: Training and Professional Development, for further detail).	
		Provide relevant information to children and young people in care and their families and carers.	DChS
		Support Queensland Health to promote 'best practice' to councils on how to implement education and prevention strategies eg. sharps management systems in public places.	DLGPSR
		Provide relevant and appropriate information and resources on HIV, HCV and sexual health to service providers to promote the creation of inclusive services as part of the implementation of the Minimum Standards for SAAP.	DC

## Strategic Priority Two: Education and prevention

Objective	Key Strategies	Actions	Responsible Departments
		Provide the Cleveland Youth Detention Centre (Townsville) Sexual Health Program for young men covering safer sex practices and awareness of blood-borne viruses to be facilitated by Queensland Health.	DC
		Provide facilitated young women's and young boys' groups for residents of the Brisbane Youth Detention Centre covering general protective behaviours and education including sexual health, facilitated jointly with Family Planning Queensland.	
		Provide services to residents of the Brisbane Youth Detention Centre with access to sexual health clinic services provided by Queensland Health and provide community follow up for all young people.	
		Conduct Lifeskills Programs over 8 weeks for groups of young people at the Caboolture Youth Justice Service. Include a component facilitated by Redcliffe Community Health which focuses on sexual health issues including: <ul style="list-style-type: none"> <li>• STIs including HIV/AIDS, HCV and other blood-borne viruses, information on prevention, and safe needle use</li> <li>• Promotion of safe sex</li> <li>• Service information including access to free, confidential and professional services.</li> </ul>	
		Provide training programs to Workplace Health and Safety Queensland inspectors to enhance the Department's capacity to enforce the WHS Act 1995 in relation to occupational HIV, HCV and STI risks.	DIR
		Provide ongoing professional development and mentoring for WHSQ inspectors on occupational HIV, HCV and STI risks, eg. through newsletters, seminars and mentoring.	
		Review regularly policies and procedures for WHSQ inspectors handling blood-contaminated objects.	
		Provide education to external stakeholders on preventive strategies for occupational HIV, HCV and STI risks, eg. through Safety Week seminars, workshops, conferences and industry presentations.	
		Develop information and resource materials for industry on occupational blood-borne disease issues.	
		Collaborate with relevant agencies and government, as required, to provide relevant information on occupational blood-borne disease risks.	
		Provide education and training to infection control practitioners on preventive strategies for occupational blood-borne disease risks.	
		Conduct workplace inspections, audits and investigations to monitor compliance with the WHS Act 1995 for occupational HIV, HCV and STI risks.	
		Promote state and national guidelines for managing occupational HIV, HCV and STI risks.	DET (TAFE Qld)
		Continue to provide information to students in relation to improved health, encompassing HIV, HCV and STIs.	
		Continue to review and revise Education Queensland Infection Control Guidelines as necessary.	EQ
		Develop a sexual and reproductive health component of the Student Health and Wellbeing Curriculum Framework and associated website to enhance school based curriculum programs.	EQ
		Include links to Queensland Health Sexual Health website on the Education Queensland Student Health and Wellbeing Curriculum website.	

## Strategic Priority Two: Education and prevention

Objective	Key Strategies	Actions	Responsible Departments
<b>2. HIV, HCV and/or STI prevention programs are accessible across Queensland.</b>			
		<b>Actions by Queensland Health</b>	
<b>2.1 Provide and/or promote access to and use of preventive equipment (eg. condoms, sterile injecting equipment) to support adoption of safer behaviours and practices.</b>			
		Facilitate statewide access to the means of prevention and education necessary to support adoption of safer behaviours and practices.	QH
		Provide opportunities for service provider training on issues for target groups as a mechanism to improve accessibility to services.	
		Extend the provision of outreach and mobile services to improve equity of access for hard to reach populations.	
		Provide resources and advice to support needle and syringe programs as a major strategy for the prevention of blood-borne viruses among injecting drug users.	
		Promote availability of post exposure prophylaxis (occupational and non-occupational) to target populations.	
		Increase awareness of Health Service District staff regarding the availability of PEP (occupational and non-occupational).	
<b>2.2 Develop and implement structures and procedures that support statewide availability of preventive equipment.</b>			
		Promote commitment to the principle and practice of harm minimisation in the development and delivery of HIV, HCV and STI related health promotion programs.	QH
		Review models of service delivery to ensure that education and prevention strategies are available to target populations across Queensland.	
		Continue to ensure that staff operating NSPs are appropriately authorised, trained and supported.	
		Improve the proper disposal of needles and syringes across Queensland through the provision of advice on disposal sources and placement sites.	

