

**Queensland HIV, Hepatitis C and
Sexually Transmissible Infections Strategy
2005 – 2011**

Annual Progress Report

2006/2007

Introduction

In July 2005, the Queensland Government endorsed the *Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011* (referred to as “the Strategy”), which provides the framework for a wide range of organisations and the community to address the challenges posed by those conditions. Two years into implementation of the Strategy, significant progress has been made.

This *Annual Progress Report 2006-2007* provides a summary of achievements to date against the *Key Outcomes* and *Strategic Priority Areas*, an update on the current challenges we face and an indication of future priority areas to be progressed in the next year. The *Annual Progress Report 2006-2007* should be read in conjunction with the Strategy, which is available on the Queensland Health web site. Appendix 1 outlines specific activity in this first year of implementation from the 10 participating Queensland Government departments against the *Implementation Action Plan 2005-2008*.

The overall financial contribution made by Queensland Health providing a range of programs and services specifically addressing HIV/AIDS, hepatitis C and sexually transmissible infections is difficult to quantify. At District level, there are 16 sexual health clinics through which specialist HIV/AIDS, hepatitis C and sexual health (HAHCSH) services are provided by various professional staff including doctors, nurses and psychologists. Patients with chronic and complex conditions including HIV/AIDS and liver disease are also provided specialist services through the state’s public hospital system (including 11 liver clinics, liver transplant services, infectious diseases clinics and other public hospital services). In 2006/07, through the Communicable Diseases Branch (CDB), the HAHCSH Program budget provided over \$6.5M for non-government organisations delivering education, prevention, treatment, care and support programs. In addition, the Queensland Needle and Syringe Program was funded \$3.2M and provided approximately 5.9 million needles and syringes through a network of 150 active Needle and Syringe Program (NSP) sites. Needle and Syringe Programs are one of Australia’s most successful blood-borne virus (BBV) prevention strategies. There are six full-time CDB officers coordinating policy and program development across the four national strategy areas (HIV/AIDS, Hepatitis C, Sexual Health and Indigenous HAHCSH). The three Area Health Services employ two HAHCSH Coordinators in each Area to coordinate implementation of actions under the *2005-2011 Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy* across the state. Research and surveillance work is conducted or commissioned through the AIDS Medical Unit, Syphilis Register and CDB Epidemiology Unit and the HAHCSH Program.

The Queensland Government looks forward to continuing to work in partnership with non-government organisations, private practitioners, research organisations, community groups and others to reduce the transmission of HIV, hepatitis C (HCV) and sexually transmissible infections (STIs), minimise their impact on Queenslanders, and improve the health and wellbeing of people living with such conditions.

Queensland Health conducted the first annual Queensland HIV, HCV and STI Strategy Consultative Forum on 3 April 2007. This was conducted as part of its role as the lead agency responsible for the implementation, monitoring, reporting and evaluation of the Strategy.

Key Outcomes

This section outlines the data available to measure progress against the key outcomes in 2006-2007. Key achievements in this second year of implementation and/or future strategies are highlighted under each *Key Outcome*. Continued activity in each *Strategic Priority Area* will contribute to the overall achievement of the *Key Outcomes* in the life of the Strategy.

The data provided in this section is for the 2006 calendar year, where available, and compared to previous years as outlined in the Strategy. Due to statistical data being collected, collated and analysed for calendar years, this *Annual Progress Report 2006-2007* identifies data relating to the Jan-December 2006 period of implementation. The January-June 2007 data will be included as part of the mid-term review and comparisons will be able to be made on consecutive years of implementation.

Key Outcome 1:

Reduced transmission of HIV, hepatitis C (HCV) and sexually transmissible infections (STIs)

Key Indicators:

- a) incidence of new infections
- b) 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

Human Immunodeficiency Virus (HIV)

Over the past five years there has been an upward trend in rates of diagnosis of HIV increasing from 2.7 per 100,000 population in 2001 to 3.5 per 100,000 population in 2006. Between 2005 and 2006, rates of diagnosis of HIV reduced from 3.8 to 3.5 per 100,000 population. The majority of diagnoses continue to be in gay men and other men who have sex with men (MSM). In 2006, there were 1621 people living with HIV/AIDS (PLWHA). Approximately 96.1% (1558) of these people lived in a post code that was part of a Health Service District (HSD) where a prescriber was available.

Queensland Health, in collaboration with the Queensland Association for Healthy Communities (QAHC) and the Queensland Positive People Inc (QPP) developed and implemented the 2006-2007 an *HIV Prevention Action Plan* to specifically address rising HIV notifications. The plan developed in consultation with community organisations and other Non-Government organisations, aims to build upon strategies implemented through previous action plans. A total \$100,000 program funding was allocated by Queensland Health and in collaboration with the community sector a range of targeted interventions were implemented under the action plan including:

- QPP have developed a specific campaign targeting positive gay men promoting safe sex behaviours. The campaign will be rolled out towards the end of 2007 to coincide with a Queensland Health campaign promoting safe sex practices aimed at the general community.
- With Queensland Health funding, the University of Queensland, School of Medicine trained sexual health clinic staff in Brisbane and Cairns to improve their skills and techniques when promoting safe sex behaviours with clients.

- The QAHC developed safe sex self assessment resources for gay men to complement safe sex counselling provided by clinicians.
- Queensland Health funded the Risk Factors for HIV Seroconversion study conducted by the National Centre in HIV Epidemiology and Clinical Research. The study commenced recruiting in January 2007.

