



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

***Annual Progress Report***

***2005/2006***

## 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. One year into implementation of the Strategy, significant progress has been made.

This *Annual Progress Report 2005-2006* 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 2005-2006* 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*.

In 2005-2006, Queensland Health’s budget for the HIV/AIDS, Hepatitis C and Sexual Health Program was \$20.4M. The budget provided funds for clinical services, including 16 Queensland Health Sexual Health Clinics and a range of other service providers including non-government organisations who received over \$6.5M for the delivery of education, prevention, support and treatment and care programs.

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 and sexually transmissible infections, minimise their impact on Queenslanders, and improve the health and wellbeing of people living with such conditions.

## Key Outcomes

This section outlines the data available to measure progress against the key outcomes in 2005-2006. Key achievements in this first 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 2005 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 2005-2006* only identifies data relating to the July-December 2005 period of implementation. The January-June 2006 data will be included in the future *Annual Progress Report 2006-2007*. In future years of implementation, comparisons will be able to be made on years of implementation (July – June).

## **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 3.8 per 100,000 population in 2005. Between 2004 and 2005, rates of diagnosis of HIV increased from 3.5 to 3.8 per 100,000 population. The majority of diagnoses continue to be in gay men and other men who have sex with men (MSM) in South East Queensland. In 2005, 1566 people living with HIV/AIDS (PLWHA) were accessing care in Queensland.

Queensland Health recently released the 2005 HIV/AIDS Annual Report. As in previous years, this report describes data relating to HIV/AIDS in Queensland including new diagnoses, risk populations and deaths from AIDS.

In 2005-2006 an *HIV Prevention Action Plan* was developed and implemented to specifically address rising HIV notifications. An additional \$100,000 program funding was allocated by Queensland Health and in collaboration with the community sector the following strategies were implemented under the action plan:

- the *HIV Rises and Sexual Health Checks* campaigns, developed by the Queensland AIDS Council (QuAC), now Queensland Association for Healthy Communities (QAHC). The campaigns used multimedia strategies to reach target groups.
- Queensland Health worked collaboratively with QuAC to promote gay men's access to services and post exposure prophylaxis (PEP) treatments to prevent HIV infection.

Queensland Health, in collaboration with the Queensland AIDS Council (QuAC) and Queensland Positive People (QPP), has facilitated the development and implementation of the *2006-2007 HIV Prevention Action Plan*. The plan was developed in consultation with representatives from twenty three (23) government and non-government organisations and aims to build upon strategies implemented through the previous action plan. Queensland Health has again allocated an additional \$100,000 program funding to support implementation of the *HIV Prevention Action Plan* in 2006-2007.

#### ***Hepatitis C***

In 2005, there were 2,817 notifications of hepatitis C in Queensland. Since 2001, Queensland and Australia have experienced a decreasing trend in hepatitis C notifications. Hepatitis C notifications cover a wide age distribution and continue to occur predominately among people with a history of injecting drug use. Queensland data does not currently distinguish between new and chronic infections.

Queensland Health continues to fund and deliver the Queensland Needle and Syringe Program as a major prevention strategy to reduce transmission of blood borne viruses among injecting drug users. In 2005, 150 government and non-government Needle and Syringe Program (NSP) sites across the state provided approximately 5 million sterile needle and syringes, with the majority of these distributed within South East Queensland.

Queensland Health continues to fund and support the Queensland Injectors' Health Network (QuIHN) in development and implementation of a statewide community-based, peer-focused health promotion program targeting injecting drug users (IDUs) for the prevention of HIV, hepatitis C and sexually transmissible infections (STIs). Key activities of this program in 2005-2006 include:

- formation of a statewide IDU organisation
- delivery of the *Mix Up Project* – a peer education project targeting injecting drug users
- provision of a community based needle and syringe program (NSP)
- training to health and community service providers

Family Planning Queensland delivers the *Correctional Facilities Education Project*, funded by Queensland Health, in collaboration with the Department of Corrective Services. The project aims to provide education and training to staff and inmates to prevent the transmission of blood borne viruses in the prison setting.

### ***Sexually Transmissible Infections (STIs)***

Chlamydia remains the most commonly notified of all STIs in Queensland with rates of diagnosis having increased from 155 per 100,000 population in 2001 to 245 per 100,000 population in 2005. Between 2004 and 2005 rates of chlamydia diagnosis increased from 229 to 245.9 per 100,000. However, increased testing, through non-invasive urine testing and active screening programs, particularly in Indigenous populations, may have contributed to the rise in rates of diagnosis. The majority of chlamydia notifications are in people aged 15-24, with 66% of all notifications in 2005 in this age group.

In 2005, there were 439 notifications of syphilis, of these 136 were notifications of infectious syphilis. Notifications of infectious syphilis have remained fairly constant over the last four years. In 2005, the rate of diagnosis of infectious syphilis was 3.4 per 100,000 population. While the Queensland rate has not changed much, the rate of infectious syphilis in Indigenous persons has decreased significantly since 2002. The rate of infectious syphilis in Indigenous persons is still nineteen times higher than the non-Indigenous rate. The decrease in infectious syphilis among Indigenous persons has occurred amidst an increase in infectious syphilis among non-Indigenous males.

Since 2001, the Queensland Syphilis Surveillance Centre has actively followed up all notified cases of syphilis to provide advice to health care providers regarding appropriate treatment and to encourage contact tracing.

Rates of diagnosis of gonorrhoea increased from 31 to 36 per 100,000 population between 2004 and 2005. In 2005, Indigenous people represented a disproportionate amount of notifications (41%). Gonorrhoea continues to affect mostly males (67%) and young people, with two thirds of all notifications in people aged 15-29.

Queensland Health is currently developing a safe sex awareness campaign which will target sexually active young people to 30 years, gay men and other men who have sex with men to 45 years. The campaign aims to promote awareness of preventative measures to reduce transmission of STIs, in particular condom use.

In 2005-2006, Queensland Health provided funds to the Queensland AIDS Council (QuAC) for the delivery of a statewide health promotion program aimed at reducing transmission of HIV, HCV and STIs amongst gay men and other men who have sex with men (MSM). QuAC activities in response to STI issues for gay men and other MSM include:

- the *Sexual Health Checks Campaign*, run in conjunction with the *HIV Rises Campaign*, to promote awareness of increased notifications of STIs among men and provide referral information
- leading the Sex on Premises Venues (SOPV) Reference Group to work with sex venues to ensure patrons have access to safe sex equipment, information resources and health promotion activities
- conducting “beat” outreach to increase awareness of HIV and STIs amongst gay men and other MSM.

## **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 PLWH
- b) percentage annual increase in the number of people accessing and completing antiviral HCV treatment

AIDS diagnoses have remained stable since 2003. In 2005, 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 October 2004, Queensland Health funded the HIV/AIDS Treatment and Care Program, delivered by Positive Directions (St Lukes Nursing Service). This statewide program provides individual case management for PLWHA, in collaboration with medical services and supported by a multidisciplinary team, including case coordinators, nurses, dieticians and psychologist, to improve health outcomes for PLWHA and access to government and non-government treatment and care programs.

In 2004-2005 it is estimated less than 200 people with hepatitis C in Queensland accessed antiretroviral treatment. Current data collection methods are inadequate to determine the number that completed treatment. In 2005-2006, Queensland Health allocated funding and commenced implementation of the *Hepatitis C Shared Care Initiative*. This initiative aims to increase the number of people with hepatitis C accessing and completing antiviral treatment. Key components of the initiative include managing the treatment of people with hepatitis C through a “shared care” and support arrangement of specialist nurses, specialist doctors, general practitioners, psychologists and other allied health practitioners

at ten (10) public hospitals in Queensland<sup>1</sup>. Data collection methods will be enhanced as a key component of this initiative.

The *Hepatitis C Shared Care Initiative* aims to support people with hepatitis C to complete treatment, thus increasing their chances of clearing the hepatitis C virus and reducing the impact of hepatitis C on the community.

### **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 2004<sup>2</sup>. In Queensland, 563 PLWHA (60.7% of those eligible) were accessing antiretroviral treatment in 2005.

The *HIV Futures Study* has been conducted on five occasions in Australia with the most recent survey conducted in 2005 (data not yet released). These surveys aim to represent a cross section of people living with HIV and describe their experiences of living with HIV across multiple health, social and psychological domains<sup>3</sup>. Of the 157 Queensland respondents to the HIV Futures 4 Survey<sup>4</sup> (2003), 70% rated their general health status as good or excellent and 69% rated their general well being as good or excellent.

The *Quality of Life Among People Living with Chronic Hepatitis C Infection* (2003) study identified that people with hepatitis C in Queensland rated their quality of life as poorer than that found among the Australian population<sup>5</sup>. Respondents most commonly reported symptoms of physical tiredness, irritability, mental tiredness, depression, abdominal pain, sleep problems and forgetfulness.

Since October 2004, Queensland Health has provided funding and supported the delivery of statewide health promotion programs for people with HIV and/or hepatitis C. Queensland Positive People (QPP) and the Hepatitis Council Queensland (HCQ) provide peer-based, statewide health promotion programs for people with HIV and HCV respectively that aims to improve their health outcomes and strengthens peer and related service networks. Additionally, the Haemophilia Foundation of Queensland (HFQ) is funded to provide support and education services that improve health outcomes for people who have contracted blood-borne viruses as a consequence of the treatments for haemophilia and related blood disorders. Key activities from these programs include:

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<sup>1</sup> Cairns, Townsville, Rockhampton, Nambour, Royal Brisbane and Women's, Princess Alexandra, Mater, Toowoomba and Gold Coast

<sup>2</sup> National Centre in HIV Epidemiology and Clinical Research (NCHECR) *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2005*. NCHECR, The University of New South Wales, Sydney NSW; Australian Institute of Health and Welfare, Canberra, ACT. 2005.

<sup>3</sup> Grierson J, Thorpe R, Saunders M and Pitts M (2004) *HIV Futures 4: state of the [positive] nation*, monograph series number 48, The Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne, Australia.

<sup>4</sup> Grierson J, Thorpe R, Saunders M and Pitts M (2004) *HIV Futures 4 Regional Reports: Queensland*, monograph series number 54, The Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne, Australia.

<sup>5</sup> Queensland Health (2003) *Quality of Life Among People Living with Chronic Hepatitis C Infection*, Queensland Health, Brisbane.

- development of a resource on HIV and Oral Health (QPP)
- provision of support groups (HCQ and QPP)
- provision of a telephone counselling line for people with hepatitis C and those affected by hepatitis C (HCQ)
- advocacy for issues affecting people with HIV and HCV (HFQ, QPP and HCQ)

## Strategic Priority Areas:

The following section highlights performance against the strategic priority area objectives for 2005-2006. 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** has participated in a range of state and national policy and legislative activities including:

- participation in the Intergovernmental Committee on AIDS, Hepatitis and Related Diseases (IGCAHRD)
- participation in the Indigenous Australian's Sexual Health Committee (IASHC)
- Crime and Misconduct Commission review of the Prostitution Industry
- development of the Public Health Act
- review of the National HIV Testing Policy
- participation in the national consultation forum for the development of national guidelines for the management of hepatitis C in prisons
- review and development of National HIV, HCV and Sexually Transmissible Infections (STI) Strategies
- review and development of National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus (BBV) Strategy 2005-2008
- review of the Queensland Health (QH) Protocol for the Management of HIV Positive People Whose Behaviour May Cause a Public Health Risk.
- publication of the Queensland Health Sexual Health Clinical Services and Privacy Policy
- update of the Child Protection Guidelines relating to young people and sexual activity
- development and implementation of the Queensland Strategy for Chronic Disease 2005-2015
- development and implementation of the Queensland Cancer Control Strategic Directions 2005-2010

**Queensland Health** has:

- Continued funding to September 2007 for the Gay Lesbian Bisexual and Transgender (GLBT) Health Systems Project conducted by the Queensland Association for Healthy Communities (formerly the Queensland AIDS Council). This project aims to promote equitable access to health and welfare services for GLBT persons in Queensland.
- Established three Domestic Violence and Sexual Assault Coordinator positions across the state to support health services to develop comprehensive responses to both male and female victims of sexual assault and comply with the *Interagency Guidelines for Responding to Adult Sexual Assault*.
- Funded a project to investigate discrimination issues for people with hepatitis C in the workplace. This project is complete and ongoing utilisation of the training program is being used by Queensland Health, University of Queensland, Family Planning Queensland and the Department of Corrective Services.

The **Department of Corrective Services** has commenced updating of their needlestick and blood exposure policy to include post exposure prophylaxis (PEP) and the infectious diseases policy to include delivery of pre and post test counselling with all HIV and HCV testing.

The **Department of Child Safety** has requested that licensed services consider developing a policy on the management of young people who may be affected by, or are at risk of, HIV, HCV and STIs.

The **Department of Industrial Relations**:

- reviewed the *First Aid Advisory Standard* to provide guidance on managing occupational exposure to infectious disease risks in the workplace
- audited 20% of Sex on Premises Venues (SOPV) industry to guide development of a SOPV workplace health and safety guide to address occupational HIV, HCV and STI risks
- developed a funeral industry workplace health and safety guide to include occupational blood-borne viruses

The **Department of Communities** commenced development of the *Minimum Standards for services funded under the Supported Accommodation Assistance Program* to include advocating for the development of inclusive and responsive services to people who are affected by HIV, HCV and STIs.

**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 Strategy is a whole of government approach to addressing HIV, HCV and STI's in the Queensland population. Ten government departments have identified specific actions to contribute to achieving the key outcomes of the Strategy as outlined in the *Implementation Action Plan 2005-2008* (Appendix 1).

**Queensland Health** has lead agency responsibility for the implementation, monitoring, reporting and evaluation of the Strategy. To facilitate this process Queensland Health liaises regularly across the nine other departments and conducts the Queensland Health HIV/AIDS Hepatitis C and Sexual Health Advisory Committee with representatives from key target groups.

Key partners in the implementation of the Strategy are non-government organisations and people affected by HIV, HCV and STIs. **Queensland Health** funds a range of non-government organisations to implement programs/projects to address the strategic priorities of the Strategy.

Key collaborative activities that **Queensland Health** facilitates and/or participates in include:

- Intergovernmental Committee on AIDS Hepatitis and Related Diseases (IGCAHRD)
- Communicable Diseases Network of Australia (CDNA)
- National Hepatitis C Think Tank – treatment and management of hepatitis C
- Indigenous Australians' Sexual Health Committee (IASHC)
- Eastern States HIV Rises Meeting
- Annual Sexual Health Clinicians Meeting, May 2006
- Queensland Hepatitis C Forum, February 2006
- World AIDS Day Alliance Working Group
- Interdepartmental Prisons Working Group
- HIV Prevention Action Plan Forum
- Local area interagency meetings
- Funded non-government organisation planning, working groups and steering committees

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, Queensland Injectors' Health Network and Queensland Association for Healthy Communities.

The **Department of Industrial Relations** has collaborated with four government departments to encourage regional and statewide preventive strategies for occupational HIV, HCV and STI risks.

The **Department of Education and the Arts** continues to meet with Queensland Health to develop the draft guidelines for sexual and reproductive health education.

### **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

**Queensland Health** coordinates the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee with membership of representatives from target populations. Additionally, Queensland Health has actively sought the input from target populations in forums including:

- HIV Prevention Action Plan Meeting
- Queensland Hepatitis C Forum
- HIV seroconversion risk factor research

Non-government programs funded by Queensland Health, actively seek the participation of target populations in a range of program development and delivery including:

- Consultation with ethnic communities in the development of culturally appropriate safe sex education resources (Ethnic Communities Council of Queensland)
- Consultation with workers in the sex industry to ensure appropriate language translations on health and safety (Self Health for Queensland Workers in the Sex Industry)

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

The **Department of Industrial Relations** has consulted with key stakeholders on strategies relating to occupational HIV, HCV and STI risks including the Childcare industry and Charity organisations.

The **Department of Employment and Training** promotes support and referral services to students and staff.

## 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

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

In 2005-2006 the HIV Prevention Action Plan was developed and implemented by **Queensland Health**, in collaboration with the community sector, with an additional \$100,000 program funding. Strategies implemented in the Action Plan include:

- the *HIV Rises and Sexual Health Checks* campaigns, developed by the Queensland AIDS Council (QuAC) through the Queensland Health funded program. These campaigns used multimedia strategies to reach target groups.
- Queensland Health working collaboratively with QuAC to promote gay men's access to services and post exposure prophylaxis (PEP) treatments to prevent HIV infection.

**Queensland Health**, in collaboration with the Queensland AIDS Council (QuAC) and Queensland Positive People (QPP), has facilitated development of the 2006-2007 HIV Prevention Action Plan. The plan was developed in consultation with representatives from twenty three (23) government and non-government organisations. Queensland Health has again allocated an additional \$100,000 program funding to support implementation of the HIV Prevention Action Plan in 2006-2007.

**Queensland Health** funded non-government organisations (Queensland AIDS Council, Queensland Positive People, Hepatitis Council Queensland, Positive Directions, Family Planning Queensland, Queensland Injectors Health Network and Ethnic Communities Council Queensland) have developed, implemented and evaluated education, prevention and promotion programs including:

- World AIDS Day 2005 Queensland Alliance (collaboration of NGOs and Queensland Health)
- HIV mainstream media campaign (QuAC)
- Mix Up Project (QuIHN)
- Blood Borne Virus Health Promotion in Healthcare Facilities Project (FPQ)
- Hepatitis C Awareness Campaign (HCQ)
- Needle and Syringe Program (NSP) Brief Interventions (QuIHN)

Information and resources for target populations is made accessible through a range of mediums including the Queensland Health HIV, hepatitis C and sexual health website, the ISTAYSAFE youth website, non-government organisation websites, brochures and printed information resources and the recent distribution of a CD Rom by Queensland Health for service providers to ensure quick access to up to date information for clinical decision making and patient information.

The **Department of Corrective Services** continues to support Family Planning Queensland 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.

The **Queensland Police Service** provides 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.

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

The **Department of Child Safety** distributed information regarding the Strategy to forty seven (47) Child Safety Service Centres and seven (7) zonal offices, including local and statewide referral information.

The **Department of Communities** conducts bi-monthly Health Education sessions for young people at the Cleveland Youth Detention Centre on safer sex practices and awareness of blood-borne viruses. Additionally, staff of Brisbane Youth Detention Centre provide a health program for young people including topics of Sexuality and Healthy Bodies (STI's and protective behaviours).

The **Department of Industrial Relations**, through Workplace Health and Safety Queensland continue to provide education and training for inspectors and industry including Childcare and Waste management. A total of three hundred and sixty-six (366) audits of services were conducted including for blood/body fluid exposure procedures, spills management and needlestick injury prevention.

The **Department of Education and the Arts** have established the Student Health and Wellbeing Curriculum Framework, including a sexual health component and including a link to the Queensland Health ISTAYSAFE website. Draft guidelines for curriculum content of Sexual and Reproductive Health Education have been developed and consultation is to occur with stakeholders in 2006-2007.

The **Department of Local Government, Planning, Sport and Recreation** will continue to support Queensland Health to promote "best practice" to councils.

## 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. Additionally, Queensland Health will soon release the 2005 HIV/AIDS Annual Report. As in previous years, this report describes data relating to HIV/AIDS in Queensland including new diagnoses, risk populations and deaths from AIDS

The Queensland Health funded 2005 Queensland Gay Community Periodic Survey<sup>6</sup> identified that, of the men who answered the question about HIV post exposure prophylaxis (PEP), 65% were aware of the availability of PEP and 61% were aware that PEP must be commenced within 24 hours. Of those who were aware of PEP, 90% were aware that PEP should be commenced within 72 hours to be effective. **Queensland Health** continues to provide the non-occupational post exposure prophylaxis (NPEP) program targeting gay men and other men who have sex with men. NPEP resources were reviewed and redistributed in 2005-2006.

**Queensland Health** continues to fund and manage the Queensland Needle and Syringe Program to provide statewide access to the means of prevention and education to support adoption of safer behaviours for injecting drug users.

**Queensland Health** provides funding to non-government organisations for the statewide delivery of programs to target populations including:

- Health promotion program targeting gay men and men who have sex with men (MSM) for the prevention of HIV and other STIs (Queensland Association for Healthy Communities)
- Community-based, peer-focused health promotion program targeting injecting drug users (IDUs) for the prevention of HIV, hepatitis C and sexually transmissible infections (STIs) (Queensland Injectors Health Network)
- Community-based health promotion program for people from culturally and linguistically diverse (CALD) backgrounds to prevent transmission of HIV, HCV and STIs (Ethnic Communities Council of Qld)
- Sex Worker Education and Prevention Program (Self Health for Qld Workers in the Sex Industry)

The **Department of Industrial Relations** responded to blood/body fluid exposure and needlestick injury risks for workers from charity organisations and the waste management industry.