## Strategic Priority Two: Education and prevention

Objective	Key Strategies	Actions	Responsible Departments
	<b>2.3</b>	<b>Promote and provide statewide access to occupational and non-occupational HIV post exposure prophylaxis.</b>	
		Promote statewide access to and coordinate the program to ensure use of post exposure prophylaxis for HIV (for both occupational and non-occupational exposures).	QH
		Provide, promote and review the guidelines for the management of occupational and non occupational exposures.	
		Provide, promote and review the Queensland Health Infection Control Guidelines.	
		Coordinate and administer the Infectious Diseases Expert Working Group.	
		Incorporate policy related to local service providers about the guidelines for the appropriate provision of PEP and NPEP.	
		<b>Actions by Other Queensland Government Departments</b>	
		Respond to new and emerging trends in relation to occupational HIV, HCV and STI risks, eg. needlestick injuries in non-health care settings.	DIR
	New	<ul style="list-style-type: none"> <li>a) Continue referral processes.</li> <li>b) Strengthen existing counselling/referral services and syringe disposal resources and information.</li> <li>c) Vaccinations (Hepatitis A and B) provided for staff members who work in high risk areas.</li> </ul>	DET (TAFE Qld)

## Strategic Priority Three: Early detection, care management and treatment

Objective	Key Strategies	Actions	Responsible Departments
<b>1. Quality, evidence based and best practice HIV, HCV and STI early detection, care management and treatment services in Queensland.</b>			
<b>Actions by Queensland Health</b>			
	<b>1.1</b>	<b>Promote and provide support for services that provide care management and treatment services for people living with or at risk of HIV, HCV and/or STIs consistent with best practice and incorporating new and emerging research evidence and technologies.</b>	
		Ensure that the care management and treatment of people with HIV, HCV and STIs is consistent with best practice and incorporates new and emerging research evidence and technologies.	QH
		Manage individuals under the Protocol for the Management of HIV Positive People Whose Behaviour May Constitute a Public Health Risk.	
		Ensure services maintain up to date policies relating to the identification of children and young people at risk.	
		Provide access to HIV post exposure prophylaxis through Starter Packs provided by Central Pharmacy.	
		Support contact tracing including the provision of assistance to Queensland Health services and general practitioners.	
	<b>1.2</b>	<b>Monitor trends and conduct or contribute to research to assess changing patterns in the treatment and care of HIV, HCV and STIs that may directly impact on service provision.</b>	
		Update Queensland Standard Drug Therapy Guidelines as required and ensure their inclusion in District Health Management Protocols.	QH
		Monitor trends, review policy/legislation and/or conduct research to determine changing patterns in the treatment and care of HIV, HCV and STIs that may directly impact on service provision.	
	<b>1.3</b>	<b>Use the data from research trends and evaluation of activities to inform program planning and ensure that services are delivered against evidence based standards.</b>	
		Ensure that community, clients, service delivery staff and other key partners are involved in the development of programs to guide best practice service provision.	QH
		Audit services and client records to ensure treatment and management of people with HIV, HCV and STIs is consistent with best practice and incorporates new and emerging research evidence and technologies.	
		Benchmark models of service delivery against similar services.	
<b>Actions by Other Queensland Government Departments</b>			
		Provide services to prisoners of the same standard as provided in the wider community within the operational limitations of a correctional facility.	DCS
		Provide ongoing referrals by Student Services staff to support networks for students and staff.	DET (TAFE Qld)

## Strategic Priority Three: Early detection, care management and treatment

Objective	Key Strategies	Actions	Responsible Departments
<b>2. Early detection of HIV, HCV and STIs in the Queensland population.</b>			
<b>Actions by Queensland Health</b>			
<b>2.1 Support and provide targeted testing and/or screening activities, as appropriate for at-risk populations for HIV, HCV and STIs, consistent with national testing policies.</b>			
		Promote adherence to national policy guidelines for the antenatal management of HIV and HCV infected women, including information regarding the testing and treatment of newborns.	QH
		Promote adherence to national policy guidelines for the follow-up of children born to HIV and HCV infected mothers.	
		Regularly review the policy for the voluntary testing of staff conducting exposure prone procedures and modify as appropriate to reflect current evidence.	
		Ensure screening activities for HIV, HCV and STIs are consistent with the National Testing Policies by providing opportunities for appropriate staff education, informing policy development and clinical practice procedures and guidelines.	
		Promote and/or provide targeted screening activities through primary NSP sites and ATOD assessment services.	
		Support early detection initiatives for children and young people.	
		Support early detection through maternity services and other women's health service providers.	
		Reorient health care services to incorporate routine sexual health screening into other regular health check programs, as appropriate subject to patient's informed consent.	
	New	Explore opportunities for the early detection of HIV, HCV and STIs in the watchhouse population.	
		Increase awareness of HIV, HCV and STIs among target populations through increased testing and early detection.	
		Promote and provide screening within at-risk populations as appropriate.	
<b>2.2 Identify and remove barriers that may prevent the appropriate testing and/or screening of target populations and asymptomatic people.</b>			
	New	Investigate further targeted screening opportunities and promote screening for HIV, HCV and STIs among identified target populations as appropriate.	QH
		Support the delivery of dedicated programs that improve access to services for the early detection of HIV, HCV and STIs particularly among identified at-risk populations.	
<b>2.3 Promote and implement contact tracing for HIV and STIs consistent with state and national policy and guidelines.</b>			
		Support and promote contact tracing including the provision of assistance to general practitioners to conduct contact tracing utilising the services of appropriate Queensland Health facilities.	QH
		Develop and implement strategies to improve surveillance, management and contact tracing for HIV, HCV and STIs.	