Queensland Health has allocated a further \$100,000 program funding to support implementation of the *HIV Prevention Action Plan* in 2007-2008. This will bring to \$200,000 the total funding allocated for implementation of the action plan.

Hepatitis C (HCV)

In 2006, there were 2,880 notifications of hepatitis C in Queensland. Hepatitis C notifications cover a wide age distribution and continue to occur predominately among people with a history of injecting drug use. Queensland data is not able to distinguish acute cases. The male to female ratio is 1.6:1.

Queensland Health prepared a concept brief for the National Hepatitis C *Building the Evidence Project* to identify effective interventions across the life course for reducing hepatitis C and other blood borne virus transmission in injecting drug users and those at risk of injecting. This project was successfully funded through the Australian Health Ministers Advisory Council (AHMAC).

Queensland Health continues to fund and support the Queensland Injectors' Health Network (QIHN) in the development and delivery of a state-wide education program targeting injecting drug users (IDUs) for the prevention of HIV, hepatitis C and sexually transmissible infections (STIs).

The Hepatitis Council of Queensland continues to provide education, training, treatment, care and support services to the hepatitis C affected community.

Family Planning Queensland continues to deliver the *Correctional Facilities Education Project*, funded by Queensland Health, in collaboration with the Department of Corrective Services.

Sexually Transmissible Infections (STIs)

Chlamydia still remains the most commonly notified of all STIs in Queensland with 11,928 notifications in 2006. The rates of diagnosis increased from 155 per 100,000 population in 2001 to 294.3 per 100,000 population in 2006. This data represents an 85% increase in notifications since 2002. Between 2005 and 2006 rates of chlamydia diagnosis increased from 245 to 294.3 per 100,000 population. The 15-24 age group represent 67% of all chlamydia notifications in 2006, with 60% of these being female.

In 2006, there were 475 notifications of syphilis of which 176 were notifications of infectious syphilis. In 2006, the rate of diagnosis of infectious syphilis was 4.3 per 100,000 population. Notifications of infectious syphilis in non indigenous males have shown an increasing trend since 2002, with a 78% increase in 2006 compared to 2005, with the peak in the 40-44 age group.

In 2006, there were 288 notifications of non infectious syphilis, a 53% increase since 2002. The rate of diagnosis is 7.1 per 100,000 population, with the 75+ age group accounting for 1.5% of indigenous notifications and 16% of non-indigenous notifications. The ratio of Indigenous to non-Indigenous notifications is 1.5:1.

Rates of diagnosis of gonorrhoea increased from 36 to 37.8 per 100,000 population between 2005 and 2006. There has been a 65% increase in notifications since 2002, with the 15-24 year old age group representing 50% of the notifications. 67% of the notifications were male.

The Queensland Health, safe sex awareness campaign, '*Safe Sex. No Regrets,*' will be launched in late 2007. The campaign aims to promote the use of condoms as a preventative measure to reduce transmission of STIs.

In 2006, Queensland Health continued to provide substantial funding to QAHC to conduct health promotion programs targeted at gay men and MSM and aimed at reducing transmission of HIV, HCV and STIs.

Key Outcome 2:

Minimisation of the impact of HIV, HCV and STIs on the Queensland population

Key Indicators

- a) reduction in AIDS diagnoses as a proportion of People Living with HIV (PLWH)
- b) percentage annual increase in the number of people accessing and completing antiviral HCV treatment

In 2006, 1.0% of people living with HIV were diagnosed with AIDS. This was a slight decline from 2005 where 2.5% of people living with HIV were diagnosed with AIDS. Treatment and management services for HIV are provided predominately through Queensland Health Sexual Health Services. Public hospitals, private physicians and specialist general practitioners also provide treatment and management services for PLWHA.

In this reporting period, it is estimated that the number of people with hepatitis C in Queensland accessing antiretroviral treatment approximately doubled from 200 recorded in 2005. Data collection relating to those completing treatment continues to improve as part of the *Hepatitis C Shared Care Initiative*.

Key Outcome 3:

Improved health and wellbeing of people living with HIV, HCV and STI-related chronic illness

Key Indicators

- a) proportion of people living with HIV accessing antiretroviral treatment
- b) health and wellbeing of PLWHA and people with HCV as indicated through data from quality of life studies

Nationally, it is estimated that the number of people prescribed antiretroviral treatment for HIV infection increased from 6,396 in 2000 to 7,835 during 2004¹. As at 31 December 2006, an estimated 880 PLWHA were accessing antiretroviral treatment in Queensland. This figure represents 61.3% of the total number of PLWHA eligible for treatment.

Data from the fifth *HIV Futures Study* conducted in 2005 estimated that 68.1% of PLWHA rated their health as good or excellent and 60.1% rated their general well being as good or excellent. Most respondents indicated they had left their career or in some way reduced their career goals as a result of their HIV diagnosis. The aim of the *HIV Futures Study* is to represent a cross section of people living with HIV and describe their experiences of living with HIV across multiple health, social and psychological domains².

Queensland Health continues to provide funding to Queensland Positive People (QPP) and the Hepatitis Council Queensland (HCQ) and Haemophilia Foundation of Queensland (HFQ) to deliver health promotion programs for people with HIV and/or hepatitis C.

¹ National Centre in HIV Epidemiology and Clinical Research (NCHECR) *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2006*, NCHECR, The University of New South Wales, Sydney NSW. ² Grierson J, Thorpe R, Saunders M and Pitts M (2006) *HIV Futures 4: state of the [positive] nation*, monograph series number 60, The Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne, Australia.