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<sup>6</sup> Hull P, Rawstone P, Zablotska I, Prestage G, Kippax S, Staunton S, Harrison G, Hakala T, Martin P and O'Connor S (2006). *Gay Community Periodic Survey: Queensland 2005* (GCPS Report 2/2006). Sydney: National Centre in HIV Social Research, The University of New South Wales

### 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**, in consultation with a working group developed the *Discussion Paper: Queensland Framework for the Treatment and Management of People with Hepatitis C* and released to key stakeholders for consultation. The Discussion Paper provided an opportunity for key stakeholders to provide input into the development of the Queensland Framework. In February 2006, Queensland Health convened the Queensland Hepatitis C Forum to further define the key elements of this service delivery model and disseminated a report on outcomes of the Forum. Development of the Queensland Framework will be progressed in 2006-2007 and link to the established treatment and management models for Queensland.

In 2005-2006, **Queensland Health** participated in the review of the National HIV Testing Policy including convening a working group of the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee to develop a report on HIV testing issues for Queensland. This information was used to inform a Queensland Health submission to the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH) review of the National HIV Testing Policy.

**Queensland Health** has developed and implemented the *Queensland Clinical Practice Guidelines for Sexual and Reproductive Health Nursing Officers* to guide the clinical practice of Sexual Health Nurses. Additionally, the *Competency Standards for the Advanced Sexual and Reproductive Health Nursing Officer* and associated *Performance Appraisal and Development Agreement* provide a framework to assist advanced nurses in creating professional development plans and provide a state benchmark for best practice in delivery of sexual health nursing.

The **Department of Corrective Services**, in collaboration with Queensland Health, is revising the protocol for the treatment and management of inmates with hepatitis C including removal of liver biopsy requirement.

#### 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

Between 2004 and 2005, rates of diagnosis of HIV increased from 3.5 to 3.8 per 100,000 population. In the 2005 Queensland Gay Community Periodic Survey, 74% of gay men reported being tested for HIV in the previous year compared to 69.7% in the 2004 survey<sup>7</sup>. **Queensland Health** provides funding to the Queensland Association for Healthy Communities (formerly the Queensland AIDS Council), to develop and deliver a statewide health promotion program aimed at reducing transmission of HIV, HCV and STIs amongst gay men and MSM. In 2005-2006, QAHC implemented the *HIV Rises Campaign* to promote awareness among their target populations of increasing HIV notifications in Queensland and provide referral information for testing.

Data for the 2005 National Needle and Syringe Program (NSP) "Fingerprick Survey" have not been released. In 2004, 60% of injecting drug users (IDUs) reported testing for HIV in the previous year compared with 63% in 2003; and 63% of IDUs reported testing for HCV in the previous year compared with 64% in 2003. **Queensland Health** provides funding to the Queensland Injectors Health Network to deliver a statewide community-based, peer-focused health promotion program for people who inject drugs, and those at risk of injecting drugs, to reduce the risk of transmission of HIV, HCV and STIs. In 2005-2006, QuIHN continued to implement strategies to promote safer injecting behaviours including opportunistic education interventions via the community based needle and syringe program and peer education via the Mix Up Project.

In 2005, 60% of all AIDS diagnoses were in HIV late presenters ie. people who were diagnosed with AIDS within 3 months of their first HIV diagnosis, a decrease of 9.2% since 2004. Ongoing education funded by **Queensland Health** and delivered by the University of Queensland HIV and HCV Education Projects provides general practitioners and other health care workers with information on diagnosis of HIV and AIDS. Awareness for target populations continues to be promoted through the **Queensland Health** funded statewide health promotion programs (QAHC, QPP, QuIHN and ECCQ).

Chlamydia remains the most commonly notified of all STIs in Queensland with 9,706 notifications in 2005. The majority of chlamydia notifications are in people aged 15-24, with 66.3% of all notifications in 2005 in this age group. **Queensland Health** has participated in the development of new technologies such as the combined non-invasive chlamydia/gonorrhoea/trichomonas assay which will enhance screening for these conditions and contribute to improved treatment rates.

The *Healthy Women's Initiative*, an integrated model of service delivery focusing on sexual health and cervical screening, was implemented by **Queensland Health** in 2006 with the aim to improve health outcomes for Indigenous women through early detection and regular health checks.

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.

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<sup>7</sup> Hull P, Rawstone P, Zablotska I, Prestage G, Kippax S, Staunton S, Harrison G, Hakala T, Martin P and O'Connor S (2006). *Gay Community Periodic Survey: Queensland 2005* (GCPS Report 2/2006). Sydney: National Centre in HIV Social Research, The University of New South Wales.

The **Department of Education and the Arts** has completed a scan of sexual and reproductive health education resources and a gap analysis to determine availability of resources, modifications required and areas where no resources are available.

### **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** provides funding to the Ethnic Communities Council of Queensland (ECCQ) to deliver a statewide community-based health promotion program for people from culturally and linguistically diverse (CALD) backgrounds to prevent transmission of HIV, HCV and STIs. Additionally, ECCQ provide advice and support to health and community workers for the treatment and care of people with HIV, HCV and STI's and participate in interagency networks to ensure consideration of issues for people from CALD backgrounds.

The Queensland Association for Healthy Communities continues implementation of the **Queensland Health** funded Gay, Lesbian, Bisexual and Transgender Health Systems Project to promote equitable access to services for GLBT persons. In 2005-2006, the project established and operated networks of government and non-government service providers and GLBT people across Queensland to assist in the identification of issues that may result in adverse outcomes for GLBT people and disseminated information to relevant service providers.

Following the first state forum to facilitate discussion on hepatitis C treatment and management **Queensland Health** allocated funding over three years for the *Hepatitis C Shared Care Initiative* with a key aim to improve the number of people with hepatitis C accessing and completing treatment. Current data collection methods are inadequate to determine waiting times for assessment and access to hepatitis antiviral treatment and data collection methods will be enhanced as a key component of this initiative.

In 2005, 94.5% of Queensland Health Service Districts where PLWHA reside have a HIV treatment prescriber available. Antiretroviral treatment for HIV is prescribed by public hospital physicians, sexual health physicians, private and general practitioners through onsite and outreach clinical services. **Queensland Health** funds 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.

In 2005, an estimated 1,566 PLWHA were accessing care in Queensland. Between 1999 and 2005, each year has seen an increase in the number of PLWHA accessing care in Queensland. Over the six year period, an increase of 36% in the number of PLWHA accessing care has been observed compared with a population growth of 11% in the overall Queensland population.

The HIV/AIDS Treatment and Care Program, funded by **Queensland Health** and delivered by Positive Directions (St Luke's Nursing Service) aims to support improved health outcomes for PLWHA across Queensland through the facilitation of individual case management approaches and the brokerage of equitable access to government and non-government treatment and care programs. Positive Directions works in collaboration with public and private clinical services and in 2005-2006, provided services to over 500 PLWHA in Queensland.

The **Queensland Police Service** has provided regular training to school based Police Officers, Police Liaison Officers and GLBT Liaison Officers to assist them to provide opportunistic interventions for at-risk populations.

The **Department of Corrective Services**, through the Correctional Facilities Education Project (Family Planning Queensland) continue to provide culturally appropriate resources for inmates including the "Hep Hop Board Game" and "Deck of Cards" for inmates blood borne virus education.

The **Department of Communities**, through the Brisbane Youth Detention Centre provide a comprehensive health assessment on all young people on admission and review as required.

#### **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 2005-2006, **Queensland Health** convened a working group to consider implementation of a model of shared care for HIV in Queensland. The working group recommended a wider mapping exercise of current service delivery and models of care, including investigating national models of care. The mapping exercise will be progressed in 2006-2007.

Queensland Positive People (QPP) and the Hepatitis Council of Queensland (HCQ), through the **Queensland Health** funded programs, continued to provide statewide peer-based, health promotion for people living with HIV and hepatitis C. Support for people with HIV and/or hepatitis C is a key aim of both programs and is provided through a range of activities including peer support groups. In 2005-2006 QPP and HCQ contributed to forums and working groups related to improving the care management of their target populations (eg. HIV Model of Care Project and Queensland Framework for the Treatment and Management of Hepatitis C Working Group) and advocated for needs at both state and national levels.

In 2006-2007, the **Queensland Health Hepatitis C Shared Care Initiative** will aim to increase the number of people with hepatitis C accessing and completing treatment through a shared care approach with general practitioners. Data collection methods for waiting times for assessment and access to antiviral treatment will be enhanced through this initiative.

In 2005-2006, the *Queensland Management Guidelines for the Detection and Treatment of Sexually Transmissible and other Genital Infections* were reviewed and published by **Queensland Health**. The guidelines provide information on best practice for the diagnosis and treatment of STIs for health care professionals.

**Queensland Health** developed and published the *Sexual Health Clinical Services and Privacy Policy*. This policy describes eligibility for services, limitations on services and how information collected on clients is managed. This policy incorporates relevant legislative requirements to ensure best practice clinical and information management.

**Queensland Health** continues to manage a small number of cases of people with HIV whose behaviour may constitute a public health risk, through knowingly placing others at risk of HIV infection through unsafe sexual behaviour. The *Protocol for the Management of HIV Positive People Whose Behaviour May Constitute a Public Health Risk* is currently under review and is supported by the Public Health Act 2005.

The **Department of Corrective Services** participate in the Queensland Syphilis Register through all custodial centres in Queensland. Specialist treatment for HIV positive prisoners continues to be provided by the Brisbane Sexual Health and AIDS Service, Queensland Health in collaboration with health centre staff.

## 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 2005-2006, **Queensland Health's** HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee convened a Working Group to investigate workforce development issues. The Working Group recommended that the feasibility of a workforce training and development mapping project be investigated and this work is to be progressed in 2006-2007.

**Queensland Health** funded a range of organisations to deliver training for doctors, nurses, allied health professionals and other health and community service providers. Queensland Health's role includes; providing advice to funded programs on service delivery, participating in working groups/reference groups, participating in the training and promoting the training to service providers. Workforce training funded, implemented and supported in 2005-2006 includes:

- the University of Queensland (UQ), School of Medicine HIV and Hepatitis C Education Projects. Courses delivered across the state and participant numbers for 2005-2006 were:
  - Education Course in HIV (77)
  - HIV Nursing Practice Course (13)
  - Update in Contemporary issues for HIV Nurses (31)
  - Prescribers Course in HIV (13)
  - Prescribers Update Session (22)
  - Education Course in Hepatitis C for Health Care Workers (80)
  - Update in Hepatitis C for GPs (29)
  - Education Course in Sexual Health for GPs (42)
- UQ HIV and Hepatitis C Education Projects training to support implementation of the Hepatitis C and Mental Health Protocols
  - Hepatitis C and Mental Health Workshop (29)
- the Needle and Syringe Program (NSP) Brief Intervention Skills Development Project (Queensland Alcohol and Drug Research Education Centre)
- HIV, hepatitis C and sexual health promotion training for people working with young people (Family Planning Queensland)
- Blood Borne Virus and Health Promotion Training (FPQ)
- Hepatitis C and Discrimination (HCQ)

**Queensland Health** is leading implementation of the recommendations of a review of Indigenous Health Worker Competencies through funding a Workforce Development Officer-Indigenous Sexual and Reproductive Health.

In 2005-2006, the Sexual Health Nursing Scholarship Program was implemented by **Queensland Health**. This program was created to provide opportunities for nurses to complete postgraduate and Masters level courses in Sexual Health. The aim of the program is to ensure an appropriately skilled specialist sexual health nursing workforce in Queensland by:

- encouraging professional development of nurses already working in sexual health, to enhance their skills and formalise their qualifications
- providing opportunities for nurses in Queensland wishing to work in the field of sexual health to undergo clinical placements
- supporting nurses identified with training needs through annual assessment processes to undertake professional development training

**Queensland Health** is required to have a performance appraisal and development system in place and provides a minimum standard guideline for managers and employees across the state in development and implementation of individual performance plans. The performance appraisal and development system is linked to the department's strategic directions and organisational planning cycle.

Non-government organisations funded by **Queensland Health** delivering HIV, hepatitis C and sexual health programs are required to have a continuous quality improvement process implemented, including providing workers with opportunities for educational and professional development. Additionally, NGOs are required to establish and implement a performance management framework that aligns to the operational plan of the organisation.

The **Department of Corrective Services**, through implementation of the Correctional Facilities Education Project (Family Planning Queensland), continues to provide training for staff on HIV and hepatitis C including pre and post test counselling, hepatitis C treatment, confidentiality and discrimination.

The **Department of Industrial Relations** has developed information and resource materials on occupational blood-borne disease issues for specific workforces eg. Funeral and Hospitality industry.

In induction courses for new staff, the **Department of Employment and Training** promotes the availability of HIV, Hepatitis C and Sexual Health services including referral services as an information resource for use with students.

## 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, collecting data related to hepatitis C and sexually transmissible infections, with enhancements made in 2005-2006 to incorporate the HIV/AIDS dataset. Enhanced data collection is to be progressed in 2006-2007 through:

- investigation of Queensland participation in the National HCV Morbidity Surveillance Study
- conduct of the Queensland HIV Seroconverters Study by the National Centre in HIV Epidemiology and Clinical Research

The Public Health Information and Clinical Support Solution (PHICSS) is currently under development by **Queensland Health**. This data management system for clinical services will provide statewide consistency in clinical data management and an opportunity to potentially increase clinical research trial participation.

Some Queensland Health HIV, hepatitis C and sexual health clinical services participate in clinical trials and continue to negotiate for access to new trials. Additionally, Queensland Health supports and funds, promotes and encourages participation in clinical, social and behavioural research in Queensland for target populations including:

- HIV Futures 5 Study
- Finger Prick Survey
- 2005 Gay Community Periodic Survey
- Lypodystrophy in HIV Treatment Trial
- Orasure HIV Testing Trial
- Clinical Outreach to Sex on Premises Venue (SOPV) Trial
- Virtual Communities in HIV Prevention: Internet Research

Since release of the Queensland Women Prisoners' Health Survey (2002), the **Department of Corrective Services** have been collaborating with New South Wales Justice Health for additional research into prisoner population trends.

## 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

Indigenous status is poorly recorded for notifications of gonorrhoea (43.5%), chlamydia (72.8%) and hepatitis C (66.1%). Active follow up of infectious syphilis via the Queensland Syphilis Surveillance Centre has reduced missing Indigenous identifiers to 2.2%. HIV notifications lacking Indigenous identification is 9.3%. **Queensland Health** continues to implement the recommendations of the Public Health Systems Indigenous Identifiers Project including informing development of new data collection systems.

**Queensland Health** considered relevant issues related to HIV, hepatitis C and sexually transmissible infections in the development of the *Queensland Cancer Control Strategic Directions 2005-2010* and the *Queensland Strategy for Chronic Disease 2005-2015*.

**Queensland Health** has reviewed the *Protocol for the Management of Individuals Whose Behaviour May Constitute a Public Health Risk* to be consistent with the Public Health Act 2005.

**Queensland Health** continues to maintain the Notifiable Conditions System, collecting data related to hepatitis C and sexually transmissible infections, with enhancements made in 2005-2006 to incorporate the HIV/AIDS dataset.

The **Commission for Children and Young People and Child Guardian** reported on the sexual health of children and young people in its report *Children and Young People in Queensland: a Snapshot 2005*. 1500 copies of the report were distributed statewide to policy, research and service delivery stakeholders.

The **Department of Industrial Relations** continues to implement the Health and Community Services Action Plan 2004-2007 in relation to key priorities for research and surveillance.

## **Future**

Queensland Health will continue to lead implementation, monitoring and reporting of the Strategy in 2006-2007 in collaboration with government and non-government and other key stakeholders.

An independent mid-term review and final evaluation will be undertaken in 2007-2008 and 2010-2011 respectively. The mid-term review will determine action for 2008-2011 with the final evaluation considering the overall success, progress against key outcomes and indicators, evaluation of the partnership approach and will provide recommendations for any future Strategy.

## Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005 – 2011 2005/2006 Annual Progress Report - *Implementation Action Plan 2005 - 2008*

### Strategic Priority One: *ENABLING ENVIRONMENT*

Department	Actions	Activity
<b>Objective 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>		
<b>KS: 1.1 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>		
<b>QH</b>	1.1.1 Lead and/or support legislative or policy reform to support the key priorities of the Strategy.	Participated in: <ul style="list-style-type: none"> <li>• Prostitution Licensing Authority Interdepartmental Working Group</li> <li>• Crime and Misconduct Commission review of the Prostitution Industry</li> <li>• Queensland Police Service (QPS) review of Disease Test Order provisions</li> <li>• Development of the Public Health Act</li> <li>• Review of the National HIV testing policy</li> <li>• National consultation forum for the development of national guidelines for the management of hepatitis C in prisons</li> <li>• Review and development of National HIV, HCV and Sexually Transmissible Infections (STI) Strategies</li> <li>• Review and development of National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus (BBV) Strategy 2005-2008</li> <li>• Development of National Policy Guidelines and Operational Standards for the Provision of Health Services to Aboriginal and Torres Strait Islander People in Custody</li> </ul>
<b>QH</b>	1.1.2 Develop, implement and evaluate policy, protocols and guidelines that support the key priorities of the Strategy.	<ul style="list-style-type: none"> <li>• Review of Queensland Health (QH) Protocol for the Management of HIV Positive People Whose Behaviour May Cause a Public Health Risk. Pending legal advice before finalisation</li> <li>• Publication of QH Sexual Health Clinical Services and Privacy Policy</li> <li>• Updated the Child Protection Guidelines relating to young people and sexual activity</li> <li>• Commenced development of the Draft Unplanned Adolescent Pregnancy Prevention Policy</li> <li>• Development and implementation of the Queensland Cancer Control Strategic Directions 2005-2010</li> <li>• Development and implementation of the Queensland Strategy for Chronic Disease 2005-2015</li> </ul>

Department	Actions	Activity
QH	1.1.3 Provide advice on and progress review and development of legislation that responds to identified barriers during the life of the Strategy.	Participated in: <ul style="list-style-type: none"> <li>• Crime and Misconduct Commission review of Prostitution Industry</li> <li>• QPS Disease Test Order Review and</li> <li>• Implementation of aspects of Public Health Act 2005</li> </ul>
QH	1.1.4 Encourage bipartisan political support for strategies to address HIV, HCV and STIs.	A submission for establishment of a Parliamentary Liaison Committee was developed in November 2003 and at this time was not progressed pending development of HAHCSH Strategy and review of the HAHCSH Advisory Committee at that time. No further progress in this reporting period.
<b>KS: 1.2 Lead and promote opportunities to address the social determinants of health by reducing barriers such as discrimination and stigma, social isolation, homelessness and violence.</b>		
QH	1.2.1 Continue to promote, provide and support programs and resources that are accessible and culturally appropriate.	<ul style="list-style-type: none"> <li>• Participated in Interdepartmental Working Group for development of Health and Safety Guidelines for Brothels</li> <li>• Participated in discussions with QPS, Queensland AIDS Council (QuAC) and gay, lesbian, bisexual and transgender (GLBT) business representatives that led to the establishment of the "Walk Safe" antiviolence project in Fortitude Valley.</li> <li>• Supported QuAC's "Yarning Up" forum for Indigenous gay men and sisters.</li> <li>• Organised hepatitis C session at 2006 Deadly Sex Congress for Indigenous Sexual Health Workers (included discrimination and social isolation)</li> <li>• Promoted ATSI Cultural Awareness Training and Reconciliation Learning Circles</li> </ul>
QH	1.2.2 Resource a project to investigate discrimination issues for people with HCV in the workplace.	Complete. Conducted by PPR Phoenix and supported by Hepatitis Council of Queensland (HCQ). Ongoing promotion of resource for QH staff in 2006/2007
QH	1.2.3 Support and promote staff attendance at education sessions creating awareness of legislation that protects the rights of persons from target populations.	QH staff are encouraged to attend education sessions funded by QH and provided by University of Queensland (UQ) HIV and HCV Education Projects. Additionally various staff have participated in education related to: <ul style="list-style-type: none"> <li>– child protection and safety</li> <li>– mandatory reporting</li> <li>– QH Code of Conduct</li> <li>– ATSI cultural awareness</li> <li>– community forum, conducted by QuAC on Industrial Relation laws and the impact of these on Antidiscrimination Legislation.</li> </ul>
QH	1.2.4 Ensure all Queensland Health employees work in accordance with HRM policies relating to anti-discrimination, EEO and ethical behaviour in the workplace.	<ul style="list-style-type: none"> <li>• All QH staff are required to attend an orientation program on commencement of employment. QH staff are required to practice within the scope of HRM policies and are bound by the QH Code of Conduct (March 2006)</li> <li>• QH staff are required to participate in ATSI Cultural Awareness training</li> </ul>
QH	1.2.5 Advocate for the inclusion of education on discrimination and appropriate	<ul style="list-style-type: none"> <li>• The Hepatitis C Anti discrimination Training Package is used in training delivered by the University of Queensland, Family Planning Queensland (FPQ) and the Department of</li> </ul>