## Strategic Priority Three: Early detection, care management and treatment

Objective	Key Strategies	Actions	Responsible Departments
	<b>2.4 Discourage inappropriate testing and/or screening for HIV, HCV and STIs.</b>		
		Encourage appropriate opportunistic testing based on risk assessments at all points of contact between the population and Queensland Health facilities.	QH
		Promote and provide informed screening and treatment of STIs in pregnancy.	
		Ensure Police Officers obtain appropriate Disease Test Orders (DTOs) for alleged rape offenders and other individuals identified as a potential risk.	
	<b>2.5 Collect data to inform early interventions.</b>		
		Participate in state and national surveillance and monitoring programs to identify opportunities for early interventions in HIV, HCV and STIs.	QH
	<b>2.6 Progress innovative models and new technologies to increase access to testing and treatment.</b>		
		Encourage the development and evaluation of innovative models of HIV testing especially for high risk, high prevalence communities.	QH
		Support and promote Queensland liver clinics involvement in new trial HCV treatment programs.	
		Promote and facilitate access to new testing and treatment technologies.	
		<b>Actions by Other Queensland Government Departments</b>	
		Facilitate ready access for QPS employees to prophylaxis where an exposure occurs.	QPS
		Screen prisoners appropriately at reception and during terms of imprisonment.	DCS
		Ensure that screening and management is consistent with State policy and recognised best practice.	
	New	Provide appropriate referral information to young people to access health services for the purposes of appropriate testing and treatment.	CCYPCG
		Provide appropriate referral information and assistance to young people in care to access health services.	DChS
		Provide timely, evidence based advice and referral to workplaces on managing occupational exposures to ensure early detection.	DIR
		Continue to provide information to staff and students in relation to early detection encompassing HIV, HCV and STIs.	DET (TAFE Qld)
		Undertake a scan of available resources to assist teachers.	EQ
		Identify suitable resources to school personnel through EQ Curriculum Exchange.	

## Strategic Priority Three: Early detection, care management and treatment

Objective	Key Strategies	Actions	Responsible Departments
<b>3. Equitable, accessible and culturally appropriate services for the treatment and care of people with HIV, HCV and STIs and identified at-risk populations in Queensland.</b>			
<b>Actions by Queensland Health</b>			
	<b>3.1</b>	<b>Review models and geographical reach of services to ensure they continue to adequately reflect the changing demographics and needs of target populations, patterns of infections and risk behaviours.</b>	
		Review regularly the accessibility of Queensland Health programs and services and reach of current specialist services.	QH
	<b>3.2</b>	<b>Provide access to and/or support the delivery of dedicated strategies that are equitable, accessible, culturally appropriate, confidential and non-discriminatory for people in target populations.</b>	
		Work with all government and non-government services providing HIV, HCV and STI treatment and care services to ensure: <ul style="list-style-type: none"> <li>• an appropriately qualified mix of staff;</li> <li>• a culturally appropriate service tailored to at-risk populations is offered;</li> <li>• confidentiality and anti-discrimination protocols that are understood and practised by all staff are in place;</li> <li>• informed consent is obtained for all testing;</li> <li>• pre and post test counselling is provided;</li> <li>• local private general practitioners are supported by offering referral support, shared care and contact tracing support services and</li> <li>• operations are conducted on standardised business and data collection rules.</li> </ul>	QH
		Facilitate improved access to simple treatment options for STIs.	
		Monitor and supply replacement drugs for the Indigenous PCR Testing and Drug Replacement Program.	
	<b>3.3</b>	<b>Support people with HIV, HCV and STIs to access relevant health information, advice, treatment and care to improve their health outcomes.</b>	
	New	Develop and promote a collaborative information resource for PLWHA that aims to facilitate access to public sector oral health services, ensure confidentiality for those willing to disclose, and reflect patients' rights and responsibilities.	QH
		Ensure health information is available to people with HIV, HCV and STIs so they can make informed choices about their quality of life.	
	<b>3.4</b>	<b>Provide mechanisms for community and non government organisations (especially those receiving funds to provide HIV, HCV and STI services) to contribute to decision making for service planning and delivery.</b>	
		Coordinate and administer the Queensland Health HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee.	QH
		Provide opportunities for the active participation of individuals and local communities affected by HIV, HCV and STIs in the identification of service gaps.	
		Support community based programs that allow people with HIV, HCV and STIs to participate in decision making and identification of service gaps.	