Strategic Priority Areas:

The following section highlights performance against the strategic priority area objectives for 2006-2007. Detailed activity under each strategic priority area is outlined in the *Implementation Action Plan 2005-2008* (Appendix 1).

1: Enabling Environment

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

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 activity aimed at improving HIV, HCV and STI related health and consequent wellbeing outcomes

Queensland Health continues to participate in a range of state and national policy and legislative activities including:

- National review of approaches to the Management of HIV Infected Individuals who knowingly or recklessly place others at risk of infection
- Review of Queensland Protocol for the management of HIV positive people whose behaviour may expose others to HIV infection
- National Hepatitis C Education and Prevention Multilateral meeting
- National Hepatitis C Think Tank Forum focusing on improving access to treatment
- National HIV, Hepatitis C (HCV), Sexually Transmissible Infections (STI) and Indigenous Blood Borne Virus (BBV) and STI Strategies Implementation Stocktake Forum, February 2007
- National Indigenous Australians' Sexual Health Committee (IASHC)
- National Non-occupational Post Exposure Prophylaxis (NPEP) committee
- Australian Federation of AIDS Organisations (AFAO) HIV and STI Prevention in gay men forum
- Department of Health and Ageing (DoHA) s100 community prescribing consultation forum
- Prostitution Licensing Authority (PLA) Interdepartmental working group
- QLD 2007 Sexual Health Clinicians meeting
- University of QLD (UQ) Viral Hepatitis Education Advisory Committee

Queensland Health continues to lead and promote opportunities to address social determinants of health by reducing barriers such as discrimination and stigma, social isolation, homelessness and violence. The Department funded a range of organisations to continue to implement programs/projects to address the strategic priority areas of the strategy. The Department:

- Produced and distributed a CD Rom to 250 program related service providers with a wide array of Cultural and Linguistically Diverse resources
- Has reviewed internal Queensland Health Area Health Service (AHS) and Corporate Unit/Branch action plans related to the strategy to reflect current organisational structures and issues.

Queensland Health continued to identify the need for development and review of policy, procedures and guidelines that support the key priorities of the strategy including conducting a review of child protection guidelines relating to abuse and neglect and providing advice on the review of the *Prostitution Regulation 2000*

The **Department of Child Safety's** Child Health Passport is now fully operational and has been amended along with the health plan procedure to include screening, assessments and interventions relating to infectious diseases.

The **Department of Employment and Industrial Relations:**

- Through Workplace Health and Safety Queensland initiated regional audit programs that included components on occupational blood-borne virus risks and occupational needlestick injury risks for commercial cleaners, funeral industry, childcare services and accommodation services
- research in to the development 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

The **Commission for Children and Young People and Child Guardian** produced its *Annual Report: Deaths of children and young people Queensland 2005-2006*. This report identifies and reports on any deaths of children and young people including those that are a result of HIV, Hepatitis C or other sexually transmitted infections.

The **Department of Education, Training and the Arts** continues to make available information within TAFE institutes for staff and students on health issues encompassing HIV, HCV and STIs.

The **Department of Corrective Services** continues to support Family Planning Queensland (FPQ) in delivery of a suite of programs and projects aimed at achieving the goals of the Queensland HIV, Hepatitis C and Sexual Health Strategy 2005-2011.

Objective Two:

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

Performance Indicators

- a) proportion of relevant government departments that incorporate and address issues covered by this Strategy
- b) evidence of local interagency/interdepartmental forums to improve collaboration and sharing of resources

The 2005/2006 Annual Progress Report for the strategy was endorsed by Cabinet on 23 October 2006. The mid-term review of the strategy and final evaluation process has been endorsed by Queensland Health HIV/AIDS Hepatitis C and Sexual Health (QH HAHCSH) Advisory Committee. The mid-term review is set to commence at the beginning of 2008 with the outcomes of the review expected to inform the actions for the second half of the implementation of the strategy.

Several Government Departments continue to identify and implement further actions to contribute to achieving the key outcomes of the Strategy as outlined in the *Implementation Action Plan 2005-2008* (Appendix 1).

Queensland Health continues to liaise closely with the Government Departments and non Government Organisations through key annual meetings and the HAHCSH Advisory Committee meetings. There has been enhanced collaboration with the **Department of Corrective Services** in relation to specific issues on Hepatitis C.

The Area Health Services HAHCSH Coordinators continue to provide an integral link between Queensland Health and local services through interagency activities including:

- development of Logan City Council Sharps Management Plan
- development of mapping document including all multicultural service providers (MSPs) working within Logan and surrounding areas to inform the establishment of a MSPs - HAHCSH working group
- implementation of Culturally And Linguistically Diverse youth resource project – a collaborative Multilink and QH initiative
- an interagency World AIDS Day committee established in Cairns comprising QAHC, Spiritus and Sexual Health Service to coordinate a series of events.
- Radio and Newspaper advertising Campaign organised by Cairns Sexual Health Service, QAHC and CDB in response to an increase in HIV notifications
- Sexual Health and Alcohol, Tobacco and Other Drugs Services (ATODS) facilitated joint community forums to develop systems of client consultation and feedback processes for clinical services in the Central Area Health Service

Queensland Health conducted the first annual Queensland HIV, HCV and STI Strategy Consultative Forum on 3 April 2007. This was conducted as part of its role as the lead agency responsible for the implementation, monitoring, reporting and evaluation of the Strategy.