Department	Actions	Activity
	management of people with HIV or HCV in tertiary education courses eg. medicine and nursing.	Corrections <ul style="list-style-type: none"> <li>No specific activity related to undergraduate programs in this reporting period. This action will be progressed by the HAHCSH Advisory Committee Workforce Development Working Group in 2006/2007.</li> </ul>
<b>QH N</b>	1.2.6 Promote the equitable access to health and welfare services for gay, lesbian, bisexual and transgender (GLBT) persons in Queensland.	<ul style="list-style-type: none"> <li>Continued funding, until September 2007, of the GLBT Health Systems Project conducted by QuAC</li> <li>Participated in the GLBT Health Systems Project Reference Group.</li> <li>Participated on the Reference Group for the QuAC Indigenous Gay Men and Sistergirl Project.</li> <li>Represented QH at the National Aboriginal and Torres Strait Islander Gay, Sistergirl and Transgender HIV/AIDS and Sexual Health Conference.</li> <li>Ongoing support of QuAC and Sex on Premises Venue (SOPV) working group</li> <li>Support of Boot Co. and Open Doors via Area Health Service HAHCSH Coordinators</li> <li>Development of GLBT newsletter and referral list for Cooloola and Sunshine Coast.</li> </ul>
<b>QH N</b>	1.2.7 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.	Project funded by QH and conducted by QuAC 2004/2005. Final report accepted and project extended until 30 September 2007.
<b>QH N</b>	1.2.8 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.	<ul style="list-style-type: none"> <li>QH provides funding to non-government organisations (NGO) for the provision of services to female victims of sexual assault.</li> <li>Establishment of three Domestic Violence and Sexual Assault Coordinator positions across the Area Health Services (AHS). These positions will support health services to develop comprehensive responses to both male and female victims of sexual assault and comply with the Interagency Guidelines for Responding to Adult Sexual Assault.</li> </ul>
<b>QH N</b>	1.2.9 Develop, implement and evaluate action plans and local sexual health service operational plans that reflect priorities of the Strategy.	AHS Action Plans implemented in response to the Strategy. To be reviewed by December 2006. Operational plans developed and implemented as part of Health Service District planning processes
<b>Objective 1:</b>	<b>Actions by Other Queensland Government Departments</b>	
<b>QPS</b>	Participate in interagency meetings and forums at a Corporate and local level.	Corporate representation at meetings with Queensland Health.
<b>DCS</b>	Ensure policy and procedures reflect current best practice and community standards, within operational imperatives of a correctional environment.	Update Needlestick and blood exposure policy to include PEP <ul style="list-style-type: none"> <li>Update to policy commenced</li> </ul> Update Infectious diseases policy to include delivery of pre and post test counselling with all HIV and HCV testing

Department	Actions	Activity
		<ul style="list-style-type: none"> <li>• Update to policy commenced</li> <li>• Pre and post test counselling included as part of health centre audits carried out by DCS.</li> </ul> <p>Deliver training to health staff on pre and post test counselling</p> <ul style="list-style-type: none"> <li>• Pre and post test counselling training offered to all centres via direct letter and promotion in BBV e-newsletter.</li> <li>• Lockdown training delivered at Brisbane Women's CC, Numinbah CC, Borallon, Woodford.</li> </ul> <p>Continue officer training in blood spills management</p> <ul style="list-style-type: none"> <li>• Training currently being delivered to all staff at Brisbane Women's CC.</li> <li>• Staff training to occur in July at Capricornia CC.</li> </ul> <p>Implement HCV treatment protocols</p> <ul style="list-style-type: none"> <li>• Meeting to take place in June 2006 between FPQ, Qld Health and PA Hospital Liver Clinic CNC to discuss updating current treatment protocol and how best to implement it within Corrective Services (focus on new specialist nurses and shared care with VMOs?). Exploration needed into the practicalities and problems with actually implementing protocol in correctional settings.</li> </ul> <p>Limited availability of methadone and buprenorphine programs (ongoing).</p>
<b>DCS</b>	Undertake ongoing policy review to facilitate reduction of spread of HIV, HCV and STIs within correctional facilities.	<p>Continue to meet with FPQ project officer</p> <ul style="list-style-type: none"> <li>• Harm reduction articles in all bimonthly newsletters.</li> </ul> <p>Officer lockdown training and staff induction training and pre and post test counselling training includes principles of harm reduction, hierarchy of risks (IDU), staff identified concerns about harm reduction.</p>
<b>CCYPCG</b>	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.	<ul style="list-style-type: none"> <li>• The Commission advocated for the implementation of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011 in its response to the CMC Interim Position Paper: <i>Should legal outcall prostitution services in Queensland be extended to licensed brothels and/or escort agencies?</i></li> <li>• Any deaths identified as a result of HIV, Hepatitis C or other sexually transmitted infections will be reported in the 2005-06 Annual Report: Deaths of Children and Young People in Queensland, which will be tabled in Parliament in mid-November 2006.</li> </ul>
<b>CCYPCG N</b>	Assist young people in Youth Detention Centres and Out of Home Care to access sexual health services where possible.	Activities pending.
<b>DChS</b>	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.	<ul style="list-style-type: none"> <li>• The trial of the Child Health Passport involves obtaining a health history, completing an age-related baseline health assessment and developing a health plan. The baseline health assessment includes where appropriate screening of HIV, HCV and STIs.</li> <li>• Process to review yearly notification data with Queensland Health to be developed.</li> </ul>

Department	Actions	Activity
		<ul style="list-style-type: none"> <li>Licensed services requested to consider developing a policy on the management of young people who may be affected by, or are at risk of, HIV, HCV and STIs. Request incorporated into Out-of-home-care Services Licensing Manual in April 2006.</li> </ul>
<b>DChS</b>	Participate in relevant interagency and intersectoral forums.	Queensland Health, Family Planning Queensland and other health providers have been active participants in zonal planning and partnerships network arrangements in some zones. Continued engagement and relationship building will occur with health service stakeholders through the planning and partnerships process.
<b>DLGPSR</b>	Facilitate negotiations with local government on its role in implementing this Strategy.	The Department of Local Government, Planning, Sport and Recreation has not had any approaches to facilitate negotiations with local government but would be pleased to do so in the future.
<b>DIR N</b>	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.	Not initiated in this reporting period
<b>DIR</b>	Review the First Aid Advisory Standard to provide guidance on managing occupational exposure to infectious disease risks in the workplace first aid setting.	Complete and disseminated through all key channels
<b>DIR</b>	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.	20% of SOPVs were audited in 2005
<b>DIR</b>	Develop a funeral industry workplace health and safety guide to include occupational blood-borne viruses.	Complete and disseminated through all key channels
<b>DIR</b>	Provide quality and evidence based advice on occupational HIV, HCV and STI risks to internal and external stakeholders.	All responses to stakeholders in relation to occupational HIV, HCV and STI risks have been based on information sources from Queensland Health and other professional sources and have been provided within 24 hours
<b>DIR</b>	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.	Policies and procedures have been developed in relation to identified needs including: <ul style="list-style-type: none"> <li>Review of WHSQ Immunisation Policy</li> </ul>
<b>DIR</b>	Explore opportunities to develop new initiatives in response to emerging occupational issues involving blood-borne diseases.	<ul style="list-style-type: none"> <li>Regional audits were initiated and completed in relation to needlestick injury and other infection risks for at-risk occupational groups including charity organisations from handling and sorting donated goods, the cleaning industry and the childcare industry</li> <li>Educational sessions were initiated with the waste management industry in relation to relation to needlestick injury and other infection risks</li> </ul>

Department	Actions	Activity
DC	Ensure that the development of the <i>Minimum Standards for services funded under the Supported Accommodation Assistance Program</i> encourages the development of inclusive and responsive services to people who are affected by HIV, HCV and STIs.	<i>Minimum Standards for services funded under the Supported Accommodation Assistance Program</i> are under development. Due for completion end 2006.
DET (TAFE Qld)	Continue to provide information to staff and students in relation to improved health, encompassing HIV, HCV and STIs.	Information is available within TAFE Institutes for staff and students on health issues encompassing HIV, HCV and STIs.
<b>Objective 2: A whole-of-government approach to the management of HIV, HCV and STIs across Queensland</b>		
<b>KS: 2.1 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.</b>		
QH	2.1.1 Develop a Memorandum of Understanding to formalise partnerships with Education Queensland.	Complete. Being implemented in line with the actions of this Strategy
QH N	2.1.2 Coordinate the implementation, monitoring and evaluation of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.	HAHCSTI Strategy approved by Cabinet July 2005. QH has lead agency responsibility for the monitoring, reporting and evaluation, including provision of Annual Reports. Mid term review to be conducted 2007/8, Final evaluation to be conducted 2010/11. Strategy published on QH Internet Site and in print. Distributed to key stakeholders.
QH	2.1.3 Coordinate the implementation, monitoring and evaluation of the Queensland Indigenous Sexual Health Strategy 2003 to 2006.	Mid term evaluation complete. Final evaluation to be completed
QH	2.1.4 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.	HAHCSTI Strategy approved by Cabinet in July 2005 and implemented across the 10 government departments. QH links with officers (at level) from the other nine government departments involved in the Implementation Action Plan. Met with these representatives in Dec/Jan 2005/06 and continue liaison for monitoring and annual reporting.
QH	2.1.5 Facilitate and monitor government and non-government services' acceptance, coordination and implementation of HIV, HCV and sexual health programs and policies throughout Queensland.	<ul style="list-style-type: none"> <li>• Annual meetings with government departments involved in the Strategy</li> <li>• Bi-annual meetings with funded NGO programs/projects</li> <li>• Conducted Annual Sexual Health Clinicians Meeting, May 2006</li> <li>• Conducted Queensland Hepatitis C Forum, February 2006</li> <li>• Conducted Annual HAHCSTI Coordinators Meeting, May 2006</li> <li>• Convened Public Health Information and Clinical Services Solution (PHICSS) Steering</li> </ul>

Department	Actions	Activity
		Committee and Project Team. <ul style="list-style-type: none"> <li>• Participated in Southeast Queensland Indigenous Sexual Health Workers Network (SEQISHWN)</li> <li>• Participated in Central Indigenous Sexual Health Workers Network (CISHWN)</li> </ul>
QH	2.1.6 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.	Ongoing advice on HIV, HCV and STI policy and issues has been provided including via: <ul style="list-style-type: none"> <li>• Briefings</li> <li>• Questions on Notice</li> <li>• Estimates</li> <li>• HAHCSH Advisory Committee meetings</li> <li>• Annual Sexual Health Clinicians Meeting</li> <li>• Media releases</li> <li>• Response to public and private service provider enquiries</li> <li>• Development of the Sexual Health Clinical Services and Privacy Policy</li> <li>• Input into the Queensland Cancer Control Strategic Directions 2005-2010, Child Protection Guidelines, Teenage Pregnancy Strategy and Queensland Strategy for Chronic Disease 2005-2015</li> </ul>
QH	2.1.7 Review existing HIV, HCV and STI policies and develop new policies as required.	<ul style="list-style-type: none"> <li>• Development of Sexual Health Clinical Services and Privacy Policy</li> <li>• Review of non-occupational post exposure prophylaxis policy (ongoing)</li> <li>• Review of Queensland Health (QH) Protocol for the Management of HIV Positive People Whose Behaviour May Cause a Public Health Risk (ongoing)</li> </ul>
<b>KS: 2.2 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.</b>		
QH	2.2.1 Participate in and/or support statewide and local government and non-government collaborative activities that support the key priorities of the Strategy.	<ul style="list-style-type: none"> <li>• Provide funding for NGO HAHCSH programs</li> <li>• Conducted the HIV Prevention Action Plan meeting with involvement of 23 Government and non-government service providers</li> <li>• Participate in working groups, steering committees eg. GLBT Health Systems Project Reference Group, World AIDS Day Alliance and Sexual Health Directors Group</li> </ul>
QH	2.2.2 Promote the inclusion of HIV, HCV and STI issues as agenda items at appropriate agency and interagency meetings.	<ul style="list-style-type: none"> <li>• Opportunities for inclusion of HAHCSH issues are pursued by relevant staff of QH at all levels</li> <li>• Ongoing input into interagency meetings within the CAHS with representatives from youth, CALD, schools.</li> <li>• Close collaboration with ECCQ. Strong representation on Sunshine Coast Health Promotion forum. Member of DrugARM committee, Brunch on the Beach.</li> <li>• Participation in SAHS interagency meetings with Redlands and Inala youth, QuIHN, SOPV, facilitation of GC- HAHCSH Interagency , CAHS Sexual Health Interagency Network, QuAC Future Directions, ECCQ planning, ATODS service development, NSP activities, Indigenous</li> </ul>

Department	Actions	Activity
		health services planning and health promotion activities
<b>KS: 2.3 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>		
<b>QH</b>	2.3.1 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.	Participated in: <ul style="list-style-type: none"> <li>• Intergovernmental Committee on AIDS Hepatitis and Related Diseases (IGCAHRD)</li> <li>• Communicable Diseases Network of Australia (CDNA)</li> <li>• National Hepatitis C Think Tank – treatment and management of hepatitis C</li> <li>• Crime and Misconduct Commission (CMC) enquiry into prostitution</li> <li>• ATSI Sexual Health Working Group</li> <li>• World AIDS Day Alliance Working Group</li> <li>• Interdepartmental Prisons Working Group</li> <li>• Indigenous Australians' Sexual Health Committee (IASHC)</li> <li>• National Donovanosis Eradication Committee</li> <li>• Providing briefings to the Australian Health Ministers Advisory Council (AHMAC)</li> <li>• Eastern States HIV Rises Meeting</li> <li>• Torres Strait Treaty Zone Health Partnership</li> </ul>
<b>Objective 2: Actions by Other Queensland Government Departments</b>		
<b>DCS</b>	Participate in the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.	Continue to participate in relevant meetings (e.g. public health in prisons working group) <ul style="list-style-type: none"> <li>• FPQ participation in Prison Interagency meetings and Sexual Health and BBV Interagency meetings.</li> </ul> Continue to support FPQ in delivery of related programs <ul style="list-style-type: none"> <li>• Ongoing.</li> </ul> Project activities aim to achieve goals of the Qld HIV, Hep C and Sexual health Strategy 2005-2008.
<b>DCS</b>	Develop links with relevant government departments to support implementation of the Strategy as required.	Met with Queensland Health to discuss project activities and direction.           Sexual Health meeting with Queensland Health staff           Participation in the Sexual Health and BBV interagency group <ul style="list-style-type: none"> <li>• ATODS.</li> <li>• Indigenous Health Program - meeting with staff to discuss how they might contribute in future education programs, perhaps at transitions.</li> <li>• Organisations that have been involved in staff and inmate training include: Hepatitis Council of Qld, Qld Injectors Health Network (Brisbane and Sunshine Coast), Qld AIDS Council, Sexual Health, North Combined Women's Services, University of Qld HCV and HIV Project promoted through BBV Network newsletter.</li> </ul>

Department	Actions	Activity
<b>DCS</b>	Provide high quality and timely advice on HIV, HCV and STI risks in correctional facilities.	<p>Reception awareness program</p> <ul style="list-style-type: none"> <li>• Ongoing art education program running at Arthur Gorrie.</li> <li>• Reception booklet provided to all centres, and support to Arthur Gorrie to deliver a weekly reception awareness program with first offender prisoners.</li> <li>• 8 week training program delivered to buddies at Arthur Gorrie CC.</li> </ul> <p>Transitions program</p> <ul style="list-style-type: none"> <li>• FPQ and Hepatitis Council to continue to deliver a full day education program once per month at Woodford CC transitions.</li> <li>• Ongoing discussions with Wacol, Borallon, Brisbane Women's regarding setting up similar program.</li> <li>• Telephone Directory approved for printing by Q Health and Corrective Services, to be distributed to all inmates at transition, contains community referral information.</li> </ul> <p>Substance use program</p> <ul style="list-style-type: none"> <li>• Ongoing harm minimisation sessions delivered by Quihn at Arthur Gorrie with Special Needs and Boys Yard inmates.</li> <li>• Educator from Sunshine Coast Quihn co-delivering session with FPQ at Woodford every 12 weeks, including info on substance use and harm minimisation.</li> </ul> <p>Peer education/buddy programs</p> <ul style="list-style-type: none"> <li>• Arthur Gorrie Special Needs program utilises a peer ed approach with participants acquiring knowledge and collaborating together in the creation of health message-related artworks.</li> <li>• 8-week program delivered to Arthur Gorrie buddies.</li> </ul> <p>Continue to support FPQ education project</p> <ul style="list-style-type: none"> <li>• Ongoing.</li> <li>• Updated staff fact sheets delivered to all centres.</li> <li>• BBV Health Promotion Project implemented at Lotus Glen CC.</li> </ul> <p>Lock down training opportunities for BBV education (mandatory inclusion)</p> <ul style="list-style-type: none"> <li>• Lock down training delivered to Women's CC staff, Numinbah, Woodford, Borallon.</li> <li>• Lock down training to occur in July in Rockhampton with Hepatitis Council and FPQ.</li> </ul> <p>Officer induction training.</p>
<b>CCYPCG</b>	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.	Activity pending.
<b>DIR</b>	Participate in the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011.	An annual report has been submitted

Department	Actions	Activity
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.	WHSQ has established links with 4 government departments in relation to occupational blood-borne disease issues including: <ul style="list-style-type: none"> <li>• Blood and body fluids spill management</li> <li>• Needlestick injuries</li> <li>• Vaccine-preventable diseases</li> </ul>
DIR	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.	A meeting has been held with the Office of the Australian Safety and Compensation Council in relation to research priorities for targeting occupational infectious and parasitic diseases
DIR N	Initiate a Relationship Management Program with participating hospitals across Queensland to facilitate best practice in WHS issues, including occupational blood-borne viruses.	A Relationship Management Program has been initiated and an Industry Reference Group has been appointed and has met quarterly 2 State-wide WHS workshops have been held and each has been attended by about 150 participants. Biological hazards is scheduled as a topic for a future workshop and will include occupational blood-borne viruses
DIR	Provide timely, high quality advice on occupational HIV, HCV and STI risks to government agencies.	Quality and evidence-based advice on occupational HIV, HCV and STI risks has been provided to government agencies within 24 hours.
DET (TAFE Qld) N	Participate in interagency and intersectoral forums.	DET has participated in interagency meetings concerning the strategy. Student counsellors within Queensland TAFE participate in forums of relevance to professional development and improved student services.
EQ	Participate on relevant cross-government committees to oversee the management of these issues.	Met with QH to discuss draft guidelines for sexual and reproductive health education.
<b>Objective3: 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>KS: 3.1 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>		
QH	3.1.1 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.	<ul style="list-style-type: none"> <li>• Provide funding to Queensland Positive People (QPP) and Hepatitis Council of Queensland (HCQ) for the delivery of programs that provide opportunities for participation of those affected by HIV and HCV</li> <li>• Met with funded community based organisations (CBO) to monitor quality of peer and community consultation mechanisms</li> <li>• Conducted the HIV Prevention Action Plan forum involving representatives from 23 (government and NGO) services.</li> <li>• Conducted the Queensland Hepatitis C Forum</li> <li>• Conducted the HAHCSH Advisory Committee (2 x per annum)</li> </ul>

Department	Actions	Activity
		<p>Additional opportunities for client participation include:</p> <ul style="list-style-type: none"> <li>• verbal feedback</li> <li>• client satisfaction and service evaluation surveys</li> <li>• systems for lodging clients complaints</li> <li>• informed consent procedures</li> <li>• community needs analysis and consultations</li> <li>• client focus testing.</li> </ul>
<b>QH</b>	3.1.2 Support community based programs that allow people with HIV, HCV and STIs to develop and implement strategies to improve their health outcomes.	<ul style="list-style-type: none"> <li>• Provide funding to Queensland Positive People (QPP) and Hepatitis Council of Queensland (HCQ) for the delivery of programs that provide opportunities for participation of those affected by HIV and HCV</li> <li>• Provision of funding to the HCQ to administer the “Hepatitis C Small Grants Program” providing funding to NGO’s to deliver hepatitis C health promotion and/or activities</li> <li>• Involvement of QPP in QH working groups, steering committees (seroconversion risk factor research, gay periodic survey) and other relevant forums.</li> <li>• Involvement of QuAC, HCQ, Haemophilia Foundation Queensland (HFQ) and Queensland Injectors Health Network (QuIHN) in QH working groups, steering committees and other relevant forums.</li> <li>• Negotiated and secured funding to expand the “Mix Up (peer education) Project” through QuIHN</li> <li>• Negotiated and secured funding support to CBOs to implement strategies aimed at improving health outcomes (e.g. HCQ Small Grants; FPQ Correctional Facilities Education Project)</li> <li>• Supported the QuAC Indigenous gay men and sistergirl support groups in Brisbane and Cairns (includes HIV+ people)</li> </ul>
<b>QH</b>	3.1.3 Promote staff participation in training or access to resources relating to clients’ rights and responsibilities across Queensland Health.	<p>QH staff are required to attend orientation program on employment and are made aware of information including via Intranet site.</p> <p>District and community education includes:</p> <ul style="list-style-type: none"> <li>• ATSI cultural awareness</li> <li>• managing consumer feedback</li> <li>• customer focus and communication</li> <li>• QH Code of Conduct.</li> <li>• child protection and safety, mandatory reporting training (Dept of Child Safety)</li> <li>• cultural competency training (ECCQ)</li> <li>• Box Project – hepatitis C training (HCQ)</li> </ul>
<b>QH</b>	3.1.4 Provide consumer access to information regarding feedback/complaint/complement	<p>Information is made available via the QH Internet site and at service delivery points including:</p> <ul style="list-style-type: none"> <li>• Brochure available to clients</li> </ul>