## Strategic Priority Three: Early detection, care management and treatment

Objective	Key Strategies	Actions	Responsible Departments
	<b>3.5</b>	<b>Increase the capacity of the service system to support treatment providers through access to relevant up to date information and networks to assist in the planning, development, implementation and evaluation of programs and services.</b>	
		Provide resources and advice to assist the delivery of dedicated programs that improve access to services for the treatment and care management of HIV, HCV and STIs.	QH
	<b>3.6</b>	<b>Develop and/or maintain service provider links with relevant National and State peak bodies and/or organisations.</b>	
		Participate in national forums eg. the Intergovernmental Committee on AIDS Hepatitis and Related Diseases (IGCAHRD).	QH
		Encourage government and non-government service providers to identify and establish links with relevant National and State peak bodies and/or organisations.	
		<b>Actions by Other Queensland Government Departments</b>	
		Support School based Police Officers, Police Liaison Officers and GLBT Liaison Officers to provide opportunistic training or information transfer for at-risk populations.	QPS
		Provide access by Indigenous Health Services to correctional centres.	DCS
		Ensure availability of culturally appropriate educational material to prisoners.	
		Raise awareness of government and communities' understanding of the specific needs and rights of young people, with particular reference to young people in detention, out of home care or who are disadvantaged as a result of disability, isolation, homelessness or poverty.	CCYPCG
		Conduct a comprehensive health assessment on every young person admitted to Brisbane Youth Detention Centre, and offer pathology tests to assess current status.	DC
		Support workers infected with blood-borne diseases by providing evidence based information about occupational risk and appropriate preventive strategies.	DIR
		Provide referrals for students and staff to support networks.	DET (TAFE Qld)
		Provide appropriate information to staff and students, including those in target population groups.	
<b>4.</b>		<b>Care management and treatment interventions responsive to the particular needs of people with HIV, HCV and/or STIs in Queensland.</b>	
		<b>Actions by Queensland Health</b>	
	<b>4.1</b>	<b>Promote and provide care management and treatment through improved inter-departmental and interagency collaboration and the development of local referral mechanisms.</b>	
		Promote Health Service District and community collaboration in the form of links between government and non-government services through interagency meetings, local networks, and improved coordination and delivery of local services.	QH
		Facilitate improved access to ambulatory or shared care services for people living with HIV and HCV.	
		Improve the management of mental health issues for people living with HIV and/or HCV.	
		Encourage service provider links with relevant national and state peak organisations.	

## Strategic Priority Three: Early detection, care management and treatment

Objective	Key Strategies	Actions	Responsible Departments	
	<b>4.2</b>	<b>Promote and facilitate the coordination and delivery of services that acknowledge the impact of social determinants of health on people living with or at risk of HIV, HCV and STIs.</b>		
		Promote consistency of the management of people with HIV and/or HCV with national standards.	OH	
		Encourage access of people with HIV, HCV or STIs to timely advice and care and relevant health information to enhance their health outcomes.		
		Facilitate provision of an equitable and accessible range of HIV and HCV treatment, care and support services including: <ul style="list-style-type: none"> <li>• specialist treatment and care services</li> <li>• mental health services</li> <li>• allied health professionals</li> <li>• age appropriate palliative, respite and nursing home care</li> <li>• HIV, HCV and STI information and services in rural and remote communities and</li> <li>• housing, education, training, employment and social welfare programs.</li> </ul>		
	New	Investigate options to improve statewide coverage of shared care programs for treatment and management of people living with HCV.		
	New	Investigate options for the treatment and management for people living with HIV who have lipodystrophy/lipoatrophy.		
		Facilitate the operation of public sexual health services that: <ul style="list-style-type: none"> <li>• are delivered in accordance with agreed best practice and State and National guidelines;</li> <li>• provide confidential HIV, HCV and STI testing and treatment;</li> <li>• are able to form part of a continuum of care for people who experience sexual assault;</li> <li>• offer appropriate referrals and</li> <li>• undertake contact tracing.</li> </ul>		
		Provide access to the Highly Specialised Drugs program through public hospitals.		
	New	Explore opportunities for access to HIV S100 medicines via community pharmacies.		
		<b>Actions by Other Queensland Government Departments</b>		
		Participate in the Queensland Syphilis Register.		DCS
		Ensure access of HIV positive prisoners to specialist treatment facilities.		
		Increase the number of prisoners able to access anti-viral treatment for HCV.		
		Continue counselling and support services.	DET (TAFE Qld)	

