



Communicable
Diseases
network
AUSTRALIA

National Blood-borne Virus and Sexually Transmissible Infections Surveillance and Monitoring Plan

2010 - 2013

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1. Introduction

Background

The National Blood-borne Virus (BBV) and Sexually Transmissible Infections (STI) Surveillance and Monitoring Plan is a supporting document to the National Strategies for BBVs and STIs. The Plan has been developed to measure progress towards reaching the goals of the National Strategies.

National Strategies, 2010-2013

On 22 April 2010, the Australian Health Ministers' Conference endorsed a suite of National Strategies for the prevention and management of HIV, STIs, hepatitis B and hepatitis C, including in Aboriginal and Torres Strait Islander communities. The National Strategies are:

- Sixth National HIV Strategy 2010 – 2013
- Second National Sexually Transmissible Infections Strategy 2010 – 2013
- Third National Hepatitis C Strategy 2010 – 2013
- National Hepatitis B Strategy 2010 – 2013
- Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010 – 2013.

The aims of these National Strategies are to reduce the transmission of HIV, STIs, hepatitis B and hepatitis C, and to reduce the morbidity, mortality and personal and social impacts they cause. Each of the National Strategies outlines a set of indicators for monitoring progress towards these goals. The development of a surveillance and monitoring plan for reporting against these indicators was identified in the National Strategies as a key step in the implementation process.

Development of the National BBV and STI Surveillance and Monitoring Plan

This National BBV and STI Surveillance and Monitoring Plan details how each of the indicators in the National Strategies will be measured and reported, and outlines the next steps that need to be taken for measures that are not currently reported.

The development of the National BBV and STI Surveillance and Monitoring Plan was led by a steering committee under the auspices of the Communicable Diseases Network Australia (CDNA). The formal process consisted of these key actions:

- Consultation with key national policy and surveillance organisations from all jurisdictions

- Establishment of the National BBV and STI Surveillance and Monitoring Plan Steering Committee. The Steering Committee was chaired by Dr Christine Selvey, the Queensland Representative on CDNA, and reported to CDNA. The Steering Committee included experts from all jurisdictions and from a range of backgrounds including researchers, policy officers, surveillance officers, and other stakeholders (see Appendix).
- Establishment of five area-specific working groups (one for each of the National Strategies) that made recommendations of how to measure the indicators for the five National Strategies, and identified potential barriers and resource burdens for measuring each indicator. Recommendations were made to vary some of the indicators in the National Strategies to make them more relevant and feasible.
- The working groups, Steering Committee and other stakeholders met at a national workshop in April 2011. The purpose of the workshop was to prioritise data collection for each of the indicators, review the resource burden of the proposed measures, and to discuss implementation, reporting and governance of the National BBV and STI Surveillance and Monitoring Plan.
- The Plan has been endorsed by the Australian Health Protection Committee and the Australian Population Health Development Principal Committee.

Implementation and governance

Implementation of the National BBV and STI Surveillance and Monitoring Plan will require substantial work and will be overseen by the National BBV and STI Surveillance Sub-Committee of CDNA. The Sub-Committee will provide advice to CDNA on the staging of the implementation of the National BBV and STI Surveillance and Monitoring Plan, and oversee the annual implementation and reporting on the Plan.

Key implementation and governance issues include:

- **Establishing new data collections:** Some data components identified in this National BBV and STI Surveillance and Monitoring Plan rely on the establishment of new surveillance systems, new models or data linkage between existing data sets. Some new data collections can only proceed should new resources become available. In some cases, multiple organisations may have the capacity to develop and implement the surveillance system, should resources become available.
- **Management of data sources with non-recurrent funding:** Some of the data sources named in this National BBV and STI Surveillance and Monitoring Plan do not have recurrent funding and thus may not be reportable on an ongoing basis. A mechanism is required for routine monitoring of data sources that have non-recurrent funding sources.
- **Improving representation of marginalised groups:** It is important to ensure that data collections represent the entire population of interest, and additional efforts are

required to ensure the inclusion of marginalised groups in existing and new data collections. Key areas for action include:

- Improving the representation of Aboriginal and Torres Strait Islander people in surveys
- Improving the completeness of recording of Indigenous status in notification data, Medicare and other data collections.

Reporting

Reports for the National BBV and STI Surveillance and Monitoring Plan will be published annually for the life of the National Strategies, being until 2013. The data required for these reports will be collected by a range of organisations and from different populations.