Department	Actions	Activity
	processes.	<ul style="list-style-type: none"> <li>• Complaint and Compliment signage</li> <li>• Investigation of complaints in accordance with QH policy.</li> <li>• Annual or Bi-annual client feedback survey conducted in some services</li> <li>• Implementation of Patient Liaison Officers and Complaints Coordinators positions</li> <li>• Mechanisms for client feedback</li> <li>• Availability of interpreter services and multilingual resources where appropriate.</li> </ul>
<b>KS: 3.2 Include input from those communities who are being targeted, including peers, in partnership with service providers, government and researchers.</b>		
<b>QH</b>	3.2.1 Coordinate and administer the Queensland Health HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee.	Two meetings conducted in October 2005 and April 2006. Review of membership to be conducted by December 2006.
<b>QH</b>	3.2.2 Coordinate and administer the Interdepartmental Working Group on Public Health in Prisons.	Working Group no longer operating. QH working directly with Department of Corrective Services (DCS) re HAHCSH issues identified in the Strategy.
<b>QH</b>	3.2.3 Work collaboratively with community groups and target populations to identify issues and appropriate timeframes to develop programs that are culturally effective and culturally safe.	<ul style="list-style-type: none"> <li>• Participated on the Reference Group for the Ethnic Communities Council Queensland (ECCQ) HAHCSH project.</li> <li>• Input to QuAC Indigenous project</li> <li>• Provided advice to HCQ on Indigenous resources/projects</li> <li>• Production and Distribution of CD Rom with wide range of CALD language translations on HIV and Hepatitis C.</li> </ul>
<b>QH</b>	3.2.4 Develop and implement working protocols for people diagnosed with "serious mental illness" and HIV/AIDS or hepatitis C.	<ul style="list-style-type: none"> <li>• Ongoing implementation of the HIV/AIDS Mental Health Protocols (developed 2003)</li> <li>• Development and implementation of the Hepatitis C and Mental Health Protocols</li> <li>• Training funded by QH and provided by UQ HIV and HCV Education Projects</li> </ul>
<b>Objective 3:</b>	<b>Actions by Other Queensland Government Departments</b>	
<b>DCS</b>	Facilitate involvement of appropriate advocates in supporting HIV and HCV positive prisoners.	<ul style="list-style-type: none"> <li>• St Luke's Positive Directions provides support to offenders.</li> <li>• AIDS Medical Unit visit offenders on referral.</li> </ul>
<b>DCS</b>	Participate in interagency meetings and forums as required, particularly the Interdepartmental Working Group on Public Health in Prisons.	Ongoing consultation with Queensland Health.
<b>DCS</b>	Provide opportunities for prisoners to have input into policy changes.	Written advice from prisoners considered.
<b>CCYPCG</b>	Encourage consultation with young people and involve them in decision making processes.	In May 2006 the Commission published the <i>Views of Children and Young People in Care</i> report, which found that 48% of young people were involved a lot or a fair bit in decisions involving them, while 52% stated that they have no say or not much say in decision involving them.

Department	Actions	Activity
<b>DIR</b>	Consult with key stakeholders in the initiation and development of strategies relating to occupational HIV, HCV and STI risks.	<p>WHSQ has consulted with key stakeholders on strategies relating to occupational HIV, HCV and STI risks including:</p> <ul style="list-style-type: none"> <li>• Childcare industry</li> <li>• Funeral industry</li> <li>• Waste management industry</li> <li>• Charity organisations</li> </ul> <p>WHSQ also consults through its Health and Community Services Industry Sector Standing Committee which meets quarterly</p>
<b>DET (TAFE Qld) N</b>	Promote opportunities for target population to participate in decisions affecting their health.	Support services are promoted to students and staff, particularly to new students, including the availability of referral services.

**Strategic Priority Two: EDUCATION AND PREVENTION**

Department	Actions	Activity
<b>Objective 1: Target populations in Queensland are engaged in education programs designed to reduce the risk of transmission of HIV, HCV and STIs.</b>		
<b>KS: 1.1 Engage at-risk populations in the development and implementation of education and prevention initiatives.</b>		
<b>QH</b>	1.1.1 Provide support and resources for community based organisation programs to develop and implement education strategies for identified target populations.	<ul style="list-style-type: none"> <li>• Provision of funding to the UQ for the delivery of HIV and HCV education programs for health professionals and other service providers.</li> <li>• Provision of funding to FPQ for the delivery of the Correctional Facilities Education Project for prisoners and staff.</li> <li>• Provision of funding to the HCQ to administer the "Hepatitis C Small Grants Program" providing funding to NGO's to deliver hepatitis C health promotion and/or activities</li> <li>• Conduct of the Deadly Sex Congress for ATSI sexual health workers.</li> <li>• Provision of funding for the delivery of the HIV, HCV and Sexual Health Promotion Program for young people by FPQ</li> <li>• Funding support to HCQ for the development and implementation of the Hepatitis C Awareness Campaign</li> <li>• Implemented the 2005/2006 HIV Action Plan in collaboration with other stakeholders.</li> <li>• Funded QuAC, ECCQ, QPP, QuIHN, HCQ and HFQ to develop, implement and evaluate education, prevention and promotion programs including public awareness campaigns eg. <ul style="list-style-type: none"> <li>– QuAC HIV mainstream media campaign</li> <li>– World AIDS Day 2005 Queensland Alliance</li> <li>– QuIHN Mix Up Project</li> <li>– BBV in Healthcare Facilities project</li> <li>– Hepatitis C Awareness Campaign</li> <li>– Needle and Syringe (NSP) and Brief Interventions Skills Development Project</li> </ul> </li> <li>• Participated in: <ul style="list-style-type: none"> <li>– Drug and Alcohol Reference Campaign Committee (QuAC)</li> <li>– SOPV Screening Project (QuAC and SOPV proprietors)</li> <li>– LGBT Youth Sector Training Project (QUAC, QH, Open Doors, FPQ)</li> <li>– HAHSH Promotion with Young People Practice Development for Managers (FPQ)</li> <li>– RU+ HCV Campaign (HCQ)</li> <li>– Safe Sex Campaign (Schoolies Support Services committee)</li> <li>– Picnics in the Park – a collaboration of government and NGO's targeting homeless people</li> </ul> </li> </ul>

Department	Actions	Activity
QH	1.1.2 Ensure that priority target populations are represented on the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee and working groups.	<p>Membership of the committee includes representatives for:</p> <ul style="list-style-type: none"> <li>• HIV Treatment and Care Program</li> <li>• Gay Men's HIV/AIDS, Hepatitis C and Sexual Health Education and Prevention</li> <li>• People Living with HIV/AIDS Issues</li> <li>• People Living with Hepatitis C Issues</li> <li>• Injecting Drug Users' HIV/AIDS, Hepatitis C and Sexual Health Issues</li> <li>• Culturally &amp; Linguistically Diverse Background, HIV/AIDS, Hepatitis C and Sexual Health Issues</li> <li>• Sex Workers' HIV/AIDS, Hepatitis C and Sexual Health Issues</li> <li>• HIV/AIDS, Hepatitis C and Sexual Health Issues for Aboriginal and Torres Strait Islander people</li> <li>• HIV/AIDS and Sexual Health Medical Services</li> <li>• HIV/AIDS and Sexual Health Nursing Services</li> <li>• Hepatitis C Medical Services</li> <li>• Hepatitis C Nursing Services</li> <li>• Reproductive Health Services</li> </ul> <p>Working groups of the HAHCSH Advisory Committee are convened as appropriate to the issue and where relevant include representation from the priority target populations.</p>
<b>KS: 1.2 Provide and promote education to encourage safer behaviours and practices.</b>		
QH	1.2.1 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.	<ul style="list-style-type: none"> <li>• Provide funding to QPP and HCQ for the delivery of HIV and HCV Community Based Health Promotion Programs implemented since October 2004</li> <li>• Conducted funded CBO program review to monitor engagement of at risk populations</li> <li>• Provided CBO funding including enhanced funding for QuAC HIV prevention projects.</li> <li>• Funded Self health for Queensland Workers in the Sex Industry (SQWISI) for development of Health and Safety Standards for Sex Workers.</li> <li>• Provided HCQ enhanced funding for Hepatitis C Awareness Campaign</li> <li>• Provided QuIHN enhanced funding for extended implementation of the Mix Up Peer Education Program</li> <li>• Provided FPQ funded initiatives in particular BBV Health Promotion Project</li> <li>• Preparation and release of tender for HIV/STIs Community Awareness Campaign</li> <li>• Supported implementation of the National Centre in Social Research (NCHSR) Web Project</li> <li>• Provided resources to produce QH HAHCSH Brochures</li> </ul>
QH	1.2.2 Promote the Queensland Health HIV, HCV and sexual health website and Youth Site as a source of public and professional	<ul style="list-style-type: none"> <li>• Promoted via funded NGO links, QH HAHCSH brochures, service delivery points and via appropriate meetings, forums etc.</li> <li>• Conducted extensive content and format review of ISTAYS SAFE (youth site) and funded</li> </ul>

Department	Actions	Activity
	information on HIV, HCV and STIs.	<p>changes to reflect findings.</p> <ul style="list-style-type: none"> <li>• Conducted review of QH HIV, HCV and sexual health website</li> <li>• Drafted information for inclusion in the 2005 Schoolies Week booklet</li> </ul>
QH	1.2.3 Provide advice on and support the development and implementation of education strategies for identified target populations.	<ul style="list-style-type: none"> <li>• Provision of funding to the UQ for the delivery of HIV and HCV education programs for health professionals and other service providers.</li> <li>• Provision of funding to FPQ for the delivery of the Correctional Facilities Education Project for prisoners and staff.</li> <li>• Conduct of the Deadly Sex Congress for ATSI sexual health workers.</li> <li>• Provision of funding for the delivery of the HIV, HCV and Sexual Health Promotion Program for young people by FPQ</li> <li>• Funding support to HCQ or the development and implementation of the Hepatitis C Awareness Campaign</li> <li>• Funded QuAC, ECCQ, QPP, QuIHN, HCQ and Positive Directions (St Lukes) to develop, implement and evaluate education, prevention and promotion programs including public awareness campaigns eg. <ul style="list-style-type: none"> <li>– QuAC HIV mainstream media campaign</li> <li>– World AIDS Day 2005 Queensland Alliance</li> <li>– QuIHN Mix Up Project</li> <li>– BBV in Healthcare Facilities project</li> <li>– Hepatitis C Awareness Campaign</li> <li>– Needle and Syringe (NSP) and Brief Interventions Skills Development Project</li> </ul> </li> <li>• Implemented the 2005/2006 HIV Action Plan in collaboration with other stakeholders.</li> </ul>
QH	1.2.4 Identify emerging issues and develop and implement an educational response.	Development of 2006/2007 HIV Prevention Action Plan via a forum involving 23 (government and NGO) services
<b>KS: 1.3 Incorporate best practice opportunistic education interventions as a component of standard service delivery.</b>		
QH	1.2.1 Provide and promote opportunistic education and information to the target population and appropriate service providers.	<ul style="list-style-type: none"> <li>• Conducted HCV education and training resources review of funded CBOs and QH websites</li> <li>• Funding support for the implementation of the Correctional Facilities Education Project</li> <li>• Oversee State Sex Worker Exit and Retraining Program</li> <li>• Supported implementation of Hepatitis C Small Grants Project</li> <li>• Collaborated with CBOs and other stakeholders to incorporate the recommendations of the: <ul style="list-style-type: none"> <li>– Statewide model for IDU Education and Prevention Report</li> <li>– Statewide model for communication with HAHCSH service providers working with young people</li> </ul> </li> </ul>
QH	1.2.2 Provide services to recognise and respond to opportunities for education and prevention eg. implementation of brief	<ul style="list-style-type: none"> <li>• Funding of a statewide NSP Program operated by authorised and trained staff for delivery of opportunistic education eg. "Short and Sweet"</li> <li>• Encourage appropriate services to respond to opportunities for education eg. Alcohol,</li> </ul>

Department	Actions	Activity
	interventions such as opportunistic HCV education "Short & Sweet".	Tobacco and Other Drugs (ATODS) assessment services
<b>KS: 1.4 Provide access to relevant and appropriate educational resources on HIV, HCV and STIs.</b>		
<b>QH</b>	1.4.1 Resource relevant community organisations to address the needs of people with low literacy levels and people from culturally and linguistically diverse backgrounds.	<ul style="list-style-type: none"> <li>• Funded ECCQ's HAHCSH project</li> <li>• Provided input into development of education programs targeting ATSI people</li> <li>• Production and distribution of CD Rom with wide range of CALD language translations on HIV and Hepatitis C.</li> <li>• Provided funding to produce QH ATSI HAHCSH Resources</li> <li>• HCQ disseminate low literacy resources as requested and available</li> <li>• QuIHN have produced low literacy games etc as part of the Mix Up Project</li> <li>• QH promotes the development of resources to consider the audience and ensure language is appropriate for anticipated literacy levels.</li> </ul>
<b>QH</b>	1.4.2 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.	<ul style="list-style-type: none"> <li>• Distribution of CD Rom of HAHCSH information and resources to wide range of service providers including school based nurses, all sexual health and FPQ clinics. Community based agencies.</li> <li>• Implementation of the Correctional Facilities Education Project</li> <li>• Development and Implementation of the Guidelines for Hepatitis C Education Targeting Young People who Inject Drugs Project</li> <li>• Development and Implementation of the Early Intervention for Young Injecting Drug Users at Risk of Detention Project</li> <li>• Implementation of the BBV in Healthcare Facilities Health Promotion Project</li> <li>• Availability of QH HAHCSH to all government and NGO service providers</li> <li>• Maintenance and updating of the QH Internet and Youth websites</li> </ul>
<b>QH</b>	1.4.3 Provide health promotion information in easily accessible locations throughout Health Service Districts, including rural and remote areas.	Health promotion activities and information is provided at service delivery points, via HAHCSH Coordinator activities across health service districts, through collaborative health promotion campaigns and by funded NGO program activities and campaigns
<b>KS: 1.5 Support the community to develop education programs, including evaluation mechanisms to promote safer behaviours.</b>		
<b>QH</b>	1.5.1 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.	<ul style="list-style-type: none"> <li>• Education Queensland (EQ) and QH Joint Priority Action Plan incorporated into EQ Action Plan 2005 – 2008 in response to this Strategy. QH continues to work in collaboration with EQ for implementation of identified actions</li> <li>• Funding support to FPQ to assist in the provision of relevant information and resources to education workers.</li> </ul>
<b>QH</b>	1.5.2 Investigate and develop collaborative education and prevention initiatives with	<ul style="list-style-type: none"> <li>• Funding support for the implementation of the Correctional Facilities Education Project</li> <li>• Funding support and completion of the Healthy Women's Initiative pilot project</li> </ul>

Department	Actions	Activity
	other relevant government and non-government departments eg. Prisons Lifestyle Project and the Healthy Women's Initiative in Cape York.	<ul style="list-style-type: none"> <li>• Development of the 2006/2007 HIV Prevention Action Plan</li> </ul>
<b>QH</b>	1.5.3 Collaborate with key agencies to support implementation of the Queensland Indigenous Sexual Health Strategy 2003 to 2006.	<ul style="list-style-type: none"> <li>• Ongoing collaboration with the Queensland Aboriginal and Islander Health Corporation(QAIHC), including their representation on QH HAHCSH Advisory Committee</li> <li>• Final review of the QISHS due December 2006</li> <li>• Participated on the QLD Aboriginal and Torres Strait Islander Sexual Health Working Group</li> </ul>
<b>KS: 1.6 Use social, behavioural and epidemiological data and evaluation reports to inform prevention programs.</b>		
<b>QH</b>	1.6.1 Respond to new and emerging challenges in relation to risk behaviour and transmission trends.	<ul style="list-style-type: none"> <li>• Participated in the development of technology for trial of postal kits for testing of chlamydia and gonorrhoea to improve testing levels in difficult to reach populations and rural and remote settings.</li> <li>• Operate the QH IDU Reference Group</li> <li>• Provide access to HIV post exposure prophylaxis via Statewide Non-Occupational Post Exposure Prophylaxis (NPEP) Program</li> <li>• Participated in NSW discussions on NPEP review and alternative long term funding options</li> <li>• Commissioned from the NCHSR the conduct of the HIV Seroconversion Study</li> </ul>
<b>QH</b>	1.6.2 Disseminate information on surveillance and research findings and promote a commitment to best practice in health promotion.	<ul style="list-style-type: none"> <li>• Disseminated the 2004 HIV/AIDS Report; 2005 Gay Periodic Survey;</li> <li>• Dissemination of findings of the Early Intervention for Young Injecting Drug Users at Risk of Detention Project</li> <li>• Dissemination of the findings of the Report on a Statewide Model for Blood Borne Virus Communication, Education and Prevention for Injecting Drug Users</li> <li>• Dissemination of the Report on a Statewide Communication Model for Statewide Providers Targeting young People</li> <li>• Disseminated the Qld Survey of Aboriginal and Torres Strait Islander MSM 2004 Report</li> <li>• Disseminated the quarterly Indigenous PCR program reports</li> <li>• Disseminated findings of Hepatitis C GP education research via UQ HIV and HCV Education Projects</li> <li>• QH promotes best practice in health promotion by specifying in funded NGO service agreements and providing advice and support as requested and appropriate (to QH staff and NGO sector)</li> </ul>
<b>Objective 1:</b>	<b>Actions by Other Queensland Government Departments</b>	
<b>QPS</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	<ul style="list-style-type: none"> <li>• Information provided during May 06 SBPO induction course.</li> <li>• PLO and QATSIP induction course includes HIV, Hep C and STD information, including exposure, treatment and reporting procedures. PLO/QATSIP have access BBF Hotline and</li> </ul>

Department	Actions	Activity
	the potential risk of transmission of blood-borne viruses.	receive corporate information.
<b>DCS</b>	Continue implementation and evaluation of initiatives from the Prisons Lifestyle Project.	Continue to support FPQ education project <ul style="list-style-type: none"> <li>Ongoing. Woodford CC running session every 12 weeks with FPQ and Sunshine Coast QulHN for Healthy Lifestyles Program.</li> </ul>
<b>DCS</b>	Provide access to maximal harm minimisation measures, within operational limitations, for prisoners and staff.	Continue implementation of substance use program in all correctional centres. Continue to provide access to drug and alcohol counsellors in all correctional centres. Support implementation of peer education programs <ul style="list-style-type: none"> <li>Ongoing program at Arthur Gorrie.</li> <li>Arthur Gorrie has reprinted 50 additional copies of the 'Hep Hop' board game. Game has been promoted to all transitions program coordinators and is utilised in FPQ education workshops.</li> </ul> Increase availability of methadone (and re-establish buprenorphine program) – currently being reviewed. Increase availability of bleach for cleaning purposes – currently being reviewed. Explore existing models of safe tattooing programs being implemented in other jurisdictions (national and international) <ul style="list-style-type: none"> <li>Early findings of Canadian trial reported by FPQ in BBV e-newsletter.</li> </ul> Availability of condoms – not currently available. Continue to deliver blood spills training to officers <ul style="list-style-type: none"> <li>Management of blood spills included in staff training at Brisbane Women's CC, Numinbah, Woodford, Borallon.</li> </ul> Ensure availability and maintain stock of blood spills kits Lock down training opportunities for BBV education (mandatory inclusion).
<b>CCYPCG N</b>	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 – <ol style="list-style-type: none"> <li>are in, or may enter, out of home care or detention in a detention centre; or</li> <li>have no appropriate person to act on their behalf; or</li> <li>are not able to protect their rights, interests or wellbeing; or</li> </ol>	A hyperlink has been placed on the Commission's website to the Queensland Health Istaysafe website..