## Strategic Priority Four: Training and professional development

Object-ive	Key Strategies	Actions	Responsible Departments
<b>1. A skilled workforce (paid and volunteer workers) that can assist in reducing the transmission, and minimise the impact of HIV, HCV and STIs in Queensland.</b>			
<b>Actions by Queensland Health</b>			
<b>1.1 Develop, implement and evaluate training programs using relevant national and state benchmarks and quality assurance standards appropriate to the target population.</b>			
		Ensure training course content is regularly reviewed by appropriately skilled staff to ensure consistency with Queensland requirements in conjunction with education providers.	QH
		Promote self-assessment of the quality of service providers through the development and promotion of benchmarks, quality assurance standards and guidelines for evaluation of services.	
		Provide and/or conduct ongoing support, training and education to service providers and community workers to ensure currency of skill and knowledge.	
		Implement training and professional development strategies as outlined in the Queensland Indigenous Sexual Health Strategy.	
<b>1.2 Provide access to appropriate and targeted training and education opportunities.</b>			
		Fund and encourage uptake of appropriate and targeted training and educational opportunities for health professionals and community workers involved in HIV, HCV and STI education and service delivery.	QH
		Work with relevant government agencies, universities and training providers to promote workers' access to relevant and appropriate training to assist in the delivery of the outcomes of this Strategy.	
		Ensure reliable and equitable access to ongoing culturally appropriate education and training.	
<b>1.3 Work with organisations, academic and other training institutions to develop curricula reflective of best practice relevant to the needs of target populations.</b>			
		Sponsor tailored undergraduate, graduate and update training programs leading to appropriate professional qualifications and/or recognition in HIV, HCV and STIs for general practitioners, sexual and reproductive health nurses, school based health nurses and other relevant health professionals.	QH
		Encourage and support registrar training positions within Queensland Health sexual health services.	
		Work in collaboration with Health Service Districts to ensure Indigenous Health Worker competencies are recognised and promoted.	
		Support relevant CBOs to provide consistent client-focused services to at-risk groups.	
		Offer placements and training at sexual health services to people enrolled in accredited training programs.	

## Strategic Priority Four: Training and professional development

Object-ive	Key Strategies	Actions	Responsible Departments
	<b>1.4</b>	<b>Provide and support opportunities to encourage recruitment to and retention of service providers in HIV, HCV and STI services and programs.</b>	
		Encourage government and non-government staff to attend specific training opportunities in HIV, HCV and sexual health, including refresher and update programs.	QH
	<b>1.5</b>	<b>Promote and provide information about sector training opportunities in Queensland.</b>	
		Promote the availability of HIV, HCV and sexual health training and information for Queensland Health staff, other organisations and the public through the Queensland Health website and publications.	QH
	<b>1.6</b>	<b>Maintain and promote access to and use of current evidence based resources, including guidelines and manuals.</b>	
		Maintain availability of published education resources on HIV, HCV and STIs including regular review of the two Queensland Health HIV, HCV and sexual health websites.	QH
		Facilitate the development and promotion of resources, guidelines and manuals that will assist people working in clinical and non clinical settings.	
		Maintain and promote current evidence based practice and resources, including diagnostic and treatment data and patient information.	
		Implement working protocols for people diagnosed with a "serious mental illness" and HIV/AIDS or Hepatitis C.	
	<b>1.7</b>	<b>Implement a communication system to support ongoing professional education and exchange of information between service providers, including access to electronic networks, training and resources.</b>	
		Promote the Queensland Health HIV, HCV and sexual health website, as a source of information about sector training opportunities in Queensland.	QH
		Implement a communication system to support ongoing professional education and exchange of information between service providers.	
		Raise the key priorities of the Strategy and its implementation at mechanisms or collaborative forums that can support the priorities.	
		Participate in regular combined interagency forums that include a broad range of services and the public.	
	<b>1.8</b>	<b>Strengthen training and development opportunities for Aboriginal and Torres Strait Islander workers.</b>	
		Promote and support attendance of Aboriginal and Torres Strait Islander Health Workers at HIV, HCV and sexual health training.	QH
		Work with relevant training providers to explore options for career development opportunities for Aboriginal and Torres Strait Islander Health Workers	