The Kirby Institute will be responsible for collating the annual reports. Where data defined in the plan is not currently available, the Kirby Institute will consult with key stakeholders and organisations with capacity to provide these data, and present CDNA with recommendations for obtaining these data. Another agency may be requested by CDNA to provide this advice to CDNA if considered more appropriate.

Indicators will be reported by jurisdiction for the previous calendar year unless otherwise specified in the Indicator Table (Section 2 of this document). Where data are available for some but not all jurisdictions, data will be reported for jurisdictions where available. For some indicators, it may be possible and appropriate to present more detailed analyses stratifying by age, gender and other variables. As part of the reporting process, the Kirby Institute will determine the most appropriate stratification for each indicator. The Kirby Institute may also, where appropriate, include data from sources not currently named in the Indicator Table, for example new data that becomes available during the life of this Plan.

The indicators presented in this report are drawn directly from the five National BBV and STI Strategies and provide information about how Australia is progressing in controlling BBVs and STIs in terms of disease incidence, morbidity and risk behaviours. However, the indicators are not a comprehensive set of data that measures all aspects of the BBV and STI 'landscape' in Australia. What is not well-represented in this Plan is the myriad of social factors and complex human behaviours that underlie the transmission of BBVs and STIs, or the clinical environment in which BBV and STI testing and treatment takes place. An understanding of these factors is crucial to our national response to BBVs and STIs.

2. Indicator table

This section details how the indicators for the five National Strategies will be measured. The indicator table has four columns:

Objective: The objectives are drawn from the National Strategies.

Indicator: The indicators are drawn from the National Strategies. In some cases it has been necessary to revise the indicators for reasons of feasibility. Where the wordings of the indicators have been revised, they remain aligned with the objectives of the National Strategies, and are as similar as possible to the original indicators.

Data components and source: This column describes the data that will be used to report against the indicator, and is based on the recommendations of the working groups. All indicators will be reported by jurisdiction; any proposed additional stratification is outlined in the 'Analysis' section for each Indicator.

Likely report date/Implementation Plan: This column presents the first likely date when this indicator will be reported. For indicators that are already routinely reported, this will be 2011. Some indicators are not currently reported and require the establishment of a new data collection process, or modifications to existing processes. For indicators that are not currently reported, this column outlines the next steps that need to be taken to progress towards being able to report this data.

Hepatitis B Strategy 2010 - 2013

Objective	Indicator	Data components and source	Likely report date/Implementation Plan
HBV 1 To reduce hepatitis B infections	1.Incidence of hepatitis B	Modelling based on notifications of acute hepatitis B, serological prevalence surveys and population flows	2011 Victorian Infectious Diseases Reference Laboratory to produce estimates for year 2010 for inclusion in 2011 report. Kirby Institute to establish, by end Quarter 1 2012, a Hepatitis B Projections Working Group to oversee production and annual updating of a validated dynamic mathematical model of HBV transmission in Australia. Working Group to agree on scope, inputs, assumptions, resources required, intended outcomes and complexity, to produce models for 2012 report onward.
	2.Coverage of hepatitis B vaccination at 12 and 24 months	12 month coverage assessment: Numerator: Number of children in the relevant birth cohort who have been administered dose three of hepatitis B vaccine by 12 months of age recorded on the Australian Childhood Immunisation Register (ACIR)	2011

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		<p>Denominator: Number of children turning 12 months of age in the measurement year on the ACIR</p> <p>24 month coverage assessment:</p> <p>Numerator: Number of children in the relevant cohort who have dose three hepatitis B vaccine administered by 24 months of age recorded on the ACIR</p> <p>Denominator: Number of children turning 24 months of age in the measurement year on the ACIR</p>	
<p>HBV 2</p> <p>To reduce the proportion of people with chronic hepatitis B who have not been diagnosed</p>	<p>1. Estimated proportion of people with chronic hepatitis B who have not been diagnosed</p>	<p>Modelling based on notifications of hepatitis B, serological prevalence surveys and population flows</p>	<p>2012</p> <p>Kirby Institute to establish, by end Quarter 1 2012, a Hepatitis B Projections Working Group to oversee production and annual updating of a validated dynamic mathematical model of HBV transmission in Australia. Working Group to agree on scope, inputs, assumptions, resources required, intended outcomes and complexity, to produce models for 2012 onward.</p>