Queensland Health also facilitated and participated in collaborative activities including:

- Funding non-government organisation planning, working groups and steering committees
- QLD HCV Treatment and Management Working Group
- QLD Deadly Sex Congress 2007 organising committee
- QLD Aboriginal and Torres Strait Islander Sexual Health Working Group
- QLD 2007 Sexual Health Clinicians meeting
- World AIDS Day Alliance Working Group
- Queensland Association for Healthy Communities (QAHC) programs
- Ethnic Communities Council Queensland HAHCSH program advisory group
- Logan City Council 'Community Renewal & Wellbeing' group
- The annual HAHCSH Coordinators meeting
- Logan City Council interagency
- Redlands and Inala Youth networks
- Toowoomba refugee health network
- The Torres Strait World AIDS Day Project and the University of Queensland HIV Course on Thursday Island
- The Regional AIDS and Sexual Health Advisory Committee
- The establishment of regional Cairns HIV/AIDS Services (CIVAS) group in 2006 to specifically coordinate a response to new HIV infections

The **Department of Corrective Services** continues to:

- Collaborate with government and non-government organisations in the delivery of staff and inmate training including, Hepatitis Council Queensland, Queensland Health, Family Planning Queensland, Queensland Injectors' Health Network and Queensland Association for Healthy Communities.
- Deliver training to health staff on pre and post test counselling
- Conduct the Reception Awareness program with first offender prisoners at the Arthur Gorrie Correctional Centre

The **Department of Employment and Industrial Relations:**

- Continues to collaborate with government departments to encourage regional and state-wide preventive strategies for occupational HIV, HCV and STI risks.
- Through Workplace Health and Safety Queensland is a participant to the Heads of Workplace Safety Authorities, and has held preliminary discussions with Workcover NSW on occupational infection risks, including occupational HIV, HCV and STI risks.

The **Commission for Children and Young People and Child Guardian** has developed an Action Plan to implement the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.

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

Performance Indicators

- a) evidence of programs that support target populations to participate in policy and program development that impacts on their own health and wellbeing outcomes
- b) evidence of local interagency/interdepartmental forums to improve collaboration and sharing of resources

In addition to conducting the first annual Queensland HIV, HCV and STI Strategy Consultative Forum, **Queensland Health** continues to;

- Coordinate the HIV/AIDS, Hepatitis C and Sexual Health Advisory (HAHCSH) Committee with membership of representatives from target populations. This will be replaced by a Ministerial HAHCSH Advisory Committee. The proposed model for this has been endorsed by the Minister.
- Provide funding for programs delivered by community based organisations for the active participation of individuals affected by HIV, HCV and STIs such as:
 - QPP for a peer support program for people newly diagnosed with HIV
 - QAHC to conduct gay men's safe sex peer education programs
 - HCQ to provide education, health promotion and clinical services for people with Hepatitis C
 - HFQ to provide health promotion activities for people with inherited coagulation disorders with medically acquired HIV and Hepatitis C
 - QuIHN to provide education, health promotion and clinical services for injecting drug users
 - Spiritus (Positive Directions) program of case coordination to address clients' health care needs

- Self Health for Queensland Workers in Sex Industry (SQWISI) – this community based organisation has ceased operations and the process is underway for establishing a new program targeting sex industry workers.

The **Commission for Children and Young People and Child Guardian** published the *Views of Children and Young People in Care in Queensland 2006* report which found that 48% of young people were involved 'a lot' or 'a fair bit' in decisions involving them.

2: Education and Prevention

Objective One:

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

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) increased awareness of HIV, HCV and STIs among targeted populations accessing education and prevention programs as indicated by evaluation reports

The annual incidence and prevalence data for HIV, hepatitis C and notifiable STIs is outlined in the Key Outcomes section under *Key Outcome 1*.

Queensland Health, in collaboration with key community based organisations, facilitated the development and implementation of the 2006-2007 HIV Prevention Action Plan. The goal of this Action Plan is to reduce new HIV infections in Queensland, particularly among gay men and other MSM, the population in which the rise in notifications has predominantly been experienced. Queensland Health again allocated \$100,000 program funding to support implementation of the action plan. The key activities implemented under this plan include:

- QPP specific campaign targeting positive gay men promoting safe sex behaviours. The campaign will be rolled out towards the end of 2007 to coincide with a Queensland Health campaign promoting safe sex practices aimed at the general community.
- With Queensland Health funding, the University of Queensland, School of Medicine trained health clinic staff in Brisbane and Cairns to improve their skills and techniques when promoting safe sex behaviours with clients.
- The QAHC developed safe sex self assessment resources for gay men to complement safe sex counselling provided by clinicians.
- Queensland Health funded the Risk Factors for HIV Seroconversion study conducted by the National Centre in HIV Epidemiology and Clinical Research. The study commenced recruiting in January 2007.

Queensland Health continues to fund a number of key non government organisations such as QAHC, ECCQ, QPP, QuIHN, HCQ, FPQ, SQWISI and HFQ to develop, implement and evaluate prevention and promotion programs including:

- Queensland World AIDS Day (WAD) Alliance together with regional coordinators to implement the 2006 WAD activities.
- Correctional Facilities Education Project for prisoners and staff by FPQ
- Hepatitis C Awareness Week by HCQ
- Hepatitis C Small Grants Program
- HIH, HCV and Sexual Health Promotion Program for young people by FPQ

Both HCQ and QuIHN joined the BBV and STI Working Group of the Queensland branch of the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to facilitate

discussion and implementation of programs for Aboriginal and Torres Strait Islander populations.