## Strategic Priority Four: Training and professional development

Object-ive	Key Strategies	Actions	Responsible Departments
		<b>Actions by Other Queensland Government Departments</b>	
		Establish and formalise networks between QPS and Queensland Health to provide access to training at a local level for all QPS employees.	QPS
		Provide access to training for relevant staff to facilitate the initiatives and outcomes of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.	DCS
	New	Facilitate appropriate training for staff working within the CCYPCG to enhance their understanding of the transmission of HIV, HCV and STIs including understanding of strategies that minimise the impact of these illnesses.	CCYPCG
		Facilitate appropriate training for staff and foster carers to enhance their understanding of the transmission of HIV, HCV and STIs and strategies that minimise the impact of these illnesses.	DChS
		Provide resources to industry on managing occupational exposure to HIV, HCV and STIs.	DIR
		Provide information and conduct workplace inspections to support preventive strategies for skin penetrating injuries, particularly in non-health care sectors.	
		Continue delivery of information to staff in relation to HIV, HCV and STIs.	DET (TAFE Qld)
	New	Identify capacity to develop and offer training options (including recognition of prior learning) to the general public and key stakeholders such as sexual and Indigenous health care workers.	
		Ensure that first aid officers maintain accreditation.	
		Identify relevant courses and programs available to target population groups.	DET (Planning and Purchasing Division)
		Work with various stakeholders in promoting relevant courses and programs.	
		Promote recognition of prior learning processes available through Registered Training Organisations.	
		Identify appropriate accredited courses and training package qualifications available to the target population groups.	DET (Training Division)
		Contribute to the development and promotion of improved processes for the delivery and recognition of prior learning services to VET clients.	
		Provide information about appropriate professional development opportunities to school personnel through the Student Health and Wellbeing Curriculum website.	EQ

## Strategic Priority Five: Research and surveillance

Objective	Key Strategies	Actions	Responsible Departments
<b>1. Queensland conducts, contributes to and/or participates in appropriate monitoring, research and surveillance.</b>			
		<b>Actions by Queensland Health</b>	
	<b>1.1 Foster initiatives that support and increase funding for biomedical and other research relevant to HIV, HCV and STIs.</b>		
		Seek further access to clinical trials for the treatment and management of HIV, HCV and STIs.	QH
		Provide advice on research and related ethical issues for clinical trials and research conducted in Queensland.	
		Simplify and coordinate centralisation in financial management and ethics approval for research studies to minimise duplication.	
	<b>1.2 Support targeted research such as the Queensland Women Prisoners' Survey, Annual Needle and Syringe Program Survey (Finger Prick Survey) and the Gay Community Periodic Survey.</b>		
		Provide advice and resource targeted research such as the Annual Needle and Syringe Program Survey (Finger Prick Survey) and the Gay Community Periodic Survey.	QH
		Support the conduct of pilot research to investigate safety device technology (sharps) in the health care setting.	
		Support statewide data collection of health care worker occupational exposure incidents from participating public hospitals.	
		Continue to coordinate the Queensland component of the annual National Finger Prick survey through a number of NSPs across the state.	
		Actively support and participate in research that contributes to a greater understanding of IDU population health and associated risk factors.	
		Continue involvement in the National Finger Prick survey through a number of NSPs across the state.	
	<b>1.3 Develop, maintain and enhance information systems for the effective provision of relevant data.</b>		
		Maintain and enhance the Notifiable Conditions System for the management of data related to HIV, HCV and STIs.	QH
	<b>1.4 Timely dissemination of relevant epidemiological data, enhanced surveillance data and research results to service providers, researchers and general community as appropriate.</b>		
		Make available to service providers relevant epidemiological, social, and behavioural data, evaluation reports or research information to assist with planning and evaluation of programs and services.	QH
		Promote the use of clinical, social, behavioural and epidemiological data and evaluation reports to inform policy and program management.	

## Strategic Priority Five: Research and surveillance

Object-ive	Key Strategies	Actions	Responsible Departments
	<b>1.5</b>	<b>Facilitate and/or support participation in industry sponsored research and clinical trials.</b>	
		Identify opportunities for Queensland Health's participation in research and clinical trials.	QH
		<b>Actions by Other Queensland Government Departments</b>	
		Replicate the annual Needle and Syringe Program Fingerprick Survey within two Queensland correctional facilities.	DCS
		Participate in the replication of the Australian Study of Health and Relationships survey within correctional facilities, subject to NHMRC funding.	
		Explore opportunities to initiate research into occupational exposure to HIV, HCV and STI risks.	DIR
	New	Support government initiatives regarding research where applicable.	DET (TAFE Qld)
	<b>2.</b>	<b>Policy, prevention, treatment planning and service delivery is informed by current evidence.</b>	
		<b>Actions by Queensland Health</b>	
	<b>2.1</b>	<b>Collect, analyse and interpret behavioural, prevention and treatment service data to inform program and policy development and service delivery.</b>	
		Establish priorities for the HIV, HCV and STI program in Queensland based on surveillance and evaluation data and other relevant information.	QH
		Monitor and analyse emerging trends and issues globally, nationally and within Queensland, relevant to policy development for HIV, HCV and STI prevention, care and support.	
		Provide advice on standard operation of all sexual health clinics including use of standard treatment guidelines, data dictionary, and business rules and data programs.	
		Inform health policy which impacts on the planning and delivery of HIV, HCV and sexual health services.	
		Resource the conduct of an Annual Sexual Health Clinicians Meeting.	
	<b>2.2</b>	<b>Ensure evaluation models are incorporated into the design of all interventions.</b>	
		Review the protocol for the identification and management of individuals whose behaviour may constitute a public health risk and respond appropriately.	QH
		Promote the inclusion of evaluation models in all new interventions.	