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	2. Notifications of newly acquired and unspecified hepatitis	<p>Number of notifications of newly acquired hepatitis B and of unspecified hepatitis B to National Notifiable Diseases Surveillance System</p> <p>Analysis: Age, gender, Aboriginality, country of birth (for jurisdictions where available)</p>	2011
	3. Proportion of people who die from hepatocellular carcinoma within 12 months of hepatitis B diagnosis	<p>Numerator: Number of hepatitis B cases who die from hepatocellular carcinoma within 12 months of hepatitis B diagnosis, identified by linking jurisdictional hepatitis B data to cancer registries</p> <p>Denominator: Number of notifications of unclassified hepatitis B to jurisdictional notifiable disease databases</p>	<p>Currently not available</p> <p>Numerator: Kirby Institute to consider options for data collection for this indicator</p> <p>Denominator: See HBV2.2 numerator</p>
<p>HBV 3</p> <p>To improve the health and wellbeing of people with chronic hepatitis B, through access to clinical services, screening, treatment, education and support</p>	1. Proportion of people with chronic hepatitis B who are screened every six months for hepatocellular carcinoma	<p>Numerator: Number of people with chronic hepatitis B who meet the criteria for screening who are screened every six months for hepatocellular carcinoma</p> <p>Denominator: Estimated number of people with chronic hepatitis B who meet the criteria for screening, obtained from modelling</p>	<p>Currently not available</p> <p>Numerator: Kirby Institute to consider options for data collection for this indicator</p> <p>Denominator: See HBV1.1</p>

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	<p>2. Proportion of hepatocellular carcinoma attributable to hepatitis B</p>	<p>Numerator: Number of new cases of hepatocellular carcinoma among people infected with hepatitis B, identified by linking jurisdictional hepatitis B data to cancer registries</p> <p>Denominator: Number of new cases of hepatocellular carcinoma reported to cancer registries</p>	<p>Currently not available</p> <p>Numerator: Kirby Institute to consider options for data collection for this indicator</p> <p>Denominator: Kirby Institute to collate hepatocellular carcinoma data from state cancer registries</p>
	<p>3. Proportion of people with chronic hepatitis B dispensed drugs for hepatitis B infection through the Highly Specialised Drugs Program</p>	<p>Numerator: Number of individuals dispensed medications for hepatitis B infection through Highly Specialised Drugs Program</p> <p>Denominator: Estimated number of people with chronic hepatitis B, obtained from modelling based on notifications of acute hepatitis B, serological prevalence surveys and population flows</p>	<p>2011 (numerator data only; denominator currently not available)</p> <p>Numerator: Kirby Institute to negotiate arrangements with Medicare for the routine release of Highly Specialised Drugs Program data, by end 2011. (See also HCV 4)</p> <p>Denominator: As per HBV 1.1 Kirby Institute to explore potential for model to be refined at a later stage so that the denominator is the number indicated for treatment, by end Quarter 1 2012.</p>

Hepatitis C Strategy 2010 - 2013

Objective	Indicator	Data components and source	Likely report date/Implementation Plan
HCV 1 To reduce the incidence of hepatitis C	1. Annual incidence of hepatitis C in people who inject drugs	<p>Numerator: Number of people who inject drugs who participate in the Australian Needle and Syringe Program Survey who test anti-HCV negative and HCV-RNA positive</p> <p>Denominator: Number of people who inject drugs who participate in the Australian Needle and Syringe Program Survey</p>	Currently not available Blood samples are currently collected through Australian Needle and Syringe Program survey and are tested for anti-HCV but not HCV-RNA. BBVSS to consider options for HCV-RNA testing, by end 2011.
	2. Annual incidence of hepatitis C in people who inject drugs	<p>Numerator: Number of people who inject drugs who participate in 1. NSW Hepatitis C Incidence and Transmission – community Study (HITS-c) and 2. Victoria Networks Study who test HCV-RNA positive who were HCV-RNA negative in the previous 12 months</p> <p>Denominator: Number of people who inject drugs who participate in 1. NSW Hepatitis C Incidence and Transmission – community Study (HITS-c) and 2. Victorian Networks Study who were HCV-RNA</p>	2011