Other collaborations including with QAHC resulted in the production and development of Creole resource targeting Torres Strait Islanders.

Queensland Health has made available information and resources for target populations through various mediums such as QH Internet, Youth websites and websites of key non government organisation participating in the implementation of the strategy. All website content for istaysafe.com has been reviewed and updated.

Queensland Health continues to implement the monthly indigenous sexual health clinic for each gender through the Nambour Central West Alcohol & Sex Project. A range of other initiatives have been undertaken including:

- a young Indigenous general health/sexual health information day was held in North Burnett
- a sexual health workshop for young at risk Indigenous girls at Indigenous Youth Service at Bundaberg

Other key activities undertaken by **Queensland Health** in this reporting period are:

- Development and implementation of a response plan of activities to address increased cases of HIV infection in Cairns.
- Development of the Queensland Health, safe sex awareness campaign, '*Safe Sex. No Regrets*' to be launched in late 2007.
- Implementation of HAHCSH Health Promotion project in February 2007 to investigate enhanced provision of HAHCSH health promotion activities across the state.
- Ongoing implementation of the Far North Queensland Hepatitis C Health Promotion Project and the Inter-District Hepatitis C Health Promotion Project.

The **Department of Corrective Services** continues to support FPQ in the delivery of the Correctional Facilities Education Project for inmates and staff including investigating options to improve the safety of tattooing in the prison environment, implementation of substance use program and access to drug and alcohol counsellors.

The **Queensland Police Service** continues to provide HIV, hepatitis C and STI information, including exposure, treatment and reporting procedures to staff participating in induction programs. Information includes procedure for access to the Blood and Body Fluid (BBF) Hotline. This information is also included in the induction course for Police Liaison Officers and Queensland Aboriginal Torres Strait Islander Police

The **Commission for Children and Young People and Child Guardian** engaged FPQ to deliver regional professional development workshops across the state to all Community Visitors. The Community Visitors were provided with supporting resources to appropriately facilitate the referral of young people to relevant services.

The **Department of Communities** continues to deliver education programs to young people at the Brisbane and Cleveland Youth Detention Centres on general protective behaviours and sexual health.

Department of Education, Training and the Arts is exploring a number of initiatives which will support the development and implementation of sexual and reproductive health education in Queensland state schools. This work will include a strong focus on the construction of identity, the development of relationships and the role of social and emotional learning in children's personal growth.

As a result of the review of Education Queensland Infection Control Guidelines, DOEM has been replaced by Education Policy and Procedures Register (EPPR) HLS-PR-004 Infection Control and Management of Prescribed Contagious Conditions Guidelines.

The **Department of Employment and Industrial Relations:**

- Collaborated with SQWISI in the development of its Occupational Health and Safety guide for sex workers.
- Through Workplace Health and Safety Queensland continue to provide education and training for inspectors and industry including Childcare and Waste management.
- Has delivered 3 biological hazards training programs to new inspectors, including distribution of 2 editions of the biological hazards newsletter to Workplace Health and Safety Queensland inspectorate.

Objective Two:

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

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

Incidence and prevalence data for HIV, hepatitis C and notifiable STIs is outlined in the Key Outcomes section under Key Outcome 1.

Queensland Health continues to provide non-occupational post exposure prophylaxis (NPEP) including education targeting gay men and other men who have sex with men. HIV post exposure prophylaxis (PEP) awareness information was not collected in the 2006 Queensland Gay Community Period Survey and therefore we are unable to report on it.

Queensland Health continues to fund and manage the Queensland Needle and Syringe Program (QNSP) with approximately 5.9 million needles and syringes supplied through a network of 150 active Needle and Syringe Program (NSP) outlets in this reporting period. This includes the provision of a 24/7 Clean Needle Help Line for the public regarding information for safe disposal and referral to appropriate councils.

Queensland Health continues to provide funding for the delivery of education and prevention programs including:

- Funding to Queensland Alcohol and Drug Research Centre (QADREC) to provide enhanced NSP brief intervention training on a state-wide basis, and to deliver the QNSP "Train the Trainer" program. This ensures the staff operating NSP outlets are appropriately authorised and trained. To date 1,500 people have successfully completed the training.

- A Small Grants initiative to assist local governments in enhancing their disposal strategies.
- Lesbian Gay Bisexual and Transgender (LGBT) project through QAHC
- Youth training project by FPQ.
- Rural and Remote Hepatitis C Awareness Project implemented through HCQ.

In addition, funding has facilitated community based organisations to enhance consumer's access to information through the establishment, update and review of websites and the production and dissemination of education resources.

Other activities designed to increase networks and information to consumers and service providers across the sector such as newsletters and membership magazines have also been supported. Examples include:

- The Hep Factor newsletter and C Network (HCQ)
- Tracks magazine (QuIHN)
- EVOCA(ECCQ)
- QAHC Newsletter
- HFQ Newsletter

Queensland Health led by the Centre for Hospital Related Infection, Surveillance and Prevention (CHRISP) reviewed the QH Infection Control Guidelines. This included the revision of Post Exposure Prophylaxis (PEP) Guidelines and Infected Health Care Worker Policy.

The **Department of Education, Training and the Arts** continues to provide referral services to students and staff. TAFE Institute staff working in high risk areas can access vaccinations through the workplace. Risk assessments for the prevention of Hepatitis and HIV have been conducted after receiving advice from Workplace Infectious Diseases Prevention Group and/or Workplace Health and Safety.