## Strategic Priority Five: Research and surveillance

Object-ive	Key Strategies	Actions	Responsible Departments
	<b>2.3</b>	<b>Develop, maintain or enhance data collection and surveillance methods to inform program and policy planning including futures studies.</b>	
		Refine and improve data collection and enhanced surveillance methods for HIV, HCV and STIs and risk behaviours, and use these data to inform program direction.	QH
		Maintain and enhance appropriate, quality data bases ie. NOCS, HIV/AIDS database and Queensland Syphilis Surveillance Centre.	
		Continue gathering of data from all NSP sites to assist in ongoing planning based on the best available evidence.	
	<b>2.4</b>	<b>Develop capacity to conduct enhanced surveillance programs and improve collection of Indigenous and ethnic identifiers, HCV and STI data.</b>	
		Explore options to improve the quality and type of data provided by current data collection systems, including increased use of Indigenous identifiers and inclusion of ethnic identifiers.	QH
		Explore options to improve the quality and type of HCV and STI data provided by current data collection systems	
		<b>Actions by Other Queensland Government Departments</b>	
	New	Increase accessibility to existing data about young people's sexual health via the inclusion of available data in the Snapshot report.	CCYPCG
		Monitor and analyse emerging trends and issues globally, nationally and within Queensland relevant for policy development for occupational HIV, HCV and STI risks.	DIR
		Collect data of notified work-caused illnesses resulting from occupational exposure to HIV, HCV and STIs.	
		Inform WHSQ policy that impacts on the development of legislation and policy in relation to occupational HIV, HCV and STI risks.	
		Monitor and analyse research into the use of retractable needle technology as it becomes available and use this to inform policy and enforcement strategies and advocate for change.	
	New	Develop risk management strategies arising from Incident Reports.	DET (TAFE Qld)
		Provide ongoing and current information to staff and students.	

- Aboriginal and Torres Strait Islander Health Unit - 1994 *Queensland Health Aboriginal and Torres Strait Islander Health Policy*.
- Aboriginal and Torres Strait Islander Health Unit - 1999 *Queensland Health Indigenous Workforce Management Strategy*.
- Anttila T, Saikku P, Koskela P, et al. *Serotypes of Chlamydia Trachomatis and Risk for Development of Cervical Squamous Cell Carcinoma* JAMA 2001; 285:47–51.
- ASHM, *Draft Treatment Guidelines 2001*
- Australian Government (2003) *2002 Reviews of the National HIV/AIDS and Hepatitis C Strategies and Strategic Research*.
- Australian Government (2003) *Australian Government Response to the Reviews of the National HIV/AIDS and Hepatitis C Strategies and Strategic Research*.
- Australasian Society for HIV Medicine (ASHM), *HIV/Viral Hepatitis a guide for primary care*, Darlinghurst, New South Wales, 2001.
- Australian Federation of AIDS Organisations *The National Indigenous Gay and Transgender Project – Consultation Report and Sexual Health Strategy* July 1998 Australian Government Publishing Service, Canberra.
- Australian National Council on AIDS and Related Diseases 1996, *National Indigenous Australians' Sexual Health Strategy 1996/97 to 1998/99*. Australian Government Publishing Service, Canberra.
- Australian National Council on AIDS and Related Diseases (ANCHARD) Hepatitis Sub Committee, Projections Working group. *Estimates and Projection of the hepatitis C virus epidemic in Australia*. Sydney: Department of health and Aged Care, 1998.
- Australian National Council on AIDS and Related Diseases 1998, *Protecting our Investment: 1997 Report to the Minister for Health and Family Services*, Australian Government Publishing Service, Canberra.
- Auvert B, Ballard R, Campbell C, Carael M, Carton M, Fehler G, Gouws E, Macphail C, Taljaard D, Van Dam J, Williams B. *HIV infection among youth in a South African mining town is associated with herpes simplex virus 2 seropositivity and sexual behaviour*. AIDS 2001 May 4; 15(7): 885-98.
- Bowden FJ and Fairley CK 1996 *Endemic STDs in Northern Territory: estimations of effective rates of partner change*. Northern Territory RACP Meeting, November 1996. Unpublished.
- Commonwealth Department of Health and Aged Care, *Changes and Challenges – National HIV/AIDS Strategy 1999-2000 to 2003-2004*, Commonwealth of Australia, 2000
- Commonwealth Department of Health and Family Services 1996, *Partnerships in Practice: National HIV/AIDS Strategy 1996-97 to 1998-99*, Australian Government Publishing Service, Canberra.
- Commonwealth Department of Health and Family Services 1997, *The National Indigenous Australians' Sexual Health Strategy 1996/97 to 1998/99 – The Government Response to the report of the ANCARD Working Party on Indigenous Australians Sexual Health*. Australian Government Publishing Service, Canberra.
- Commonwealth Department of Human Services and Health 1995 (Feacham Report). *Valuing the past ... investing in the future – Evaluation of the National HIV/AIDS Strategy 1993-94 to 1995-96*, Commonwealth of Australia, Canberra.
- Communicable Diseases Unit, Public Health Services, Queensland Health 1998, *Reducing the Impact - the Queensland Health Hepatitis C Strategy 1997-2000*, Queensland Health, Brisbane.
- Communicable Diseases Unit, Public Health Services, Queensland Health 1994, *A Discussion Paper: Towards a Sexual Health Policy*, Queensland Health, Brisbane.
- Cotch MF, Pastorek JG, Nugent RP et al. *Trichomonas vaginalis associated with low birth weight and preterm delivery*. Sex Transmissible Diseases 1997 24:353-60.