Department	Actions	Activity
	(iv) are disadvantaged because of a disability, geographic isolation, homelessness or poverty.	
<b>CCYPCG</b>	Increase information available to secondary target groups (Community Visitors) by accessing appropriate training programs (refer to Strategic Priority Area Four: Training and Professional Development, for further detail).	Activities pending.
<b>DChS</b>	Provide relevant information to children and young people in care and their families and carers.	Details of the Strategy and the Monitoring and Evaluation Report distributed to 47 Child Safety Service Centres and 7 zonal offices, including local and statewide referral information.  Initial identification of appropriate resources commenced.
<b>DLGPSR</b>	Support Queensland Health to promote 'best practice' to councils on how to implement education and prevention strategies eg. sharps management systems in public places.	The Department of Local Government, Planning, Sport and Recreation will continue to support Queensland Health to promote "best practice" to councils.
<b>DC</b>	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 <i>Minimum Standards for SAAP</i> .	<i>Minimum Standards for services funded under the Supported Accommodation Assistance Program</i> are under development. Due for completion end 2006.
<b>DC</b>	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.  Provide the Cleveland Youth Detention Centre Young Fathers Parenting Program for young men covering safe sex, respectful consensual relationships to be facilitated by Family Planning QLD.	<ul style="list-style-type: none"> <li>• There is a Memorandum of Understanding between Department of Health and the Department of Communities in relation to the provision of health services to young people in detention. At this time Queensland Health has not been able to provide a sexual health program to Cleveland Youth Detention Centre.</li> <li>• During the admission process for a young person, Cleveland Youth Detention Centre medical staff addresses issues regarding safe sex and contraception. Should a young person test positive on a urine or blood test a referral will be made to either Queensland Health or Aboriginal and Torres Strait Islander Health Services.</li> <li>• Twice a month, health services staff from Cleveland Youth Detention Centre conducts a Health Education session for a group of 5-10 young people.</li> </ul>
<b>DC</b>	Provide facilitated young women's and young boys' groups for all residents of the Brisbane Youth Detention Centre covering general protective behaviours and education including sexual health, facilitated by centre nursing staff.	Nursing staff from Brisbane Youth Detention Centre are currently providing a program developed by the centre nursing services with content covering areas as: <ul style="list-style-type: none"> <li>• Anatomy</li> <li>• Contraception</li> <li>• Sexuality</li> </ul>

Department	Actions	Activity
		<ul style="list-style-type: none"> <li>• Healthy Bodies-STI's and protective behaviours</li> <li>• Puberty</li> <li>• Pregnancy and Parenting</li> </ul> <p>A total of 28 young people have completed all 4 sessions of this program (one session per week for four weeks) and many more completing half the program.</p> <p>Due to a recent increase in the number of young people (between Feb-May) in detention, the program was temporarily discontinued due to staffing difficulties. The program is due to recommence on 6 June 2006.</p>
DC	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.	All young people on admission to the centre are referred to Sexual Health for review. Queensland Health provides 4 hours clinical services per week in the centre.
DC	<p>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:</p> <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>	Program not delivered in 2005-2006 due to either unavailability of Health Worker from Redcliffe Community Health or non-attendance by young people at the Caboolture Youth Justice Service.
DIR	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.	3 training programs on Biological Hazards (including occupational HIV, HCV and STI risks)- have been delivered to WHSQ inspectors as part of the inspector training program
DIR	Provide ongoing professional development and mentoring for WHSQ inspectors on occupational HIV, HCV and STI risks, eg. Through newsletters, seminars and mentoring.	A Biological Hazards newsletter has been distributed to all inspectors quarterly, This includes content on occupational HIV, HCV and STI risks Inspectors have been regularly mentored by the Occupational Health Unit on enquiries, complaints and investigations relating to occupational HIV, HCV and STI risks.
DIR	Review regularly policies and procedures for WHSQ inspectors handling blood-contaminated objects.	Not reviewed in this reporting period

Department	Actions	Activity
DIR	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.	All requests have been met within negotiated timeframes including requests from the following industry groups: <ul style="list-style-type: none"> <li>• Childcare industry</li> <li>• Waste management industry</li> <li>• Clinical waste management industry</li> <li>• Charity organisations</li> </ul>
DIR	Develop information and resource materials for industry on occupational blood-borne disease issues.	WHSQ has developed information and resource materials on its website on occupational blood-borne diseases (including needlestick injury risks) in relation to: <ol style="list-style-type: none"> <li>1. Vaccine-preventable diseases</li> <li>2. Funeral industry</li> <li>3. Funeral industry</li> <li>4. First aid</li> <li>5. Hospitality industry</li> <li>6. Hairdressing and beauty industry</li> <li>7. Cleaning industry</li> </ol>
DIR	Collaborate with relevant agencies and government, as required, to provide relevant information on occupational blood-borne disease risks.	WHSQ is represented on the Queensland Health Infection Control Management Plans Steering Committee
DIR	Provide education and training to infection control practitioners on preventive strategies for occupational blood-borne disease risks.	One annual training program has been conducted
DIR	Conduct workplace inspections, audits and investigations to monitor compliance with the WHS Act 1995 for occupational HIV, HCV and STI risks.	<ul style="list-style-type: none"> <li>• 49 audits of childcare services were conducted in the North Queensland region (including blood/body fluid exposure and spills management)</li> <li>• 270 audits of childcare services were conducted in the South Brisbane region (including blood/body fluid exposure and spills management)</li> <li>• 10 audits of charity donations collection and sorting were conducted in the Central Queensland region</li> <li>• 12 audits of nail salons were conducted at a State-wide level (including occupational infection risks)</li> <li>• 15 audits of cleaning services were conducted in the Brisbane North region (including needlestick injury prevention)</li> <li>• 10 audits of sporting stadiums were conducted in the Brisbane North region (including needlestick injury prevention)</li> </ul>
DIR	Promote state and national guidelines for managing occupational HIV, HCV and STI risks.	WHSQ has had input to State and national guidelines as follows: <ul style="list-style-type: none"> <li>• Membership of the Queensland Health Infection Control Management Plans Steering Committee</li> </ul>

Department	Actions	Activity
		<ul style="list-style-type: none"> <li>• Input to the review of the National Health &amp; medical research Council (NHMRC) Staying Healthy In Child Care publication</li> <li>• Input into the review of the NHMRC Australian Immunisation Handbook</li> <li>• Feedback on the National Hepatitis C Resource Manual</li> </ul>
<b>DET (TAFE Qld)</b>	Continue to provide information to students in relation to improved health, encompassing HIV, HCV and STIs.	Information on health issues and the services available to staff and students is accessible.
<b>EQ</b>	Continue to review and revise Education Queensland Infection Control Guidelines as necessary.	All EQ DOEMs currently being reviewed. HS-18 to be reviewed by Dec 06.
<b>EQ</b>	Develop a sexual and reproductive health component of the Student Health and Wellbeing Curriculum Framework and associated website to enhance school based curriculum programs.	<ul style="list-style-type: none"> <li>• Student Health and Wellbeing Curriculum framework available at <a href="http://www.education.qld.gov.au/schools/healthy/framework/index.html">www.education.qld.gov.au/schools/healthy/framework/index.html</a></li> <li>• Draft guidelines for curriculum content of Sexual and Reproductive Health Education developed and consultation to occur with stakeholders including QH May to September 06.</li> </ul>
<b>EQ</b>	Include links to Queensland Health Sexual Health website on the Education Queensland Student Health and Wellbeing Curriculum website.	I Stay Safe link available at: <a href="http://www.education.qld.gov.au/schools/healthy/framework/health_f.html">www.education.qld.gov.au/schools/healthy/framework/health_f.html</a>

## Objective 2: HIV, HCV and/or STI prevention programs are accessible across Queensland.

### KS: 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>QH</b>	2.1.1 Facilitate statewide access to the means of prevention and education necessary to support adoption of safer behaviours and practices.	<ul style="list-style-type: none"> <li>• Fund the Queensland Needle and Syringe Program (QNSP) for supply of sterile injecting equipment. <ul style="list-style-type: none"> <li>– QNSP provides approx. 5 million needles and syringes per annum through a network of approx. 150 active NSP outlets.</li> <li>– NSP coverage is comprehensive and statewide provided by QH and NGO facilities</li> <li>– 90% of NSPs are operated by QH staff, the remaining 10% are NGO based.</li> <li>– 90% of the busiest NSPs (accounting for 68% of total distribution in the 04/05 year) are located in South-East QLD.</li> <li>– All NSPs are required to operate within the parameters of the Queensland Needle and Syringe Program Policy.</li> </ul> </li> <li>• Trialed injecting equipment dispensing machines at 4 sites – Bundaberg, Mackay, Rockhampton, Toowoomba</li> <li>• Provide funding and support to non-government organisations to deliver health promotion programs that facilitate access to condoms, needle and syringe programs and education including the</li> </ul>
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Department	Actions	Activity
		<ul style="list-style-type: none"> <li>- QuAC to provide a statewide health promotion program targeting gay men and men who have sex with men (MSM)</li> <li>- QuIHN to provide a statewide health promotion program targeting injecting drug users</li> <li>- SQWISI to provide a statewide health promotion program targeting workers in the sex industry</li> </ul>
QH	2.1.2 Provide opportunities for service provider training on issues for target groups as a mechanism to improve accessibility to services.	<ul style="list-style-type: none"> <li>• Provide funding for the delivery of service provider education by the UQ HIV and HCV Education Project</li> <li>• Funding support for the development and implementation of the Needle and Syringe Program (NSP) Brief Intervention Skills Development Project</li> <li>• Funding support for the development and implementation of the HIV/AIDS, hepatitis C and sexual health promotion with young people education and training initiative.</li> <li>• Funding for training to support the development and implementation of the Guidelines for Hepatitis C Education Targeting Young People who Inject Drugs Project</li> <li>• Funding for training to support the development and implementation of the Early Intervention for Young Injecting Drug Users at Risk of Detention Project</li> </ul>
QH	2.1.3 Extend the provision of outreach and mobile services to improve equity of access for hard to reach populations.	<ul style="list-style-type: none"> <li>• Provided funding for extended implementation of the Mix Up Peer Education Program</li> <li>• Negotiated with the Commonwealth OATSIH re funding for mobile services in Cape York, Mt Isa and Torres.</li> <li>• Trialed injecting equipment dispensing machines at 4 sites – Bundaberg, Mackay, Rockhampton, Toowoomba</li> </ul>
QH	2.1.4 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.	<ul style="list-style-type: none"> <li>• Fund the Queensland Needle and Syringe Program for supply of sterile injecting equipment. <ul style="list-style-type: none"> <li>- QNSP provides approx. 5 million needles and syringes per annum through a network of approx. 150 active NSP outlets.</li> <li>- NSP coverage is comprehensive and statewide provided by QH and NGO facilities</li> <li>- 90% of NSPs are operated by QH staff, the remaining 10% are NGO based.</li> <li>- 90% of the busiest NSPs (accounting for 68% of total distribution in the 04/05 year) are located in South-East QLD.</li> <li>- All NSPs are required to operate within the parameters of the Queensland Needle and Syringe Program Policy.</li> <li>- Trialed injecting equipment dispensing machines at 4 sites – Bundaberg, Mackay, Rockhampton, Toowoomba</li> </ul> </li> <li>• Provided funding support for the development and implementation of the Needle and Syringe Program (NSP) Brief Intervention Skills Development Project</li> </ul>
QH	2.1.5 Promote availability of post exposure prophylaxis (occupational and non-occupational) to target populations.	<ul style="list-style-type: none"> <li>• QH reviewed reprinted and redistributed resources for NPEP. Advertised availability in the gay press.</li> <li>• Occupational PEP is promoted to QH staff through Infection Control education, staff induction processes and response to incidents.</li> </ul>

Department	Actions	Activity
QH	2.1.6 Increase awareness of Health Service District staff regarding the availability of PEP (occupational and non-occupational).	<ul style="list-style-type: none"> <li>• Promoted NPEP availability to service providers in Central and Southern Area Health Service</li> <li>• Distribution of NPEP information and protocol to all A&amp;E in CAHS.</li> <li>• Development of NPEP card for SOPV patrons with references for A&amp;E clinicians</li> <li>• Provision of education for staff at all sites where PEP is stored and information about PEP to other staff that may have regular contact with risk group members.</li> </ul>
<b>KS: 2.2 Develop and implement structures and procedures that support statewide availability of preventive equipment.</b>		
QH	2.2.1 Promote commitment to the principle and practice of harm minimisation in the development and delivery of HIV, HCV and STI related health promotion programs.	Promotion of the Guidelines for Hepatitis C Education Targeting Young People who Inject Drugs to relevant service providers.
QH	2.2.2 Review models of service delivery to ensure that education and prevention strategies are available to target populations across Queensland.	<ul style="list-style-type: none"> <li>• Development and distribution of HAHCSH CD Rom to ensure all services have ready access to a wide range of print resources including in multiple languages.</li> <li>• Commenced implementation of findings of Statewide Model for Blood Borne Virus Communication, Education and Prevention for Injecting Drug Users</li> </ul>
QH	2.2.3 Continue to ensure that staff operating NSPs are appropriately authorised, trained and supported.	<ul style="list-style-type: none"> <li>• 1500 people (cumulative) have been authorised statewide by successfully completed training. Refresher training offered by NSP coordinators and "Train the Trainers".</li> <li>• Queensland Alcohol and Drug Research Centre (QADREC) continues to receive funding from QH for the provision of the QNSP Train the Trainer program.</li> <li>• QADREC has also received additional funding to provide enhanced NSP brief intervention training on a state-wide basis</li> <li>• Through the COAG Supporting Measures Relating to Needle and Syringe Programs package, QNSP funds 3 Area NSP Co-ordinators, all of whom provide refresher training to NSP staff as part of their duties</li> <li>• In Collaboration with QNSP, QADREC will continue to organise a bi-annual state NSP workshop</li> </ul>
QH	2.2.4 Improve the proper disposal of needles and syringes across Queensland through the provision of advice on disposal sources and placement sites.	<ul style="list-style-type: none"> <li>• QH NSP Coordinators liaise at local level with local government to provide advice on disposal issues.</li> <li>• QH continues to provide community sharps disposal in some QH facilities</li> <li>• QH continues to provide 24/7 Clean Needle Help Line for the public regarding information for safe disposal and referral to appropriate councils</li> <li>• QH conducts the Small Grants initiative to assist local governments in enhancing their disposal strategies.</li> </ul>
<b>KS: 2.3 Promote and provide statewide access to occupational and non-occupational HIV post exposure prophylaxis.</b>		
QH	2.3.1 Promote statewide access to and coordinate the program to ensure use of	<ul style="list-style-type: none"> <li>• QH reviewed reprinted and redistributed resources for NPEP. Advertised availability in the gay press.</li> </ul>

Department	Actions	Activity
	post exposure prophylaxis for HIV (for both occupational and non-occupational exposures).	<ul style="list-style-type: none"> <li>• QH coordinates the NPEP program. Excel register of drugs prescribed and replaced under the NPEP Program maintained.</li> <li>• NPEP is available via HIV prescriber GPs</li> <li>• Occupational PEP is promoted to QH staff through Infection Control education, staff induction processes and response to incidents.</li> <li>• Occupational PEP is available to QH staff on assessment of risk</li> </ul>
<b>QH</b>	2.3.2 Provide, promote and review the guidelines for the management of occupational and non occupational exposures.	<ul style="list-style-type: none"> <li>• The policy for the management of occupational and non-occupational exposure incidents for HIV and other blood borne viruses is currently being reviewed – awaiting revised recommendations regarding non-occupational exposure post exposure prophylaxis</li> <li>• QH involved in national review of PEP Guidelines</li> </ul>
<b>QH</b>	2.3.3 Provide, promote and review the Queensland Health Infection Control Guidelines.	<ul style="list-style-type: none"> <li>• The Infection Control Guidelines will be reviewed and updated by June 2007.</li> <li>• Guidelines currently available on QH Internet site</li> </ul>
<b>QH</b>	2.3.4 Coordinate and administer the Infectious Diseases Expert Working Group.	The now titled Infection Control Expert Advisory Group (ICEAG) has met monthly since October 2005. The ICEAG Terms of Reference will be reviewed by August 2006
<b>QH</b>	2.3.5 Incorporate policy related to local service providers about the guidelines for the appropriate provision of PEP and NPEP.	<ul style="list-style-type: none"> <li>• The policy for the management of occupational and non-occupational exposure incidents for HIV and other blood borne viruses is currently being reviewed – awaiting revised recommendations regarding non-occupational exposure post exposure prophylaxis</li> <li>• HIV prescribers are made aware of the guidelines via training and updates</li> <li>• Policy available via the Infection Control Guidelines available on the QH Internet site</li> </ul>
<b>Objective 2:</b>	<b>Actions by Other Queensland Government Departments</b>	
<b>DIR</b>	Respond to new and emerging trends in relation to occupational HIV, HCV and STI risks, eg. Needlestick injuries in non-health care settings.	<p>The following new trends were identified and responded to:</p> <ul style="list-style-type: none"> <li>• Blood/body fluid exposure and needlestick injury risks from collecting and sorting charity donations</li> <li>• Blood/body fluid exposure and needlestick injury risks in the waste management industry, particularly for recycled waste</li> </ul>
<b>DET (TAFE Qld) N</b>	<ol 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> </ol>	Counselling services have continued. No stick injuries were reported.

**Strategic Priority Three: EARLY DETECTION, CARE MANAGEMENT AND TREATMENT**

Department	Actions	Activity
<b>Objective 1: Quality, evidence based and best practice HIV, HCV and STI early detection, care management and treatment services in Queensland.</b>		
<b>KS: 1.1 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.</b>		
QH	1.1.1 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.	<ul style="list-style-type: none"> <li>Developed the <i>Discussion Paper: Queensland Framework for the Treatment and Management of People with Hepatitis C</i> in collaboration with a working group and released to key stakeholders for consultation</li> <li>Convened the Queensland Hepatitis C Forum and disseminated report on outcomes of Forum</li> <li>Convened a working group to consider implementation of a model of shared care for HIV in QLD. Working group recommended a wider mapping exercise of current service delivery and models of care. To be progressed in 2006/2007</li> <li>Provided recommendation to National STI Strategy to allow GP STI screening</li> <li>Investigated treatment options for PLWHA who have lipodystrophy. Trial to commence at AIDS Medical Unit (AMU)</li> <li>Completed and published Clinical Practice Guidelines for Nurse Officers</li> <li>Developed and distributed, via UQ HIV and HCV Education Projects, CD ROM of guidelines in pre and post test discussion and Clinical Pathway for the management of people with hepatitis C on treatment</li> <li>Collaborated with QPP to develop strategies to address service gaps for PLWHA</li> <li>Manage the HIV S100 prescribers registration process</li> </ul>
QH	1.1.2 Manage individuals under the <i>Protocol for the Management of HIV Positive People Whose Behaviour May Constitute a Public Health Risk</i> .	Individuals referred for management under this protocol have been managed according to process. Protocol currently under review.
QH	1.1.3 Ensure services maintain up to date policies relating to the identification of children and young people at risk.	No further progress in this reporting period.
QH	1.1.4 Provide access to HIV post exposure prophylaxis through Starter Packs provided by Central Pharmacy.	Starter packs are available at QH public hospitals with pharmaceutical staff and via all registered GP HIV prescriber practices.
QH	1.1.5 Support contact tracing including the provision of assistance to Queensland Health services and general practitioners.	QH facilitates contact tracing by funding the statewide Syphilis Register, conducting HIV contact tracing through AMU, availability of local Population Health Unit staff for advice and assistance as appropriate and providing assistance to other clinicians as requested