3: Early Detection, Care Management and Treatment

Objective One:

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

Performance Indicators

a) evidence of compliance with best practice standards in relation to service provision

Queensland Health supported contract tracing including providing assistance to Queensland health services and general practitioners through:

- Implementation of a contact tracing project to investigate options to enhance contact tracing capacity across the state.
- Contract tracing promoted via Sexual Health Services in collaboration with GPs.
- Funding the QLD Syphilis Surveillance Register and conducting HIV contact tracing through the AIDS Medical Unit (AMU).

To ensure services maintain up to date policies relating to the identification of children and young people at risk, **Queensland Health** has reviewed the QH Policy for management of abuse and neglect of young people (0-18 years).

Queensland Health has completed a review and update of the *Queensland Clinical Practice Guidelines for Sexual and Reproductive Health Nursing Officers* to guide the clinical practice of Sexual Health Nurses.

Some other significant activities undertaken by **Queensland Health** to address this strategic priority area in this reporting period include:

- Commencement of a two-year HIV Seroconversion Study of risk behaviours associated with HIV infection.
- Contribution to the development of the National HCV and National HIV Testing Policies.
- Contribution to the development of the Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings
- Development of the evaluation framework for the *Hepatitis C Shared Care initiative*.
- Revision of hepatitis C resources through HCQ
- Revision and update of the clinical pathway for the management of people with hepatitis C on treatment.

The **Queensland Police Service** has developed an Infectious Disease Control module for recruits including standard precautions, management of BBF exposure including first aid, risk infection, medical assistance, availability of BBF hotline and psychological support. The module also includes risk minimisation, exposure risk, prevention, vaccination programs, post exposure blood tests and prophylaxis.

The **Department of Corrective Services** is in the process of:

- finalising the protocol for the treatment and management of inmates with hepatitis C after removal of liver biopsy requirement; and
- reviewing the communicable disease policy including an update of the Infectious Diseases Policy to include pre test discussion and post test counselling.

Objective Two:

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

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

The rates of diagnosis of HIV decreased slightly from 3.8 to 3.5 per 100,000 population between 2005 and 2006, with a majority of the diagnoses still in gay men and other men who have sex with men in South East Queensland.

Queensland Health continues to provide funding to QAHC to deliver health education and promotion programs targeting gay men and MSM, and aimed at reducing transmission of HIV, HCV and STIs. In 2006, 28.6% of the AIDS diagnoses were in late presenters, a 25.7% decrease when compared with 2005 figures. However, it should be noted that this figure may change as not all data has been received for the reporting period.

Queensland Health provides funding and support to the QuIHN to deliver health promotion programs and implement strategies to promote safer injecting behaviours for injecting drug users (IDUs), and those at risk of injecting drugs. According to the 2006 NSP Survey, in Queensland an estimated 59% of injecting drug users (IDUs) reported testing for HIV in the previous year compared with 62% in 2004; and 59% of IDUs reported testing for HCV in the previous year compared with 64% in 2004. The reduction in reported testing will be assessed and strategies identified to improve testing as appropriate. The prevalence of HIV in IDU population has remained below 2%, except among participants reporting male homosexual identity.

Queensland Health promotes screening via the published practice standards in Clinical Treatment Guidelines. Other screening activities supported include the Orasure project, BBV screening and annual screening as a core component of the Adult Health Check, Indigenous Chronic Disease Strategy. Queensland Health participated in the review and update of the National HCV Testing Policy. Queensland Health also participates in state and national surveillance and monitoring programs informing early detection such as:

- Ongoing surveillance through the Notifiable Conditions System (NOCS) and Queensland Syphilis Surveillance Centre.
- Conduct of the HIV Seroconverters Study
- Trial and evaluation of postal kits for detection of Chlamydia

Queensland Health also continues to support and implement the *Healthy Women's Initiative*, an integrated model of service delivery focusing on sexual health and cervical screening.

The **Queensland Police Service** continues to promote availability of Blood and Body Fluid Exposure (BBF) assistance to all staff via monthly email reminders and information

provided to all employees by payslip insertion. The QPS training for recruits incorporates information including standard precautions, risk minimisation, management of exposure and post exposure blood tests and prophylaxis.

The **Department of Child Safety** has released a Child Safety Practice Manual with amended procedures regarding managing family contact between children and family members. The amended procedures incorporates infectious diseases and includes the Child Health Passport and Health Plans, child strengths and needs assessment and parental strengths and needs assessment.

The **Department of Education, Training and the Arts** completed a scan and gap analysis of sexual and reproductive health education resources, which currently awaits endorsement by the Strategic Management Group.

The **Commission for Children and Young People and Child Guardian** continues to maintain a hyperlink on the Commission's website to the Queensland Health ISTAYSAFE website.

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

Performance Indicators

- a) waiting times for assessment and access to hepatitis antiviral treatment
- b) proportion of Queensland Health Service Districts in which PLWHA reside where an HIV treatment prescriber is available

Queensland Health continues to fund two health promotion officer positions at ECCQ to deliver education supporting appropriate access for people from culturally and linguistically diverse (CALD) backgrounds to HIV, HCV and STIs services. Funding is also provided to Spiritus, HCQ and QPP to deliver treatment, care and support to target populations.

In this reporting period, **Queensland Health** coordinated indigenous Polymerase Chain Reaction (PCR) Testing and Drug Replacement Program.