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		negative in the previous 12 months	
HCV 2 To increase access to new injecting equipment through needle and syringe programs	1. Rate of needles and syringes distributed in the previous calendar year	<p>Numerator: Number of needles and syringes distributed by public and pharmacy needle and syringe program sectors reported by state and territory health departments</p> <p>Denominator: Number of people who inject drugs, estimated by modelling</p>	Currently not available <p>Numerator: Kirby Institute to recommend standardisation, collection and reporting protocols for routine reporting of jurisdictional Needle and Syringe Program distribution data, by end 2011.</p> <p>Denominator: Kirby Institute to recommend options for estimating number of people who inject drugs in each jurisdiction, by end 2011.</p>
	2. Proportion of all injections by people who inject drugs in which a new needle and syringe was used in the previous calendar year	<p>Numerator: Number of syringes obtained by people who inject drugs from all sources in the last month minus those given away or sold, obtained from Australian Needle and Syringe Program Survey</p> <p>Denominator: Number of monthly injections per person who injects drugs, obtained from Australian Needle and Syringe Program Survey</p>	Currently not available Kirby Institute to recommend whether to include relevant question module in Australian Needle and Syringe Program Survey every second year, starting 2012.

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	3. Proportion of people who inject drugs reporting re-using another person's used needle and syringe in the previous month	<p>Numerator: Number of Australian Needle and Syringe Program Survey participants who inject drugs reporting re-use of another person's used needle in month preceding survey</p> <p>Denominator: Number of people who inject drugs who participate in the Australian Needle and Syringe Program Survey</p>	2011 See HIV 2.2
<p>HCV 3 To reduce the burden of disease attributed to chronic hepatitis C</p>	1. Estimated number of people with hepatitis C infection by stage of liver disease	Estimated number of people living with hepatitis C infection with each stage of liver disease, obtained from modelling based on estimates of HCV incidence and prevalence, rates of viral clearance, rates of progressive cirrhosis in chronically infected people, anti-HCV treatment rates and treatment response	2012 Kirby Institute Hepatitis C Projections Working Group to oversee updating of estimates for 2012 report onward.
	2. Self-reported health status by people with hepatitis C	To be determined	Currently not available National Centre for HIV Social Research to provide advice to BBVSS on options to develop and validate measures of self-report health status in people with hepatitis C, and opportunities for including self-reported health status in

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			relevant surveys and, by end 2011. See also HCV 5.
<p>HCV 4 To increase access to clinical care for people with chronic hepatitis C</p>	Proportion of people with chronic hepatitis C dispensed drugs for their infection through the Highly Specialised Drugs Program in the previous calendar year.	<p>Numerator: Number of individuals dispensed medications for hepatitis C infection through Highly Specialised Drugs Program</p> <p>Denominator: Estimated number of people living with hepatitis C infection, obtained from modelling based on estimates of HCV incidence and prevalence, rates of viral clearance, rates of progressive cirrhosis in chronically infected people, anti-HCV treatment rates and treatment response.</p>	<p>2011 (numerator data only; denominator data currently not available)</p> <p>Numerator: See HBV 3.3.</p> <p>Denominator: See HCV 3.1</p>
<p>HCV 5 To reduce hepatitis C-related stigma and discrimination in healthcare settings</p>	Proportion of people with hepatitis C who report discrimination in healthcare settings	To be determined	<p>Currently not available</p> <p>National Centre for HIV Social Research to advise on options to develop and validate measures of self-reported discrimination in people with hepatitis C, and opportunities for including self-reported discrimination in relevant surveys and, by end 2011. See also HCV 3.2.</p>

HIV Strategy 2010 – 2013

Objective	Indicator	Data components and source	Likely report date/Implementation Plan
HIV 1 Reduce the incidence of HIV	1. Rate of newly acquired HIV infection	Numerator: Number of newly diagnosed HIV infections that are classified as newly acquired infections recorded in National HIV Registry Denominator: Australian population reported by Australian Bureau of Statistics	2011
	2. Estimated incidence of HIV	Numerator: Estimated number of new HIV infections, obtained from modelling based on notifications of HIV, adjusted for other available surveillance data Denominator: Australian population reported by Australian Bureau of Statistics	2011
HIV 2 To reduce the risk behaviors associated with the transmission of HIV	1. Proportion of gay men who have engaged in unprotected anal intercourse with casual male partners in the previous six months	Numerator: Number of participants in Gay Community Periodic Survey who report any UAI with casual male partners in previous six months Denominator: Number of participants in Gay Community Periodic Survey	2011