Department	Actions	Activity
<b>KS: 1.2 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.</b>		
QH	1.2.1 Update Queensland Standard Drug Therapy Guidelines as required and ensure their inclusion in District Health Management Protocols.	Complete. Appropriate Health Service District staff are made aware of their review via email, Annual Sexual Health Clinicians' Meeting and local networks.
QH	1.2.2 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.	<ul style="list-style-type: none"> <li>Commissioned HIV seroconversion study from the National Centre in HIV Epidemiology and Clinical Research (NCHECR)</li> <li>Updated Child Safety Guidelines relevant to sexual health.</li> <li>Updated Clinical Services and Privacy Policy.</li> </ul>
<b>KS: 1.3 Use the data from research trends and evaluation of activities to inform program planning and ensure that services are delivered against evidence based standards.</b>		
QH	1.3.1 Ensure that community, clients, service delivery staff and other key partners are involved in the development of programs to guide best practice service provision.	<ul style="list-style-type: none"> <li>Developed the <i>Discussion Paper: Queensland Framework for the Treatment and Management of People with Hepatitis C</i>, in collaboration with a working group and released to key stakeholders for consultation</li> <li>Convened the Queensland Hepatitis C Forum</li> <li>Convened the HAHCSH Advisory Committee x 2 providing opportunities for members representing their constituents.</li> </ul>
QH	1.3.2 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.	<ul style="list-style-type: none"> <li>Some clinical services conduct regular auditing of client records.</li> <li>Services are "audited" according to the quality and accreditation process within each Health Service District</li> <li>Nursing practice is informed by the state Clinical Practice Guidelines.</li> </ul>
QH	1.3.3 Benchmark models of service delivery against similar services.	<ul style="list-style-type: none"> <li>Specified in CBO service agreements that all activities must incorporate monitoring and evaluation.</li> <li>Some Sexual Health Clinics are accredited to appropriate District standards eg. CHASP.</li> <li>Promote adherence by all clinics nursing staff to the Nursing Practice Standards.</li> </ul>
<b>Objective 1:</b>	<b>Actions by Other Queensland Government Departments</b>	
DCS	Provide services to prisoners of the same standard as provided in the wider community within the operational limitations of a correctional facility.	<p>Continue to offer HIV and HCV testing on reception after pre test discussion</p> <ul style="list-style-type: none"> <li>Availability of HIV and HCV testing discussed during inmate education sessions.</li> </ul> <p>Offer relevant STI screening after risk assessment.</p> <p>Provide adequate post test counselling with delivery of all HIV and HCV test results</p> <ul style="list-style-type: none"> <li>Review of communicable diseases policy initiated training around this issue offered to</li> </ul>

Department	Actions	Activity
		<p>all centres.</p> <p>Update Infectious Diseases Policy to include pre test discussion and post test counselling</p> <ul style="list-style-type: none"> <li>• As above.</li> </ul> <p>Continue to test and provide HBV vaccination (when required) on reception.</p> <ul style="list-style-type: none"> <li>• All Arthur Gorrie inmates at FPQ education programs report being given HBV vac at reception.</li> </ul> <p>Finalise and implement HCV treatment protocols</p> <ul style="list-style-type: none"> <li>• Protocol in process of being adjusted due to removal of liver biopsy requirement. Departments involved in development of protocol are FPQ, Qld Health, DCS, PA Hospital Liver Clinic.</li> </ul>
<b>DET (TAFE Qld)</b>	Provide ongoing referrals by Student Services staff to support networks for students and staff.	In 2005, one TAFE Queensland Institute recorded 49 health/medical related student service/counselling service. However, none of these were referred to another agency.
<b>Objective 2: Early detection of HIV, HCV and STIs in the Queensland population</b>		
<b>KS: 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>		
<b>QH</b>	2.1.1 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.	<ul style="list-style-type: none"> <li>• Opportunities to promote National guidelines to appropriate service providers utilised including the Working Group for the review of national HIV and HCV testing policies. Future recommendation to Commonwealth for review of guidelines.</li> <li>• National Model of Care for the Management of Hepatitis C Infection in Adults is to be reviewed. QH will facilitate clinical and community feedback to this review.</li> <li>• Clinical advice and provision of antiretroviral therapy provided by specialist HIV clinicians as requested</li> </ul>
<b>QH</b>	2.1.2 Promote adherence to national policy guidelines for the follow-up of children born to HIV and HCV infected mothers.	<ul style="list-style-type: none"> <li>• Opportunities to promote National guidelines to appropriate service providers utilised including the Working Group for the review of national HIV and HCV testing policies. Future recommendation to Commonwealth for review of guidelines.</li> <li>• Clinical advice and provision of antiretroviral therapy provided by specialist HIV clinicians as requested</li> </ul>
<b>QH</b>	2.1.3 Regularly review the policy for the voluntary testing of staff conducting exposure prone procedures and modify as appropriate to reflect current evidence.	Not reviewed in this reporting period.
<b>QH</b>	2.1.4 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	<ul style="list-style-type: none"> <li>• Convened Queensland Nursing Standards Working Group</li> <li>• Completed review of Sexually Transmissible Diseases and Genital Infections Guidelines.</li> <li>• Completed update of Queensland Sexual Health Nurse Practice Standards</li> <li>• Completed and published policy for recommended use of new combined chlamydia/gonorrhoea/trichomoniasis assay</li> </ul>

Department	Actions	Activity
	procedures and guidelines.	<ul style="list-style-type: none"> <li>• Development and implementation of the HIV and Mental Health Protocols</li> <li>• Development and implementation of the Hepatitis C and Mental Health Protocols</li> <li>• Consulted on and published Sexual Health Clinical Services and Privacy Policy</li> </ul>
QH	2.1.5 Promote and/or provide targeted screening activities through primary NSP sites and ATOD assessment services.	<ul style="list-style-type: none"> <li>• Testing is promoted through all NSPs.</li> <li>• Promotion of testing and targeted screening opportunities are provided by QuIHN for the IDU population</li> <li>• BBV screening, intervention and referral, consistent with endorsed guidelines and procedures, is encouraged and supported as appropriate via ATOD assessment services</li> </ul>
QH	2.1.6 Support early detection initiatives for children and young people.	<ul style="list-style-type: none"> <li>• Liaison with Child Safety Unit for development of policies relevant to child abuse and underage sex for sexual health settings</li> <li>• All NGO funded programs in this area have a role to address young people through their programs</li> </ul>
QH	2.1.7 Support early detection through maternity services and other women's health service providers.	<ul style="list-style-type: none"> <li>• Provide funding to NGO women's service providers which support relevant early detection strategies.</li> </ul>
QH	2.1.8 Reorient health care services to incorporate routine sexual health screening into other regular health check programs, as appropriate subject to patient's informed consent.	<ul style="list-style-type: none"> <li>• PHICSS project will include comprehensive algorithms to ensure testing and recall based on client risk profiles</li> <li>• Routine annual screening provided as a core component of the Adult Health Check, Indigenous Chronic Disease Strategy</li> <li>• Sexual Health screening provided via the pilot Healthy Women's Initiative in collaboration with Mobile Women's Health Services</li> </ul>
QH N	2.1.9 Explore opportunities for the early detection of HIV, HCV and STIs in the watchhouse population.	No opportunity exists to pursue this in a medically responsible way. Typically prisoners are in the watchhouse for about 24 hours and would have left before results become available. There is no appropriate counselling support.
QH	2.1.10 Increase awareness of HIV, HCV and STIs among target populations through increased testing and early detection.	Funding support to relevant community sector agencies for the promotion of testing and early detection with target groups
QH	2.1.11 Promote and provide screening within at-risk populations as appropriate.	<ul style="list-style-type: none"> <li>• Routine annual screening provided as a core component of the Adult Health Check, Indigenous Chronic Disease Strategy</li> <li>• Sexual Health Services provide assessment and appropriate testing based on risk assessment</li> <li>• Promotion of appropriate screening via the published practice standards in Clinical Treatment Guidelines.</li> <li>• Participating in the pilot chlamydia and sexual behaviour survey of Australian Defence Forces with Centre for Military &amp; Veterans Health (UQ).</li> <li>• Establishment of a community based chlamydia testing program within the <i>Gympie Women's Health Centre</i>.</li> </ul>

Department	Actions	Activity
		<ul style="list-style-type: none"> <li>Chlamydia screening and behaviour survey of mental health patients within <i>TPCHHSD</i> Mental Health Service to determine increased risks for STIs</li> <li>Indigenous Sexual Health Screening Project in the SAHS</li> <li>Development of a collaborative Chlamydia Screening Project with international students. This was a joint initiative between ECCQ, northern AHS coordinator &amp; Griffith University</li> <li>Ongoing promotion of YFS/sexual health clinic with SBYHNs and other youth services</li> </ul>
<b>KS: 2.2 Identify and remove barriers that may prevent the appropriate testing and/or screening of target populations and asymptomatic people.</b>		
<b>QH N</b>	2.2.1 Investigate further targeted screening opportunities and promote screening for HIV, HCV and STIs among identified target populations as appropriate.	<ul style="list-style-type: none"> <li>Funded Orasure HIV testing project</li> <li>Funded development of combined chlamydia, gonorrhoea, and trichomonas test.</li> <li>Development and implementation of the Hepatitis C and Mental Health Protocols</li> <li>Promote HIV/STI screening for Indigenous women through mobile women's health services.</li> <li>Formalised program of chlamydia, gonorrhoea and syphilis screening established for HIV+ clients accessing AMU.</li> </ul>
<b>QH</b>	2.2.2 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.	<ul style="list-style-type: none"> <li>Funded development of postal kits for detection of Chlamydia</li> <li>Provide Sex on Premises Venue (SOPV) clinical outreach</li> <li>Promote HIV/STI screening for Indigenous women through mobile women's health services</li> </ul>
<b>KS: 2.3 Promote and implement contact tracing for HIV and STIs consistent with state and national policy and guidelines.</b>		
<b>QH</b>	2.3.1 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 facilitates contact tracing by funding the statewide Syphilis Register, conducting HIV contact tracing through AMU, availability of local Population Health Unit staff for advice and assistance as appropriate and providing assistance to other clinicians as requested
<b>QH</b>	2.3.2 Develop and implement strategies to improve surveillance, management and contact tracing for HIV, HCV and STIs.	<ul style="list-style-type: none"> <li>Funded a temporary project officer position to develop a contact tracing options paper. Position not filled as yet.</li> <li>Employed an STI epidemiologist in CDU.</li> <li>Continued development of PHICSS will provide opportunity for enhanced management of HIV, HCV and STIs</li> </ul>
<b>KS: 2.4 Discourage inappropriate testing and/or screening for HIV, HCV and STIs.</b>		
<b>QH</b>	2.4.1 Encourage appropriate opportunistic testing based on risk assessments at all points of contact between the population and Queensland Health facilities.	Opportunistic testing is conducted as appropriate based on risk assessment and informed consent
<b>QH</b>	2.4.2 Promote and provide informed screening and treatment of STIs in pregnancy.	No further targeted activity in this reporting period.

Department	Actions	Activity
QH	2.4.3 Ensure Police Officers obtain appropriate Disease Test Orders (DTOs) for alleged rape offenders and other individuals identified as a potential risk.	Participated in QPS review of Disease Test Order provisions.
<b>KS: 2.5 Collect data to inform early interventions.</b>		
QH	2.5.1 Participate in state and national surveillance and monitoring programs to identify opportunities for early interventions in HIV, HCV and STIs.	<ul style="list-style-type: none"> <li>• Contribute data to national surveillance for HIV, HCV and STIs</li> <li>• Conduct the annual Queensland Gay Periodic Survey</li> <li>• Operate the Queensland Syphilis Surveillance Centre</li> </ul>
<b>KS: 2.6 Progress innovative models and new technologies to increase access to testing and treatment.</b>		
QH	2.6.1 Encourage the development and evaluation of innovative models of HIV testing especially for high risk, high prevalence communities.	Funded the Orasure HIV testing project
QH	2.6.2 Support and promote Queensland liver clinics involvement in new trial HCV treatment programs.	<ul style="list-style-type: none"> <li>• QH Liver Clinics have ongoing participation in clinical trials</li> <li>• PHICSS project will incorporate Statewide Clinical Trial and Research module.</li> </ul>
QH	2.6.3 Promote and facilitate access to new testing and treatment technologies.	<ul style="list-style-type: none"> <li>• Funded development of combined chlamydia, gonorrhoea, and trichomonas test</li> <li>• Funded Orasure HIV testing project</li> <li>• Funded HIV Lypodystrophy treatment trial via AMU</li> </ul>
<b>Objective 2:</b>	<b>Actions by Other Queensland Government Departments</b>	
QPS	Facilitate ready access for QPS employees to prophylaxis where an exposure occurs.	<ul style="list-style-type: none"> <li>• Regional procedures implemented to access medical treatment after exposure.</li> <li>• BBF Hotline is now permanent and now includes access by immediate family members of an employee who has had a BBF exposure. Monthly email reminders sent to all QPS of BBF Hotline information and information provided to all employees by payslip insertion.</li> <li>• Infectious Disease Control module for recruits includes standard precautions, management of BBF exposure including first aid, risk of infection, medical assistance, availability of BBF Hotline and psychological support. The module presented by the Forensic Medical Officer includes risk minimisation, exposure risk, prevention including vaccination programs, post exposure blood tests and prophylaxis.</li> <li>• Information available on some regional intranet websites. Corporate H&amp;S website under review and information will be included.</li> </ul>
DCS	Screen prisoners appropriately at reception and during terms of imprisonment.	Update Infectious Diseases Policy to include pre test discussion and post test counselling for HIV and HCV testing <ul style="list-style-type: none"> <li>• Initiated</li> </ul>

Department	Actions	Activity
		Deliver training to health centre staff on pre test discussion and post test counselling <ul style="list-style-type: none"> <li>Promoted and offered to all centres.</li> </ul>
<b>DCS</b>	Ensure that screening and management is consistent with State policy and recognised best practice.	Update Infectious Diseases Policy to include pre test discussion and post test counselling for HIV and HCV testing <ul style="list-style-type: none"> <li>Initiated</li> </ul> Deliver training to health centre staff on pre test discussion and post test counselling <ul style="list-style-type: none"> <li>Promoted and offered to all centres.</li> </ul> Update Needlestick and blood exposure policy to include PEP <ul style="list-style-type: none"> <li>Info regarding PEP included as part of staff training program.</li> </ul>
<b>CCYPCG N</b>	Provide appropriate referral information to young people to access health services for the purposes of appropriate testing and treatment.	A hyperlink has been placed on the Commission's website to the Queensland Health Istaysafe website.
<b>DChS</b>	Provide appropriate referral information and assistance to young people in care to access health services.	Prompts to be incorporated into case planning tools in second half of 2006.  Guidelines for staff and carers on the management of children and young people's contact with parents or other family members known to have, or suspected to be at risk for HIV, Hep C or an untreated STI to be developed in second half of 2006.
<b>DIR</b>	Provide timely, evidence based advice and referral to workplaces on managing occupational exposures to ensure early detection.	Enquiries from stakeholders on managing occupational exposures were responded to within 24 hours and are based on information sourced from Qld Health and other professional sources
<b>DET (TAFE Qld)</b>	Continue to provide information to staff and students in relation to early detection encompassing HIV, HCV and STIs.	Workplace health and safety issues are emphasised and promoted in all relevant TAFE courses. Male and Female Sexual Health Officers have presented and participated in forums with TAFE teachers and students as part of the assessment requirements of their course.
<b>EQ</b>	Undertake a scan of available resources to assist teachers.	<ul style="list-style-type: none"> <li>Scan of sexual and reproductive health education resources completed March 06.</li> <li>Gap analysis completed April 06 to determine availability of resources, modifications required and areas where no resources available.</li> </ul>
<b>EQ</b>	Identify suitable resources to school personnel through EQ Curriculum Exchange.	No activity this reporting period
<b>Objective 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>KS: 3.1 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>		

Department	Actions	Activity
QH	3.1.1 Review regularly the accessibility of Queensland Health programs and services and reach of current specialist services.	<ul style="list-style-type: none"> <li>• Funding proposal submitted and approved for statewide shared care for hepatitis C</li> <li>• Hepatitis C Forum conducted on 2 Feb 2006 to develop a "Queensland Framework for the Treatment and Management of Hepatitis C"</li> <li>• Information on accessibility and reach obtained via AHS Coordinators meeting conducted in Feb 2006 and funded CBO meetings conducted Dec 2005</li> <li>• Redcliffe/Caboolture District and TPCHHSD continue to assess the HAHCSH service delivery impact of new housing developments in North Lakes and Narangba .</li> </ul>
<b>KS: 3.2 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>		
QH	3.2.1 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>	<ul style="list-style-type: none"> <li>• Annual meetings with funded CBO programs and six monthly performance reports to review service provision</li> <li>• Provision of education and guidelines including through the UQ HIV and HCV Education Project</li> <li>• Implementation of the Hepatitis C Shared Care initiative to ensure a qualified mix of staff eg. nurse case manager for people with hepatitis C on treatment and provide general practitioners with referral support and shared care</li> <li>• Ongoing development of PHICSS to ensure statewide consistency of data collection</li> <li>• Provision of funding to Positive Directions (St Lukes), HCQ and QPP to deliver treatment and care services to target populations</li> <li>• Promotion of development and implementation of, or adherence to HRM policies relating to discrimination, confidentiality</li> <li>• Promote adherence to relevant state and national guidelines relating to testing and counselling procedures eg. HIV and HCV testing</li> <li>• Provision of funding to ECCQ to advise and support health and community workers in the treatment and care of people with HIV, HCV and STI's and participation in interagency networks to ensure consideration of issues for people from CALD backgrounds</li> </ul>
QH	3.2.2 Facilitate improved access to simple treatment options for STIs.	Ongoing negotiation with Drug companies for access to oral treatment for penicillin resistant gonorrhoea.
QH	3.2.3 Monitor and supply replacement drugs for the Indigenous PCR Testing and Drug Replacement Program.	Ongoing – 6 monthly
<b>KS: 3.3 Support people with HIV, HCV and STIs to access relevant health information, advice, treatment and care to improve their health outcomes.</b>		
QH N	3.3.1 Develop and promote a collaborative information resource for PLWHA that aims to facilitate access to public sector oral	<ul style="list-style-type: none"> <li>• QPP have developed an information resource for PLWHA.</li> <li>• Collaborating with QPP to develop strategies to address service gaps for PLWHA including the establishment of a working group involving QPP, Positive Directions, QH (CDU and Oral</li> </ul>

Department	Actions	Activity
	health services, ensure confidentiality for those willing to disclose, and reflect patients' rights and responsibilities.	Health) <ul style="list-style-type: none"> <li>• Oral Health to commence a review of assessment criteria for access for all clients</li> <li>• Oral Health in-service for sexual health and ATODS staff in CAHS.</li> <li>• Enhanced Primary Care Medicare dental program promoted.</li> </ul>
QH	3.3.2 Ensure health information is available to people with HIV, HCV and STIs so they can make informed choices about their quality of life.	Provision of information is available via QH and non-government service providers, brochures, QH Internet site.
<b>KS: 3.4 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.</b>		
QH	3.4.1 Coordinate and administer the Queensland Health HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee.	Two meetings held this reporting period.
QH	3.4.2 Provide opportunities for the active participation of individuals and local communities affected by HIV, HCV and STIs in the identification of service gaps.	<ul style="list-style-type: none"> <li>• Provide funding to Queensland Positive People (QPP) and HCQ for the delivery of programs that provide opportunities for participation of those affected by HIV and HCV</li> <li>• Met with funded community based organisations (CBO) to monitor quality of peer and community consultation mechanisms</li> <li>• Conducted the HIV Prevention Action Plan forum involving representatives from 23 (government and NGO) services.</li> <li>• Conducted the Queensland Hepatitis C Forum</li> <li>• Conducted the HAHCSH Advisory Committee (2 x per annum)</li> </ul>
QH	3.4.3 Support community based programs that allow people with HIV, HCV and STIs to participate in decision making and identification of service gaps.	<ul style="list-style-type: none"> <li>• Provide funding to Queensland Positive People (QPP) and HCQ for the delivery of programs that provide opportunities for participation of those affected by HIV and HCV</li> <li>• Involvement of QPP in QH working groups, steering committees (seroconversion risk factor research, gay periodic survey) and other relevant forums.</li> <li>• Involvement of QuAC, HCQ, Haemophilia Foundation Queensland (HFQ) and Queensland Injectors' Health Network (QuIHN) in QH working groups, steering committees and other relevant forums.</li> <li>• Negotiated and secured funding to expand the "Mix Up (peer education) Project" through QuIHN</li> <li>• Negotiated and secured funding support to CBOs to implement strategies aimed at improving health outcomes (e.g. HCQ Small Grants; FPQ Correctional Facilities Education Project)</li> <li>• Supported the QuAC Indigenous gay men and sistergirl support groups in Brisbane and Cairns (includes HIV+ people)</li> </ul>
<b>KS: 3.5 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.</b>		