Ongoing activities by **Queensland Health** in this strategic priority area are:

- Monitor and negotiate Commonwealth funded Aboriginal and Torres Strait Islander programs/projects supporting access to treatment and care.
- Ongoing provision of education and training including through the UQ HIV and HCV Education Project for medical practitioners and other health care workers.
- Continue to promote adherence to state and national guidelines relating to testing and counselling procedures.
- Implementation of the Hepatitis C Health Promotion Project in Tropical North Queensland targeting CALD, Indigenous, Prisons and general community.
- Implementation of the Inter-district Hepatitis C Health Promotion Program (Mackay, Bundaberg, Rockhampton, Townsville) targeting people with HCV and the general community
- Improving data collection in relation to waiting times with as a result of the *Hepatitis C Shared Care Initiative*.

The Health Service Districts (HSD) within **Queensland Health** underwent amalgamations, which had an impact on the postcodes where the HIV/AIDS prescribers are available. Approximately 96.1% of the PLWHA live in a postcode that was within a HSD where a HIV/AIDS prescriber was available compared with 94.5% last year. An estimated 1,621 PLWHA were accessing care in Queensland in 2006. This is an increase of 55 people from 2005. This increase is consistent with the upward trend since 1999.

Queensland Health continues to fund the University of Queensland HIV and Hepatitis C Education Projects to deliver the *HIV Prescribers Course* and *HIV Update Course* for medical practitioners prescribing HIV antiretroviral therapy and the *Hepatitis C Management Course for General Practitioners*

The **Queensland Police Service** continues to provide regular updates and training to school based Police Officers in conjunction with School Based Youth Nurses to assist them to provide opportunistic interventions for at-risk populations.

The **Department of Corrective Services** continues to ensure availability of culturally appropriate educational materials to prisoners through its support of Family Planning Queensland Education project, implementation of peer education programs, maintenance of links with organisations such as Hepatitis Council of Queensland, Queensland AIDS Council and Queensland Injectors Health Network. The department in collaboration with Queensland Health has increased the number of prisoners accessing antiviral therapy for hepatitis C.

The **Department of Communities**, through the Brisbane and Cleveland Youth Detention Centres continues to provide a comprehensive health assessment for all young people on admission and review as required. All young people are offered testing for HIV, Hep B and C, syphilis, gonorrhoea and chlamydia.

Objective Four:

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

Performance Indicators

- a) waiting times for assessment and access to hepatitis antiviral treatment
- b) proportion of Queensland Health Service Districts in which PLWHA reside where an HIV treatment prescriber is available
- c) evidence of compliance with best practice standards in relation to service provision

In this reporting period, **Queensland Health** commenced the implementation of a mapping exercise of service delivery and models of care for HIV treatment and management in Queensland.

Queensland Health continued to promote consistency of the management of people with HIV and/or HCV through ensuring Queensland HIV, HCV and STI guidelines and clinical pathways are consistent with national standards. Lipodystrophy treatment project commenced to investigate options for the treatment and management for people living with HIV who have lipodystrophy/lipoatrophy.

Queensland Health funded part time psychologist and full time clinical nurse consultant positions in 10 public hospital outpatient liver clinics. These positions are critical for the effective implementation of the *Hepatitis C Shared Care initiative* to ensure a qualified mix of staff for people with Hepatitis C on treatment and provide general practitioners with referral support. The initiative aims to increase the number of people with Hepatitis C accessing and completing treatment through a shared care approach.

Queensland Health funds Positive Directions (Spiritus) for the delivery of the HIV Treatment and Care Program including increasing the accessibility of Home and Community Care (HACC) services for PLWHA, and for the provision of mental health services.

The **Department of Corrective Services** continues to participate in the Queensland Syphilis Register through all custodial centres in Queensland. Specialist treatment for HIV positive prisoners is provided through the AIDS Medical Unit.

4: Training and Professional Development

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

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

In 2007, **Queensland Health's** commenced implementation of the Workforce Development Project that had been recommended by the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee in the previous reporting period. The aim of the project is to identify training and professional development needs across the sector.

Queensland Health provided funding to and participated in a number of forums and committees such as:

- Annual Sexual Health Clinicians Meeting for Queensland Health and FPQ staff.
- Hepatitis C Shared Care Forum held in November 2006.
- Viral Hepatitis Education Program Advisory Committee
- Sponsored meeting of Northern AHS nurses and psychologists involved in the Hepatitis C Shared Care

In this reporting period, **Queensland Health** continued to provide access to appropriate and targeted training and education opportunities for health professionals and community workers involved in HIV, HCV and STI education and service delivery through:

- Funding provided for provision of HAHCSH health promotion training for people working with young people (FPQ)
- Promotion of the Hepatitis C Discrimination package through UQ HCV Education Project and HCQ Box Training Project
- Implementation of the BBV and Health Promotion Training Project (FPQ)
- Funding provided for the provision of specific educational projects via the UQ HIV and HCV Education Project, FPQ, HCQ and QAHC
- Promotion of training opportunities for Queensland Health staff, other organisations and public through the Queensland Health website and publications.

Queensland Health sponsors tailored undergraduate, graduate and updated training programs for doctors, nurses, allied health professionals and other health and community service providers. The academic and training institutions funded to deliver these programs include:

- Position funded at Griffith University to ensure Sexual Health Nurse Officer training courses continue to reflect Queensland Health Nursing Officer published practice standards. The course was updated to reflect 2006 changes to Nursing Practice Standards.
- University of Queensland to deliver the HAHCSH Education Program for health and community service providers. This annual training schedule for this program has been reviewed to ensure it meets the needs of the Queensland service providers.