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	2. Proportion of people who inject drugs who report re-using another person's used needle and syringe in the previous month	<p>Numerator: Number of Australian Needle and Syringe Program Survey participants who inject drugs who report re-using another person's used needle and syringe in the previous month</p> <p>Denominator: Number of people who inject drugs who participate in the Australian Needle and Syringe Program Survey</p>	<p>2011</p> <p>See HCV2.3</p>
<p>HIV 3</p> <p>To increase the proportion of people living with HIV on treatments with undetectable viral load</p>	1. Proportion of treatment-eligible people living with HIV who are receiving antiretroviral treatment	<p>Numerator: Number of people with HIV dispensed antiretroviral treatment through Highly Specialised Drugs Program</p> <p>Denominator: Model-based estimate of number of people living with HIV who are eligible for treatment</p>	2011
	2. Proportion of people receiving antiretroviral treatment for HIV infection whose viral load is less than 50 copies/mL	<p>Numerator: Number of people receiving antiretroviral treatment for HIV whose viral load is less than 50 copies/mL reported in the Australian HIV Observational Database</p> <p>Denominator: Number of people receiving antiretroviral treatment for HIV reported in the Australian HIV</p>	2011

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		Observational Database	
HIV 4 To decrease the number of people with undiagnosed HIV infection	1. Proportion of gay men who have been tested for HIV in the previous twelve months	<p>Numerator: Number of gay men who have been tested for HIV in the previous twelve months, reported in Gay Community Periodic Surveys</p> <p>Denominator: Number of gay men participating in Gay Community Periodic Surveys</p> <p>Analysis: Number of partners, level of unprotected anal intercourse</p>	2011
	2. Number of people who inject drugs who have been tested for HIV in the previous twelve months	<p>Numerator: Number of Australian Needle and Syringe Program Survey participants who inject drugs reporting HIV testing in the previous twelve months</p> <p>Denominator: Number of people who inject drugs who participate in the Australian Needle and Syringe Program Survey</p>	2011
	3. Proportion of cases of newly diagnosed HIV infection that have a CD4 count of < 200	<p>Numerator: Number of newly diagnosed HIV infection with a CD4 count of < 200 cells/μl reported in the National HIV Registry</p>	2011

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	cells/ μ l	Denominator: Number of newly diagnosed HIV infections reported in the National HIV Registry	
HIV 5 To improve the quality of life of people living with HIV	Proportion of people with HIV who report their general health status and their general wellbeing to be excellent or good	Numerator: Number of people with HIV who report their general health status and their general wellbeing to be excellent or good in the HIV Futures Study Denominator: Number of people with HIV who participate in the HIV Futures study	2011

Sexually Transmissible Infections Strategy 2010 - 2013

Objective	Indicator	Data components and source	Likely report date/Implementation Plan
STI 1 To reduce the incidence of gonorrhoea	1. Annual rate of notifications of gonorrhoea	<p>Numerator: Number of notifications of gonorrhoea to National Notifiable Diseases Surveillance System</p> <p>Denominator: Australian population reported by Australian Bureau of Statistics</p> <p>Analysis: Gender, site of infection</p>	2011 CDNA to consider addition of anatomical site of infection to notification data collection, by end 2011.
	2. Incidence of gonorrhoea	<p>Numerator: Number of positive gonorrhoea tests in priority populations in enhanced sentinel surveillance sites</p> <p>Denominator: Number of gonorrhoea tests done in priority populations in enhanced sentinel surveillance sites</p>	Currently not available BBVSS to consider options for an enhanced sentinel surveillance system that could include Aboriginal Community Controlled Health Services, sexual health services, public and private laboratories and other sites, by end 2011. (See also STI 2.2, 3.1, 3.2, 4.3 and Aboriginal and Torres Strait Islander 3.2, 4.3).
STI 2 To reduce the incidence of infectious syphilis	1. Annual rate of notifications of infectious syphilis	<p>Numerator: Number of notifications of infectious syphilis (defined as infection of less than 2 years duration) in National</p>	2011 CDNA to consider addition of 'gender of sexual partners' and 'HIV status' to