Department	Actions	Activity
QH	3.5.1 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.	<ul style="list-style-type: none"> <li>• Provided funding for the HIV Treatment and Care Program (Positive Directions), HIV Peer Support and Health Promotion Program (QPP) and Hepatitis C Program (HCQ)</li> <li>• QH staff participate in working groups, steering committees, forums etc as required</li> <li>• Development and implementation of the Hepatitis C and Mental Health Protocols</li> </ul>
<b>KS: 3.6 Develop and/or maintain service provider links with relevant National and State peak bodies and/or organisations.</b>		
QH	3.6.1 Participate in national forums eg. The Intergovernmental Committee on AIDS Hepatitis and Related Diseases (IGCAHRD).	<p>Participated in:</p> <ul style="list-style-type: none"> <li>• Intergovernmental Committee on AIDS Hepatitis and Related Diseases (IGCAHRD)</li> <li>• Indigenous Australian's Sexual Health Committee (IASHC)</li> <li>• National Donovanosis Eradication Committee</li> <li>• Eastern States HIV Rises Meeting – convened by Victoria Health</li> <li>• Communicable Diseases Network of Australia (CDNA)</li> <li>• National Hepatitis C Think Tank – treatment and management of hepatitis C</li> <li>• National consultation forum for the development of guidelines for the management of hepatitis C in prisons</li> </ul>
QH	3.6.2 Encourage government and non-government service providers to identify and establish links with relevant National and State peak bodies and/or organisations.	<ul style="list-style-type: none"> <li>• Ongoing encouragement to all service providers to link with relevant state and national organisations including recently supporting QuIHN membership of AIVL.</li> <li>• QH clinical staff and some NGO staff have established links with Australasian Society for HIV Medicine (ASHM), Gastroenterological Society of Australia (GESA), Sexual Health Association.</li> </ul>
<b>Objective 3: Actions by Other Queensland Government Departments</b>		
QPS	Support School based Police Officers, Police Liaison Officers and GLBT Liaison Officers to provide opportunistic training or information transfer for at-risk populations.	Regular training provided to PLOs – content recorded. Information available on some regional intranet websites. Corporate H&S website under review and information will be included
DCS	Provide access by Indigenous Health Services to correctional centres.	Identify and liaise with relevant health services.
DCS	Ensure availability of culturally appropriate educational material to prisoners.	<p>Support implementation of peer education programs</p> <ul style="list-style-type: none"> <li>• Arthur Gorrie has supported a 10 week art education project at W Block (special needs), which is now running again for a new group of inmates.</li> </ul> <p>Continue to support FPQ education project and resources produced by the project</p> <ul style="list-style-type: none"> <li>• Hep Hop Board game continues to be played as part of some inmate education. Induction booklet continues to be distributed at reception centres and on request at placement centres. A second print run of the 'Deck of Cards' was distributed to meet demand from centres that requested additional sets, and continue to be distributed. A second print run of the pre and post test counselling guidelines was distributed to all</li> </ul>

Department	Actions	Activity
		<p>centres with promotion of education and training. Updated staff fact sheets distributed to all centres.</p> <ul style="list-style-type: none"> <li>Telephone Directory containing referral info for pre-release prisoners is currently being printed and will shortly be distributed to all centres.</li> </ul> <p>Maintain links with relevant organisations e.g. Hepatitis Council of Queensland, Queensland AIDS Council, Queensland Injectors Health Network</p> <ul style="list-style-type: none"> <li>Organisations who have actively participated in CFEP this quarter are: Quihn Brisbane and Sunshine Coast, Hepatitis Council, Qld Aids Council, Cairns Sexual Health. Uni of Qld HIV and HCV project promoted through BBV e-newsletter.</li> </ul>
<b>CCYPCG</b>	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.	The Commission reported on the sexual health of children and young people in its report <i>Children and Young People in Queensland: a Snapshot 2005</i> .
<b>DC</b>	Conduct a comprehensive health assessment on every young person admitted to Brisbane Youth Detention Centre and Cleveland Youth Detention Centre, and offer pathology tests to assess current status.	<ul style="list-style-type: none"> <li>All young people admitted to Brisbane Youth Detention Centre and Cleveland Youth Detention Centre are assessed by a Clinical Nurse on admission to the centre and then reviewed by a Visiting Medical Officer within 3 days of admission (if they remain in detention).</li> <li>All young people admitted to Brisbane Youth Detention Centre and Cleveland Youth Detention Centre are offered the opportunity for testing for hepatitis B and C, HIV, syphilis, gonorrhoea and Chlamydia at either and both of these assessments. The pathology collection is considered to be an intrusive procedure (collection of blood and urine) so it is a voluntary act. The young people often have concerns with regard to needles (as they are often frightened) so it is estimated that there is approximately 75% compliance.</li> <li>As previously stated all young people at Brisbane Youth Detention Centre are also referred to Sexual Health where they have another opportunity to be tested.</li> </ul>
<b>DIR</b>	Support workers infected with blood-borne diseases by providing evidence based information about occupational risk and appropriate preventive strategies.	Enquiries from stakeholders infected with blood-borne diseases were responded to within 24 hours and are based on information sourced from Qld Health and other professional sources
<b>DET (TAFE Qld)</b>	Provide referrals for students and staff to support networks.	Queensland TAFE promotes equitable access and culturally appropriate services. A brochure "Indigenous Health Service" produced by Queensland Health is available for TAFE students.
<b>DET (TAFE Qld)</b>	Provide appropriate information to staff and students, including those in target population groups.	Information has been provided to staff and students

Department	Actions	Activity
<b>Objective 4: Care management and treatment interventions responsive to the particular needs of people with HIV, HCV and/or STIs in Queensland.</b>		
<b>KS: 4.1 Promote and provide care management and treatment through improved inter-departmental and interagency collaboration and the development of local referral mechanisms.</b>		
<b>QH</b>	4.1.1 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.	<ul style="list-style-type: none"> <li>• Funded NGO service agreements include the role of interagency forums as an outcome of funding, NGO's established a mechanism for a formal interagency meeting.</li> <li>• Informal networks operate across the state supported by the role of the QH AHS Coordinators</li> <li>• Collaborated with HCQ to investigate options to support people with hepatitis C through a chronic disease self management model.</li> </ul>
<b>QH</b>	4.1.2 Facilitate improved access to ambulatory or shared care services for people living with HIV and HCV.	<ul style="list-style-type: none"> <li>• Funding support to Positive Directions for the delivery of the HIV Treatment and Care Program including increasing the accessibility of Home and Community Care (HACC) services for PLWHA</li> <li>• Negotiated funding support for the implementation of a Statewide Diet and Alcohol Initiative to enhance access to services for people with hepatitis C</li> <li>• Negotiated funding support for the development and implementation of projects in several Health Service Districts to increase access to local services for people with hepatitis C (E.g. Northern Hepatitis C Health Promotion Project and the Interdistrict Health Promotion Project, Correctional Facilities Education Project)</li> <li>• Negotiated funding support for the implementation of the Hepatitis C Shared Care Initiative - a state wide model of shared care for people with hepatitis C accessing treatment.</li> <li>• Negotiated inclusion of hepatitis C in the Queensland Cancer Control Strategic Directions 2005-2010</li> <li>• Funding support to the university of Queensland School of Medicine for the development of the Hepatitis C Clinical Pathway</li> <li>• PHICSS will incorporate a Shared Care Module to allow on line video conferencing and sharing or consenting patient files.</li> <li>• Investigated updated clinical management tool to OTTR – (now Evici) superseded by the introduction of the PHICSS process. Installation of Evici occurring as part of the Hepatitis C Shared Care Initiative</li> <li>• Supported application to trial Hepatitis C Nurse Practitioner as part of Queensland Nurse Practitioner Trial (application unsuccessful)</li> <li>• Convened a working group to consider formalising a shared care model for HIV. Working group recommended a wider mapping exercise for all models of HIV care. Project to be conducted in 2006/2007.</li> </ul>
<b>QH</b>	4.1.3 Improve the management of mental health	• Development and implementation of the HIV and Mental Health Protocols

Department	Actions	Activity
	issues for people living with HIV and/or HCV.	<ul style="list-style-type: none"> <li>Development and implementation to the Hepatitis C and Mental Health Protocols supported by training of health service providers</li> </ul>
QH	4.1.4 Encourage service provider links with relevant national and state peak organisations.	<ul style="list-style-type: none"> <li>Ongoing encouragement to all service providers to link with relevant state and national organisations including recently supporting QuIHN membership of AIVL.</li> <li>QH clinical staff and some NGO staff have established links with Australasian Society for HIV Medicine (ASHM), Gastroenterological Society of Australia (GESA), Sexual Health Association.</li> </ul>
<b>KS: 4.2 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.</b>		
QH	4.2.1 Promote consistency of the management of people with HIV and/or HCV with national standards.	<ul style="list-style-type: none"> <li>Promoted national guidelines/models to QLD service providers.</li> <li>QLD hepatitis C Clinical Pathway is consistent with national standards</li> <li>STI Treatment Guidelines are consistent with national standards</li> </ul>
QH	4.2.2 Encourage access of people with HIV, HCV or STIs to timely advice and care and relevant health information to enhance their health outcomes.	Provided via funded NGO programs, QH service providers, printed information, QH Internet site
QH	4.2.3 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>	<ul style="list-style-type: none"> <li>Provision of funding to and regular monitoring of St Lukes Positive Directions Program, QPP, HFQ and HCQ</li> <li>Funding of mental health adviser via Positive Directions for PLWHA</li> <li>Funding of part time psychologist at HCQ</li> <li>Funding of Resource Coordinator via Positive Directions to improve accessibility of HACC service for PLWHA</li> <li>Implementation of the Hepatitis C Shared Care Initiative</li> <li>Advocating with other government departments to achieve the outcomes of the Strategy</li> <li>Provision of outreach and mobile services eg. Sexual Health Service Outreach from Toowoomba and Mobile Women's Health Services</li> <li>Funding established for 3 years for convalescent respite and long term nursing care for persons with HIV/AIDS at Cooroy Community Hospital.</li> </ul>
QH N	4.2.4 Investigate options to improve statewide coverage of shared care programs for treatment and management of people living with HCV.	<ul style="list-style-type: none"> <li>Negotiated funding support for the implementation of the Hepatitis C Shared Care Initiative.</li> <li>PHICSS will incorporate a Shared Care Module to allow on line video conferencing and sharing or consenting patient files.</li> </ul>
QH	4.2.5 Investigate options for the treatment and	Liaised with AMU re treatment research project. Lipodystrophy trial to commence in 2006

Department	Actions	Activity
<b>N</b>	management for people living with HIV who have lipodystrophy/lipoatrophy.	
<b>QH</b>	4.2.6 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>	<ul style="list-style-type: none"> <li>Fund an Annual Sexual Health Clinicians Meeting which reviews best practice and develops responses eg.</li> <li>Publication of Treatment Guidelines for the Management of sexually transmissible diseases and Genital Infections.</li> <li>Publication of Queensland Sexual Health Nursing Practice Standards.</li> </ul>
<b>QH</b>	4.2.7 Provide access to the Highly Specialised Drugs program through public hospitals.	Available via public hospitals pharmacies
<b>QH N</b>	4.2.8 Explore opportunities for access to HIV S100 medicines via community pharmacies.	QH has participated in discussions through the National Highly Specialised Drugs Working Party
<b>Objective 4:</b>	<b>Actions by Other Queensland Government Departments</b>	
<b>DCS</b>	Participate in the Queensland Syphilis Register.	All custodial centres throughout Queensland participate and Queensland Health collate relevant information.
<b>DCS</b>	Ensure access of HIV positive prisoners to specialist treatment facilities.	AIDS Medical Unit support internally and externally. Visiting Medical Officers and health centres assess.
<b>DCS</b>	Increase the number of prisoners able to access anti-viral treatment for HCV.	Finalise and implement HCV treatment protocols <ul style="list-style-type: none"> <li>Protocol being overhauled due to recent changes such as removal of mandatory liver biopsy, and employment of new specialist nurses at liver clinics. Meetings to occur between key staff at Qld Health, DCS, Uni of Qld, FPQ, PA (and RBWH?) liver clinics.</li> </ul> Deliver training to relevant health centre staff <ul style="list-style-type: none"> <li>To occur once new protocol is finalised.</li> </ul>
<b>DET (TAFE Qld)</b>	Continue counselling and support services.	DET continues to provide counselling and support services.

**Strategic Priority Four: TRAINING AND PROFESSIONAL DEVELOPMENT**

Department	Actions	Activity
<b>Objective 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>KS: 1.1 Develop, implement and evaluate training programs using relevant national and state benchmarks and quality assurance standards appropriate to the target population.</b>		
QH	1.1.1 Ensure training course content is regularly reviewed by appropriately skilled staff to ensure consistency with Queensland requirements in conjunction with education providers.	<ul style="list-style-type: none"> <li>Funding support to UQ School of Medicine to update and review training provided by the HIV and HCV Education Project</li> </ul>
QH	1.1.2 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.	Assessment of the quality of service provision promoted. No formal HAHCSH standards developed to date.
QH	1.1.3 Provide and/or conduct ongoing support, training and education to service providers and community workers to ensure currency of skill and knowledge.	<ul style="list-style-type: none"> <li>Provision of education via the UQ HIV and HCV Education Project, FPQ, QADREC, QNSP, HCQ and QuAC</li> <li>Conduct of an Annual Sexual Health Clinicians' Meeting for QH and FPQ staff</li> </ul>
QH	1.1.4 Implement training and professional development strategies as outlined in the Queensland Indigenous Sexual Health Strategy.	<ul style="list-style-type: none"> <li>QH to ensure Strategies are included in Indigenous Health Skills Formation Strategy for Queensland and reviewed in the National Review of the Indigenous Health Worker Competency Standards and Qualifications Project</li> </ul>
<b>KS: 1.2 Provide access to appropriate and targeted training and education opportunities.</b>		
QH	1.2.1 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.	<ul style="list-style-type: none"> <li>Funding for training to support the implementation to the Hepatitis C and Mental Health Protocols</li> <li>Funding support for the implementation of the Needle and Syringe Program (NSP) Brief Intervention Skills Development Project</li> <li>Funding support for rollout of the HIV/AIDS, hepatitis C and sexual health promotion with young people education and training initiative.</li> <li>Funding provided for the provision of specific educational projects via the UQ HIV and HCV Education Project, FPQ, QADREC, HCQ and QuAC</li> <li>Participated in the organisation of the annual Indigenous Sexual Health training workshop.</li> </ul>
QH	1.2.2 Work with relevant government agencies,	<ul style="list-style-type: none"> <li>Supported an HAHCSH Advisory Committee Working Group to investigate workforce</li> </ul>

Department	Actions	Activity
	universities and training providers to promote workers' access to relevant and appropriate training to assist in the delivery of the outcomes of this Strategy.	development issues. Investigated feasibility of a workforce training and development mapping project. <ul style="list-style-type: none"> <li>Created Sexual Health Nursing Scholarship Program.</li> <li>Worked with Griffith University to ensure sexual Health Nursing scholarship has credit recognitions with other service providers eg FPQ.</li> <li>Maintained updated listing of all available HAHCSH courses on HAHCSH website.</li> </ul>
QH	1.2.3 Ensure reliable and equitable access to ongoing culturally appropriate education and training.	Specified in relevant NGO funded program Service Agreements
<b>KS: 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>		
QH	1.3.1 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.	<ul style="list-style-type: none"> <li>Created position of part-time state Nurse Educator to oversee Nursing Practice Standards.</li> <li>Funded ongoing professional education program through University of Queensland.</li> <li>Supported implementation of the General Practitioner Hepatitis C Project in Queensland</li> <li>Supported implementation of HIV, hepatitis C and sexual health promotion training for people working with young people</li> <li>Negotiated with QulHN and provided funding to support implementation of BBV training</li> </ul>
QH	1.3.2 Encourage and support registrar training positions within Queensland Health sexual health services.	<ul style="list-style-type: none"> <li>Three registrar training positions funded and available in QLD</li> </ul>
QH	1.3.3 Work in collaboration with Health Service Districts to ensure Indigenous Health Worker competencies are recognised and promoted.	Funded a position in QH North Queensland Workforce Development Unit to undertake a review of competencies. Final report complete. QH are leading implementation of the recommendations of the report through funding a Workforce Development Officer – Indigenous Sexual and Reproductive Health.
QH	1.3.4 Support relevant CBOs to provide consistent client-focused services to at-risk groups.	<ul style="list-style-type: none"> <li>Provide advice to funded NGO programs on service delivery as requested.</li> <li>Participate in working groups, reference groups etc. as requested and appropriate</li> <li>Monitor funded NGO performance six monthly</li> </ul>
QH	1.3.5 Offer placements and training at sexual health services to people enrolled in accredited training programs.	Sexual Health Services host medical, nursing and psychology student placements as appropriate
<b>KS: 1.4 Provide and support opportunities to encourage recruitment to and retention of service providers in HIV, HCV and STI services and programs.</b>		
QH	1.4.1 Encourage government and non-government staff to attend specific training	Promotion of all available training activities including via flyers, websites, email, HAHCSH Advisory Committee

Department	Actions	Activity
	opportunities in HIV, HCV and sexual health, including refresher and update programs.	
<b>KS: 1.5 Promote and provide information about sector training opportunities in Queensland.</b>		
QH	1.5.1 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.	<ul style="list-style-type: none"> <li>• Promoted via the Training and Development page of QH Sexual Health Internet site</li> <li>• Promotion of all available training activities including via flyers, websites, email, HAHCSH Advisory Committee</li> </ul>
<b>KS: 1.6 Maintain and promote access to and use of current evidence based resources, including guidelines and manuals.</b>		
QH	1.6.1 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.	<ul style="list-style-type: none"> <li>• All resources maintained in print.</li> <li>• Standardised HAHCSH patient fact sheets and developed C D Rom to allow wide access to full array of relevant print resources including in multiple languages.</li> <li>• Conducted review of QH website professional development pages to ensure link to relevant service providers</li> </ul>
QH	1.6.2 Facilitate the development and promotion of resources, guidelines and manuals that will assist people working in clinical and non clinical settings.	<ul style="list-style-type: none"> <li>• All policies and publications made available on the QH Internet site and on CD Rom.</li> <li>• Produce specific HAHCSH printed brochures available to the public</li> <li>• Promote the Nurse Practice Standards and Clinical Guidelines</li> <li>• Facilitated the development of the Statewide model for communication with HAHCSH service providers working with young people</li> </ul>
QH	1.6.3 Maintain and promote current evidence based practice and resources, including diagnostic and treatment data and patient information.	<ul style="list-style-type: none"> <li>• Maintain and publish relevant resources on the QH Internet site</li> <li>• Developed and distributed CD Rom of fact sheets, resources and patient information</li> <li>• Updated the <i>Queensland Management Guidelines for the Detection and Treatment of Sexually Transmissible and other Genital Infections</i></li> </ul>
QH	1.6.4 Implement working protocols for people diagnosed with a "serious mental illness" and HIV/AIDS or Hepatitis C.	<ul style="list-style-type: none"> <li>• Development and implementation of the HIV and Mental Health Protocols</li> <li>• Development and implementation of the Hepatitis C and Mental Health Protocols</li> </ul>
<b>KS: 1.7 Implement a communication system to support ongoing professional education and exchange of information between service providers, including access to electronic networks, training and resources.</b>		
QH	1.7.1 Promote the Queensland Health HIV, HCV and sexual health website, as a source of information about sector training opportunities in Queensland.	Promoted to service providers via meetings, forums, email signature block, response to enquiries and via delivery of programs from CBOs
QH	1.7.2 Implement a communication system to support ongoing professional education	<ul style="list-style-type: none"> <li>• Design, implementation and updating of the QH Internet site</li> <li>• Conduct of the Deadly Sex Congress</li> </ul>

Department	Actions	Activity
	and exchange of information between service providers.	<ul style="list-style-type: none"> <li>• Conduct the Sexual Health Directors communication forum</li> <li>• Conduct the annual Sexual Health Clinicians meeting</li> <li>• Conducted the Hepatitis C Forum</li> <li>• CBO service provider links a requirement of service agreements. All organisations have initiated a formal network.</li> </ul>
QH	1.7.3 Raise the key priorities of the Strategy and its implementation at mechanisms or collaborative forums that can support the priorities.	<ul style="list-style-type: none"> <li>• Poster presentation at the 2005 ASHM Conference on the development of the Queensland Framework for the Treatment and Management of Hepatitis C</li> <li>• Conducted the Queensland Hepatitis C Forum</li> <li>• Participate in national level meetings including IGCAHRD and IASHC</li> </ul>
QH	1.7.4 Participate in regular combined interagency forums that include a broad range of services and the public.	QH staff and funded NGO program staff participate in local interagency meetings and a range of forums where opportunities to address HIV, HCV and STI issues are available
<b>KS: 1.8 Strengthen training and development opportunities for Aboriginal and Torres Strait Islander workers.</b>		
QH	1.8.1 Promote and support attendance of Aboriginal and Torres Strait Islander Health Workers at HIV, HCV and sexual health training.	<ul style="list-style-type: none"> <li>• Conducted the 2006 Deadly Sex Congress for Indigenous Sexual Health Workers</li> <li>• Promoted and participated in the Rockhampton Indigenous Sexual Health Workers Workshop and the Toowoomba Indigenous Sexual Health Workers Workshop</li> <li>• Participation in training provided by the UQ HIV and HCV Education Project</li> </ul>
QH	1.8.2 Work with relevant training providers to explore options for career development opportunities for Aboriginal and Torres Strait Islander Health Workers	Strategies are identified for articulation pathways for Indigenous Health Workers outlined in the ATSI Health Workforce National Strategic Framework (ATSIHWNSF) - AHMAC 2002. An implementation plan will be developed to rollout the plan across Queensland
<b>Objective 1:</b>	<b>Actions by Other Queensland Government Departments</b>	
QPS	Establish and formalise networks between QPS and Queensland Health to provide access to training at a local level for all QPS employees.	Currently under negotiation.
DCS	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.	<p>Deliver training to health centre staff on HIV and HCV pre test discussion and post test counselling</p> <ul style="list-style-type: none"> <li>• Pre and post test counselling training promoted to all centres via direct mail-out and BBV e-newsletter. To be done throughout 2006.</li> </ul> <p>Deliver training on HCV treatment to relevant health centre staff</p> <ul style="list-style-type: none"> <li>• Training to Brisbane Women's CC staff included HCV treatment info, health staff to be trained specifically in late June.</li> <li>• Once new Rx protocol is finalised, education will be offered to all health centres, and it is proposed that this training will form part of the induction of new specialist nurses</li> </ul>