- Dore, J. Chronic *hepatitis C infection*. Australian Family Physician. Journal of the Royal Australian College of General Practitioners, Vol 27, No. 9 September 1998. p 791.
- Fairley CK, Bowden FJ. Letter to the Editor, Journal of Australian Medical Association, July 9, 1997. 278(2).
- Grierson et al., *HIV Futures 3 – Positive Australians on Services, Health and Wellbeing. Monograph Series Number 37*. The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne Australia, 2002.
- Grosskurth H, Mosha F, Todd J, Mwijarubi E, Klokke A, Senkoro K, Mayaud P, Changalucha J, Nicoll A, Ka-gina G, et al. *Impact of improved treatment of sexually transmissible diseases on HIV in rural Tanzania: randomised control trial*. Lancet, August 1995, 26:346 (8974):530–6.
- Hillis S, Black C, Newhall J, Walsh C, Groseclose S. 1995 *New Opportunities for Chlamydia Prevention: Applications of Science to Public Health Practice Sexually Transmitted Diseases*. May-June, p. 197.
- Macdonald M, Wodak A & Kaldor J (on behalf of the Collaboration of Australian Needle Exchanges) 1998, *Reduction in HCV Prevalence among Australian Needle Exchange Attenders*, National Centre in HIV Epidemiology and Clinical Research, Sydney. p. 66.
- Mayelo V, Garaud P, Renjard L, Dianoux L, Lansac J, Lhuintre Y, Coursaget P, Anthonioz P. *Cell abnormalities associated with human papillomavirus-induced squamous intraepithelial cervical lesions. Multivariate data analysis*. Am Journal Clinical Pathology 1994 Jan 101 (1): 13-8.
- National Centre in HIV Epidemiology and Clinical Research. *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2002*. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW. 2002.
- National Centre in HIV Epidemiology and Clinical Research, Annual Surveillance Report, 2001, p. 12. NCHECR (ed) 1998, *Australian HIV Surveillance Report and Update*, Vol 14 No 4 October 1998, NCHECR, Sydney.
- NCHECR (ed.) 1998, *Australian HIV Surveillance Report and Update*, 14(4), October, 1998, NCHECR, Sydney.
- NCHECR (ed.) 1998, *HIV/AIDS and Related Diseases in Australia: Annual Surveillance Report*, NCHECR, Sydney.
- Office for Aboriginal and Torres Strait Islander Health 1997 *The National Indigenous Australians' Sexual Health Strategy 1996/97 to 1998/99. The Government response to the report of the ANCARD Working Party on Indigenous Australian's Sexual Health*.
- Queensland Health 1998, *Queensland HIV/AIDS Statistical Report- Period ending 31 December 1998*, AIDS Medical Unit, The Prince Charles Hospital and Health Service District, Brisbane.
- Queensland Health 1996 *Health Indicators for Far North Queensland - Tropical Public Health Unit*.
- Queensland Health, Public Health Services, *Social Determinants of Health – The role of Public Health Services*, Queensland 2001.
- Queensland Health, *Reducing the Impact – The Queensland Hep C Strategy 1997-2000*.
- Queensland Ministerial Task Force on Drug Strategy. *Queensland Drug Strategy 1995 - 1997*. Alcohol and Drug Branch, Queensland Health, 1995.
- Second Task Force on Evaluation. *No Quick Fix: An evaluation of the National Campaign Against Drug Abuse*. Ministerial Council on Drug Strategy, 1992.
- United Nations Declaration of Commitment on HIV/AIDS – United Nations General Assembly Special Session on HIV/AIDS 25 – 27 June 2001, UN Department of Public Relations, New York, USA, 2001.