

Information sheet

Please find enclosed replacement medication for chlamydia, gonorrhoea and trichomoniasis infections treated during the period 1 July to 31 December 2022.

The Aboriginal and Torres Strait Islander sexually transmissible infections (STI) drug replacement program facilitates providing eligible patients with free observed and immediate treatment for chlamydia, gonorrhoea and trichomoniasis at participating health services.

The program is a long-standing commitment coordinated by Communicable Diseases Branch to provide single dose treatment quantities of Azithromycin, Ceftriaxone, and Metronidazole dispatched by Central Pharmacy twice a year.

Following a change in recommendations of treatment options (<https://sti.guidelines.org.au/>) for some uncomplicated infections a limited amount of Doxycycline for 7-day treatment of chlamydia is also being made available through the program.

Consultation about 7-day treatment options in 2022

We appreciate the feedback to our survey and received 25 responses. Most respondents worked in an Aboriginal Medical Service/ATSICCHO or Queensland Health sexual health clinic.

There is a tension between acknowledging good practice and concerns about treatment adherence. The convenience of single dose and reduced risk of stigma or other risks such as incomplete treatment, sharing of medication, and privacy breaches were highlighted in the free text comments. Example quotes are:

- “I think single dose is preferred. It is used when we are unsure of patient compliance. If we were sure of medication compliance, it would be quite easy to provide script on CTG [Close the Gap].”
- “Many of our clients requiring treatment can be disengaged with the health service and therefore single treatment is effective. Also, there can be shame with having medications in a house that is overcrowded/limited privacy. Some also do not want a longer course as children in the household may have unintended exposure to medication if at home.”
- “The stat does works well for most patients who can have their treatment while in the consultation and then not have to worry about daily dosing.”
- “Given that most clients consume alcohol which is contraindicated in many medications and the hesitancy for testing and treatment, the faster we can treat the better our clients would feel. Compliance could also be another issue if medication was over the longer period.”
- “We appreciate the rationale for change, but consider there will be a sizeable trade-off for those who will not complete a 7 day course of treatment and/ or currently benefit from a single dose treatment which can be taken discretely / with privacy. Having ongoing access to the option of single dose treatment will be critical for our client population.”
- “Working in Aboriginal and Torres Strait Islander communities, to introduce 7-day treatments poses a major risk of incomplete treatments, community finding out about private men's and women's business, can create mixed messages and mistrust in service providers. I do not believe a 7-day program would be feasible by any means in a remote community setting.”
- “Would prefer to retain single treatment as well as adding the 7-day treatment.”
- Labelling and legislative issues were also raised: “From a legislative perspective current single dose treatments can be administered by a nurse (on MP order) however 7-day treatments need to be supplied to the client which can only be performed by a medical practitioner or a nurse practitioner (in this setting) with labelling/recording requirements etc, hence much less practical.”

Information sheet

STI drug replacement program changes in 2023

We will continue to offer single dose treatment options as part of the program as the consultation confirmed this was suitable for most clients and helped reduce the risk of stigma, shame, privacy issues, incomplete treatment, or sharing of medication. It is also the option that is easier for services to implement with legislative requirements for supply, labelling and record keeping.

The original intent of the program was to provide immediate and observed treatment as an alternative to giving patients a script that may not be filled. This could lead to delayed treatment or untreated infections. To simplify program administration, rather than using individual service maximum quantities that can be ordered twice a year, services will be categorised into those with a small number of First Nations clients using the service for STI testing and treatment, medium, large, and multiple services or large urban. For all participating services the new classification will offer more single dose medication than previously, so no services will be worse off. However, we have reduced the amount of Doxycycline offered to small services compared to the one-off January 2023 amount.

We will update the webpage, forms, enrolment, and purchase order processes for the July 2023 round. Please expect further communication via email to step you through the new arrangements for the next purchase order submission. We will also refresh positive test data for chlamydia, gonorrhoea, and trichomoniasis for Queensland Health services for 2022 to ensure new service categories are relevant post-pandemic. Future processes will also emphasise that services should check their stock, only order what is needed for six months, and be aware of expiry date issues.

What treatment is provided to a client remains a clinical decision by the treating practitioner. The program continues to aim to make access to single dose medication immediate and free for clients at participating services.

Contact for further information about the drug replacement program

If you would like further information about the drug replacement program after visiting the webpage, please contact Communicable Diseases Branch via e-mail at BBVCDU@health.qld.gov.au.

Scan for the Aboriginal and Torres Strait Islander STI drug replacement program webpage