In addition to participating at the 'Deadly Sex Congress 2007', **Queensland Health** also recruited a State-wide Indigenous Workforce Development position to implement training and professional development strategies as outlined in the Queensland Indigenous Sexual Health Strategy.

Queensland Health continues to fund the Sexual Health Nursing Scholarship Program to provide opportunities for nurses to complete postgraduate and Masters level courses in Sexual Health with the aim of ensuring Queensland has appropriately skilled specialist sexual health nursing workforce. The Sexual Health Registrar Training Programs are also provided and Sexual Health Service host medical, nursing and psychology student placements as appropriate.

Queensland Health provided funding to QuIHN for the development and delivery of specific training and the production of a training resource package for use with workers dealing with injecting drug use in clinical and non clinical settings.

The **Department of Corrective Services** provides access to training for health centre staff on HIV and hepatitis C including pre test discussion and post test counselling.

The **Department of Employment and Industrial Relations** through Workplace Health and Safety Queensland has conducted a total of 280 regional audit programs that included a component on occupational needlestick injury risks. The audit programs were conducted for the commercial cleaners, accommodation services, motel/hotel cleaners and funeral industry.

The **Commission for Children and Young People and Child Guardian** engaged Family Planning Queensland to deliver professional development workshops to relevant Brisbane-based Commission staff, who are provided with supporting resources to understand the issues and develop skills in negotiating with young people to access appropriate services.

5: Research and Surveillance

Objective One:

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

Performance Indicators

- a) number of research projects related to Strategy outcomes in which Queensland services participate
- b) evidence of information systems that allow effective surveillance and monitoring activities

Queensland Health continues to maintain the Notifiable Conditions System, and has enhanced it to incorporate the HIV/AIDS dataset.

The Queensland Needle and Syringe Program and the six sentinel sites continue to participate in the annual implementation of the Australian NSP Survey. Through its ongoing support of the QuIHN *'Mix Up Project'* and funding support for the implementation of the National BBV Prison Entrants Survey, Queensland Health continues to be part of research that contributes to a greater understanding of IDU population health and associated risks.

Queensland Health provides funding support and advice on research and related ethical issues for clinical trials and research conducted in Queensland. Queensland has participated in the development and implementation of the Australian Chronic Hepatitis C Observational Study (ACHOS), HIV Seroconverters Study and Chlamydia Home Testing Trial.

The implementation of the Public Health Information and Clinical Support Solution (PHICSS), a data management system for clinical services, has enhanced Queensland's capacity to identify participants for clinical trials and standard data collection practices.

Queensland Health continues to foster initiatives that support research relevant to HIV, HCV and STIs through participation in clinical trials through public hospital Liver Clinics and HIV clinical services (Sexual Health Clinics). Additionally, Queensland Health supported, funded and promoted participation in research activities in Queensland for target populations including:

- The 2006 Queensland Gay Periodic Survey (QGPS).
- National Centre in HIV Social Research (NCHSR) Internet Research Project

The implementation of a pilot research to investigate safety device technology (sharps) in health care setting is underway, with the interventions to be evaluated by hospitals through the review of the longitudinal and state-wide data by CHRISP and findings presented at the State-wide Clinical Product Advisory Committee.

Objective Two:

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

Performance Indicators

- a) proportion of notifications where Aboriginal/Torres Strait Islander status is reported
- b) evidence of information systems that allow effective surveillance and monitoring activities
- c) evidence of relevant data and research to inform program and policy planning

According to the 2006 data, the proportion of notifications where the Indigenous status was recorded for gonorrhoea (63.6%), chlamydia (35.4%) and hepatitis C (32.6%). An estimated 7.7% of the HIV notifications was lacking in indigenous identification.

Whilst there has been a slight improvement to data collection compared to previous years, **Queensland Health** acknowledges that challenges remain. Activities are being undertaken to address this, such as the ongoing implementation of the recommendations of the Public Health Systems Indigenous Identifiers Project including informing development of new data collection systems. Data collection and reporting processes being undertaken through the *Hepatitis C Shared Care Initiative* will contribute to enhancing data collection and reporting on hepatitis C. In addition, Queensland Health has successfully negotiated for funding through the Department of Health and Ageing to enhance surveillance activities for hepatitis C.

Queensland Health has reviewed the *Protocol for the Management of Individuals Whose Behaviour May Constitute a Public Health Risk*.

Queensland Health continues to analyse and develop strategies to address rising HIV notifications.

The **Department of Employment and Industrial Relations** through Workplace Health and Safety Queensland has collected data to generate a report on occupational acquired blood borne diseases in Queensland from 2002-2006.

The **Commission for Children and Young People and Child Guardian** reported on the sexual health of children and young people in its *Snapshot 2006: Children and young people in Queensland*. The *Snapshot 2006* included survey evidence of sexual activity of high school students, chlamydia notification data for children and young people and discussions of limitations of sexual health data. 1000 copies of the *Snapshot 2006* were published and circulated.

Future

Queensland Health will continue to lead implementation, monitoring and reporting of the Strategy in 2007-2008 in collaboration with government and non-government and other key stakeholders.

An independent mid-term review will be undertaken at the start of 2008, with the outcomes informing actions for 2008 -2011 implementation period. The final evaluation will be undertaken in 2010-2011 and will consider the overall success, progress against key outcomes and indicators, evaluation of the partnership approach and will provide recommendations for any future Strategy.