Department	Actions	Activity
		<p>appointed into liver clinics in hospitals state wide.</p> <p>Lock down training opportunities for BBV education (mandatory inclusion)</p> <ul style="list-style-type: none"> <li>• Lockdown training promoted to all centres, delivered at Brisbane Women's CC this quarter. Confidentiality and discrimination training is a key part of this training.</li> </ul> <p>Officer induction training.</p>
<b>CCYPCG N</b>	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.	Activities pending.
<b>DChS</b>	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.	<ul style="list-style-type: none"> <li>• Initial links established between Training and Specialist Support Branch and Family Planning Queensland.</li> <li>• Resources for staff to be developed in second half of 2006.</li> <li>• Resource for carers to be developed by June 2007.</li> </ul>
<b>DIR</b>	Provide resources to industry on managing occupational exposure to HIV, HCV and STIs.	<p>WHSQ has developed information and resource materials on its website on occupational blood-borne disease issues in relation to</p> <ul style="list-style-type: none"> <li>• Vaccine-preventable diseases</li> <li>• Funeral industry</li> <li>• Funeral industry</li> <li>• First aid</li> <li>• Hospitality industry</li> <li>• Hairdressing and beauty industry</li> <li>• Cleaning industry</li> </ul> <p>Charity organisations have been provided with specific resources to assist with risk management of blood/body fluid and needlestick injury risks when collecting and sorting charity donations</p>
<b>DIR</b>	Provide information and conduct workplace inspections to support preventive strategies for skin penetrating injuries, particularly in non-health care sectors.	<p>10 audits of charity donations collection and sorting were conducted in the Central Queensland region</p> <p>12 audits of nail salons were conducted at a State-wide level</p> <p>2 audits of SOPVs were conducted in SE Queensland</p> <p>15 audits of cleaning services were conducted in the Brisbane North region (including needlestick injury prevention)</p> <p>10 audits of sporting stadiums were conducted in the Brisbane North region (including needlestick injury prevention)</p>
<b>DET (TAFE Qld)</b>	Continue delivery of information to staff in relation to HIV, HCV and STIs.	Queensland TAFE promotes the availability of services including referral services in induction courses for new staff.

Department	Actions	Activity
<b>DET (TAFE Qld) N</b>	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.	DET engages with Department of Health on training requirements for health workforce.
<b>DET (TAFE Qld)</b>	Ensure that first aid officers maintain accreditation.	DET encourages first aid officers to maintain current accreditation.
<b>DET (Planning and Purchasing Division)</b>	Identify relevant courses and programs available to target population groups.	DET is responsive to ensure all courses and programs provided by Queensland TAFE are appropriate to the needs of clients.
<b>DET (Planning and Purchasing Division)</b>	Work with various stakeholders in promoting relevant courses and programs.	Information is accessible.
<b>DET (Planning and Purchasing Division)</b>	Promote recognition of prior learning processes available through Registered Training Organisations.	Queensland promotes the Recognition of Prior Learning to acknowledge the existing skills in the workforce, for example through the services provided by Skilling Solutions Queensland.
<b>DET (Training Division)</b>	Identify appropriate accredited courses and training package qualifications available to the target population groups.	DET liaises with relevant bodies on an on-going basis.
<b>DET (Training Division)</b>	Contribute to the development and promotion of improved processes for the delivery and recognition of prior learning services to VET clients.	See above.
<b>EQ</b>	Provide information about appropriate professional development opportunities to school personnel through the Student Health and Wellbeing Curriculum website.	To be developed.

**Strategic Priority Five: RESEARCH AND SURVEILLANCE**

Department	Actions	Activity
<b>Objective 1: Queensland conducts contributes to and/or participates in appropriate monitoring, research and surveillance.</b>		
<b>KS: 1.1 Foster initiatives that support and increase funding for biomedical and other research relevant to HIV, HCV and STIs.</b>		
QH	1.1.1 Seek further access to clinical trials for the treatment and management of HIV, HCV and STIs.	<ul style="list-style-type: none"> <li>Some Liver Clinics and HIV clinical services (Sexual Health Clinics and Public Hospitals) participate in clinical trials. Services continue to negotiate for access to new trials as appropriate.</li> <li>Clinical Services and NGO funded programs advocate for Queensland access to national clinical trials</li> <li>PHICSS implementation will enhance Queensland capacity to identify participants for clinical trials and standard data collection practices</li> </ul>
QH	1.1.2 Provide advice on research and related ethical issues for clinical trials and research conducted in Queensland.	Ongoing provision of advice on research and related ethical issues via the Division of the Chief Health Officer
QH	1.1.3 Simplify and coordinate centralisation in financial management and ethics approval for research studies to minimise duplication.	Not progressed in this reporting period. Subject to PHICSS implementation
<b>KS: 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>		
QH	1.2.1 Provide advice and resource targeted research such as the Annual Needle and Syringe Program Survey (Finger Prick Survey) and the Gay Community Periodic Survey.	<ul style="list-style-type: none"> <li>Funded and supported 2004 and 2005 Queensland Gay Periodic Surveys conducted by the National Centre in HIV Social Research (NCHSR)</li> <li>Commissioned an HIV seroconversion study by the NCHECR</li> <li>Supported implementation of a Hepatitis C Longitudinal Study</li> <li>Support implementation of the Annual Finger Prick Survey</li> </ul>
QH	1.2.2 Support the conduct of pilot research to investigate safety device technology (sharps) in the health care setting.	Conducted at Princess Alexandra Hospital until June 2006. Outcomes available in next reporting period.
QH	1.2.3 Support statewide data collection of health care worker occupational exposure incidents from participating public	Ongoing data collection to the Centre for Healthcare Related Infection, Surveillance and Prevention (CHRISP) from 23 participating hospitals

Department	Actions	Activity
	hospitals.	
QH	1.2.4 Continue to coordinate the Queensland component of the annual National Finger Prick survey through a number of NSPs across the state.	QNSP coordinates the Queensland implementation of the National NSP Finger-prick Survey via six sentinel NSP sites
QH	1.2.5 Actively support and participate in research that contributes to a greater understanding of IDU population health and associated risk factors.	<ul style="list-style-type: none"> <li>• QNSP is involved in a number of research and evaluation projects that will add to the prevention of BBV among IDU and add to the greater understanding of IDU risk behaviour</li> <li>• Commencement of longitudinal study measuring HCV incidence amongst young injecting drug users based in <i>Toowoomba, Ipswich, Townsville &amp; Cairns</i></li> </ul>
QH	1.2.6 Continue involvement in the National Finger Prick survey through a number of NSPs across the state.	QNSP and the six sentinel sites continue to be part of the National NSP Finger-prick Survey
<b>KS: 1.3 Develop, maintain and enhance information systems for the effective provision of relevant data.</b>		
QH	1.3.1 Maintain and enhance the Notifiable Conditions System for the management of data related to HIV, HCV and STIs.	Notifiable Conditions System maintained in this reporting period and currently being enhance to include HIV/AIDS data
<b>KS: 1.4 Timely dissemination of relevant epidemiological data, enhanced surveillance data and research results to service providers, researchers and general community as appropriate.</b>		
QH	1.4.1 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.	<ul style="list-style-type: none"> <li>• Disseminated the 2004 HIV/AIDS Report</li> <li>• Disseminated the findings of the Early Intervention for Young Injecting Drug Users at Risk of Detention Project</li> <li>• Disseminated the findings of the Report on a Statewide Model for Blood Borne Virus Communication, Education and Prevention for Injecting Drug Users</li> <li>• Disseminated the Report on a Statewide Communication Model for Statewide Providers Targeting young People</li> <li>• Disseminated the Qld Survey of Aboriginal and Torres Strait Islander MSM 2004 Report</li> <li>• Disseminated the quarterly Indigenous PCR program reports</li> <li>• Weekly surveillance reports, research results and quarterly reports disseminated as appropriate and requested</li> <li>• Promote the availability of the NCHECR Annual Surveillance Report and the National Finger Prick Survey Report</li> </ul>
QH	1.4.2 Promote the use of clinical, social, behavioural and	Use of data promoted through a range of opportunities including HAHCSH Advisory Committee, annual CBO meetings, AHS Coordinator meetings, email groups, advice provided on request

Department	Actions	Activity
	epidemiological data and evaluation reports to inform policy and program management.	
<b>KS: 1.5 Facilitate and/or support participation in industry sponsored research and clinical trials.</b>		
<b>QH</b>	1.5.1 Identify opportunities for Queensland Health's participation in research and clinical trials.	<ul style="list-style-type: none"> <li>• PHICSS program will incorporate clinical trials and research module.</li> <li>• Collaboration with QUT Chlamydia and STI Research Program investigating <i>C trachomatis</i> immunopathogenesis and vaccine development</li> <li>• Recruitment of high school females (35) for HSV Vaccine Trial (Mater Hospital)</li> </ul>
<b>Objective 1: Actions by Other Queensland Government Departments</b>		
<b>DCS</b>	Replicate the annual Needle and Syringe Program Fingerprick Survey within two Queensland correctional facilities.	Continue to participate in survey using similar model to 2004.
<b>DCS</b>	Participate in the replication of the Australian Study of Health and Relationships survey within correctional facilities, subject to NHMRC funding.	Female Prisoner Health Survey. Collaboration with New South Wales Justice Health for additional research into prisoner population trends (example: BBV survey, Sexual Health survey).
<b>DIR</b>	Explore opportunities to initiate research into occupational exposure to HIV, HCV and STI risks.	This has not been initiated in this reporting period
<b>DET (TAFE Qld) N</b>	Support government initiatives regarding research where applicable.	DET is not aware of any government initiatives regarding research in this area in 2005-06.
<b>Objective 2: Policy, prevention, treatment planning and service delivery is informed by current evidence.</b>		
<b>KS: 2.1 Collect, analyse and interpret behavioural, prevention and treatment service data to inform program and policy development and service delivery.</b>		
<b>QH</b>	2.1.1 Establish priorities for the HIV, HCV and STI program in Queensland based on surveillance and evaluation data and other relevant information.	Priorities identified in response to available evidence
<b>QH</b>	2.1.2 Monitor and analyse emerging trends and issues globally, nationally and within Queensland, relevant to policy development for	<ul style="list-style-type: none"> <li>• Analysed and developed strategies to address the recommendations of the Queensland Survey of ATSI MSM</li> <li>• Analysed and developed strategies to address rising HIV notifications</li> </ul>

Department	Actions	Activity
	HIV, HCV and STI prevention, care and support.	
QH	2.1.3 Provide advice on standard operation of all sexual health clinics including use of standard treatment guidelines, data dictionary, and business rules and data programs.	Continue to promote the development of statewide best practice standards for sexual health service delivery, including use of treatment guidelines, data dictionary and data management.
QH	2.1.4 Inform health policy which impacts on the planning and delivery of HIV, HCV and sexual health services.	Provided relevant input related to HAHCSH in the development of the Queensland Cancer Control Strategic Directions 2005-2010 and the Queensland Strategy for Chronic Disease 2005-2015
QH	2.1.5 Resource the conduct of an Annual Sexual Health Clinicians Meeting.	Conducted May 2006.
<b>KS: 2.2 Ensure evaluation models are incorporated into the design of all interventions.</b>		
QH	2.2.1 Review the protocol for the identification and management of individuals whose behaviour may constitute a public health risk and respond appropriately.	Reviewed and revised protocol consistent with Public Health Act 2005, pending legal advice.
QH	2.2.2 Promote the inclusion of evaluation models in all new interventions.	Reviewed CBO reports to ensure evaluation models incorporated into annual reports
<b>KS: 2.3 Develop, maintain or enhance data collection and surveillance methods to inform program and policy planning including futures studies.</b>		
QH	2.3.1 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.	<ul style="list-style-type: none"> <li>Participate in development of the National HCV Morbidity Surveillance Project (enhanced surveillance).</li> <li>Refined and improved HIV surveillance through standard reporting/notification.</li> <li>Commissioned the HIV Seroconverters Study to be conducted by NCHECR</li> <li>Trial of enhanced surveillance for gonorrhoea implemented in Cape York and Torres HSD since Dec 2005. To be evaluated in September 2006.</li> <li>Implement development phase of PHICSS</li> </ul>
QH	2.3.2 Maintain and enhance appropriate, quality data bases ie. NOCS, HIV/AIDS database and Queensland Syphilis Surveillance Centre.	<ul style="list-style-type: none"> <li>Notifiable Conditions System maintained in this reporting period and currently being enhanced to include HIV/AIDS data.</li> <li>Enhanced surveillance form for syphilis incorporated into NOCS</li> <li>Continued data collection at Sexual Health Clinics via SHIP</li> </ul>

Department	Actions	Activity
QH	2.3.3 Continue gathering of data from all NSP sites to assist in ongoing planning based on the best available evidence.	Through the COAG process QNSP is working with AIHW, DoHA and other jurisdictions in the development of a nationally consistent data dictionary for the NSP sector
<b>KS: 2.4 Develop capacity to conduct enhanced surveillance programs and improve collection of Indigenous and ethnic identifiers, HCV and STI data.</b>		
QH	2.4.1 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.	<ul style="list-style-type: none"> <li>• Promoted to Sexual Health Clinicians the importance of Indigenous identifiers on completion of pathology forms</li> <li>• Implementation of the recommendations of the Public Health Systems Indigenous Identifiers Project including informing PHICSS development</li> </ul>
QH	2.4.2 Explore options to improve the quality and type of HCV and STI data provided by current data collection systems	<ul style="list-style-type: none"> <li>• Implementation of the HCV Shared Care Initiative and associated evaluation data collection</li> <li>• Investigation of Queensland participation in the National HCV Morbidity Surveillance</li> <li>• Funded NGO reports to QH have been standardised</li> <li>• Implement development phase of PHICSS</li> </ul>
<b>Objective 2: Actions by Other Queensland Government Departments</b>		
CCYPCGN	Increase accessibility to existing data about young people's sexual health via the inclusion of available data in the Snapshot report.	<ul style="list-style-type: none"> <li>• The Commission reported on the sexual health of children and young people in its report <i>Children and Young People in Queensland: a Snapshot 2005</i>.</li> <li>• 1500 copies of the Snapshot report were printed and distributed throughout the State, including Relevant Ministers and Shadow Ministers; Directors-General of relevant departments; Government officers in policy, research and data areas; Child and youth related agencies; Academic researchers; National committee members and the Commission's Community Visitors.</li> </ul>
DIR	Monitor and analyse emerging trends and issues globally, nationally and within Queensland relevant for policy development for occupational HIV, HCV and STI risks.	Occupational blood-borne infection risks are an integral component of some of the strategies included the Health and Community Services Action Plan. This plan identifies the key workplace health and safety activities to be undertaken in the health and community services industry from 2004 to 2007.
DIR	Collect data of notified work-caused illnesses resulting from occupational exposure to HIV, HCV and STIs.	This has not been developed in this reporting period
DIR	Inform WHSQ policy that impacts on the development of legislation and policy in relation to occupational HIV, HCV and STI risks.	Occupational infectious and parasitic diseases have been identified as a priority disease Occupational blood-borne infection risks are an integral component of some of the strategies included the Health and Community Services Action Plan. This plan identifies the key workplace health and safety activities to be undertaken in the health and community services industry from 2004 to 2007.

Department	Actions	Activity
DIR	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.	This has not been conducted in this reporting period
DET (TAFE Qld) N	Develop risk management strategies arising from Incident Reports.	No stick injuries have been reported in 2005-06
DET (TAFE Qld)	Provide ongoing and current information to staff and students.	Counselling services and information are provided on an on-going basis.

**Abbreviations**

<b>A&amp;E</b>	Accident and Emergency
<b>AHMAC</b>	Australian Health Ministers Advisory Council
<b>AHS</b>	Area Health Service
<b>AMU</b>	AIDS Medical Unit
<b>ATODS</b>	Alcohol, Tobacco and Other Drugs Services
<b>ATSI</b>	Aboriginal and Torres Strait Islander
<b>BBV</b>	Blood Borne Virus
<b>CAHS</b>	Central Area Health Service
<b>CALD</b>	Culturally and Linguistically Diverse
<b>CBO</b>	Community Based Organisation
<b>CCYPCG</b>	Commission for Children and Young People and Child Guardian
<b>CDNA</b>	Communicable Diseases Network of Australia
<b>CDU</b>	Communicable Diseases Unit
<b>CISHWN</b>	Central Indigenous Sexual Health Workers Network
<b>CMC</b>	Crime and Misconduct Commission
<b>COAG</b>	Council of Australian Governments
<b>DC</b>	Department of Communities
<b>DChS</b>	Department of Child Safety
<b>DCS</b>	Department of Corrective Services
<b>DET</b>	Department of Employment and Training
<b>DIR</b>	Department of Industrial Relations
<b>DLGPSR</b>	Department of Local Government, Planning, Sport and Recreation
<b>ECCQ</b>	Ethnic Communities Council of Queensland
<b>EQ</b>	Department of Education and the Arts
<b>FPQ</b>	Family Planning Queensland
<b>GLBT</b>	Gay, Lesbian, Bisexual and Transgender
<b>GP</b>	General Practitioner
<b>HAHCSH</b>	HIV/AIDS, Hepatitis C and Sexual Health
<b>HAHCSTI</b>	HIV/AIDS, Hepatitis C and Sexually Transmissible Infections

**Abbreviations**

<b>HCQ</b>	Hepatitis Council of Queensland
<b>HCV</b>	Hepatitis C virus
<b>HFQ</b>	Haemophilia Foundation Queensland
<b>HIV</b>	Human immunodeficiency virus
<b>IASHC</b>	Indigenous Australians Sexual Health Committee
<b>IDU</b>	Injecting Drug User
<b>IGCAHRD</b>	Intergovernmental Committee on AIDS Hepatitis and Related Diseases
<b>LALU</b>	Legislative and Administrative Law Unit
<b>MSM</b>	Men who have sex with men
<b>NAHS</b>	Northern Area Health Service
<b>NCHECR</b>	National Centre in HIV Epidemiology and Clinical Research
<b>NCHSR</b>	National Centre in HIV Social Research
<b>NGO</b>	Non Government Organisation
<b>NOCS</b>	Notifiable Conditions System
<b>NPEP</b>	Non Occupational Post Exposure Prophylaxis
<b>NSP</b>	Needle and Syringe Program
<b>OATSIH</b>	Office for Aboriginal and Torres Strait Islander Health
<b>PCR</b>	Polymerase Chain Reaction
<b>PEP</b>	Post Exposure Prophylaxis
<b>PHICCS</b>	Public Health Information and Clinical Support Solution
<b>PLWHA</b>	People living with HIV/AIDS
<b>QADREC</b>	Queensland Alcohol and Drug Research and Education Centre
<b>QAIHC</b>	Queensland Aboriginal and Islander Health Corporation
<b>QH</b>	Queensland Health
<b>QISHS</b>	Queensland Indigenous Sexual Health Strategy
<b>QNSP</b>	Queensland Needle and Syringe Program
<b>QPP</b>	Queensland Positive People
<b>QPS</b>	Queensland Police Service
<b>QuAC</b>	Queensland AIDS Council
<b>QuIHN</b>	Queensland Injectors Health Network

**Abbreviations**

<b>SAHS</b>	Southern Area Health Service
<b>SBYHN</b>	School Based Youth Health Nurses
<b>SEQISHWN</b>	South-east Queensland Indigenous Sexual Health Workers Network
<b>SOPV</b>	Sex on Premises Venue
<b>SQWISI</b>	Self health for Queensland Workers in the Sex Industry
<b>STI</b>	Sexually transmissible infection
<b>TPCHHSD</b>	The Prince Charles Hospital and Health Service District
<b>UQ</b>	University of Queensland
<b>WAD</b>	World AIDS Day
<b>YFS</b>	Youth and Family Services