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		<p>Notifiable Diseases Surveillance System</p> <p>Denominator: Australian population reported by Australian Bureau of Statistics</p> <p>Analysis: Gender, gender of sexual partner, HIV status</p>	notification data collection, by end 2011.
	2.Incidence of infectious syphilis	<p>Numerator: Number of positive syphilis tests in priority populations in enhanced sentinel surveillance sites</p> <p>Denominator: Number of syphilis tests done in priority populations in enhanced sentinel surveillance sites</p>	See STI 1.2
<p>STI 3 To reduce the incidence of chlamydia</p>	1.Proportion of Chlamydia tests that yield a positive result	<p>Numerator: Number of notifications for chlamydia to National Notifiable Diseases Surveillance System</p> <p>Denominator: Number of chlamydia tests conducted, derived from Medicare testing data (MBS 69316, 69317 and 69319)</p>	Currently not available Department of Health and Ageing to negotiate arrangements with Medicare for the routine release of testing data, by end 2011. (See also STI 4.1, 6, Aboriginal and Torres Strait Islander 4.2).
	2.Incidence of chlamydia	Numerator: Number of positive chlamydia tests in priority populations in enhanced	Currently not available

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		<p>sentinel surveillance sites</p> <p>Denominator: Number of chlamydia tests done in priority populations in enhanced sentinel surveillance sites</p> <p>Analysis: Age, gender</p>	See STI 1.2
<p>STI 4 To increase testing for chlamydia among priority populations</p>	<p>1. Proportion of 16 to 25 year olds receiving a chlamydia test in the previous 12 months</p>	<p>Numerator: Number of individuals aged 16-25 tested for chlamydia at least once in previous 12 months reported to Medicare (MBS 69316, 69317, 69319)</p> <p>Denominator: Australian population aged 16-25 reported by Australian Bureau of Statistics</p> <p>Analysis: Age, gender</p>	<p>Currently not available</p> <p>Numerator: Department of Health and Ageing to negotiate arrangements with Medicare for the routine release of testing data, by end 2011.</p>
	<p>2. Proportion of STI tests in gay men that give a positive result</p>	<p>Numerator: Number of positive gonorrhoea, chlamydia, syphilis and HIV tests in gay men in enhanced sentinel surveillance sites</p> <p>Denominator: Number of gonorrhoea, chlamydia, syphilis and HIV tests done in gay men in enhanced sentinel surveillance sites</p>	<p>Currently not available</p> <p>See STI 1.2</p>

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	3. Proportion of gay men who report having had an STI test in the previous 12 months	<p>Numerator: Number of gay men who have had an STI test in previous twelve months, reported in Gay Community Periodic Surveys</p> <p>Denominator: Number of gay men participating in Gay Community Periodic Surveys</p> <p>Analysis: Test type - anal swab, throat swab, penile swab, urine sample, blood test (HIV, syphilis, other)</p>	2011
<p>STI 5</p> <p>To increase young people’s knowledge of STIs including through improved delivery of age-appropriate education within the school curriculum</p>	1. Proportion of secondary school students giving correct answers to STI knowledge questions	<p>Numerator: Number of Year 10 students answering STI knowledge questions correctly in Survey of Secondary Students and Sexual Health</p> <p>Denominator: Number of Year 10 students participating in Survey of Secondary Students and Sexual Health</p>	2011 (report 2008 data)

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		Analysis: Gender	
STI 6 To incorporate STI-related prevention and treatment into broader health reforms	Proportion of 16 to 25 year olds who undergo a chlamydia test in general practice.	<p>Numerator: Number of individuals aged 16-25 tested for chlamydia at least once in previous 12 months derived from Medicare (MBS 69316, 69317, 69319)</p> <p>Denominator: Number of individuals aged 16-25 attending a general practice consultation at least once in previous 12 months derived from Medicare.</p> <p>Analysis: Age, gender</p>	Currently not available See STI 4.1

Aboriginal and Torres Strait Islander Strategy 2010 - 2013

Objective	Indicator	Data components and source	Likely report date/Implementation Plan
<p>Aboriginal and Torres Strait Islander 1 To reduce hepatitis B infection</p>	<p>Hepatitis B immunisation coverage among Aboriginal and Torres Strait Island children at 12 and 24 months</p>	<p>12 month coverage assessment:</p> <p><i>Numerator:</i> Number of Aboriginal and Torres Strait Islander children in the relevant birth cohort who have been administered dose three of hepatitis B vaccine by 12 months of age recorded on the Australian Childhood Immunisation Register (ACIR)</p> <p><i>Denominator:</i> Number of Aboriginal and Torres Strait Islander children turning 12 months of age in the measurement year on the ACIR</p> <p>24 month coverage assessment:</p> <p><i>Numerator:</i> Number of Aboriginal and Torres Strait Islander children in the relevant cohort who have dose three hepatitis B vaccine administered by 24 months of age recorded on the ACIR</p> <p><i>Denominator:</i> Number of Aboriginal and</p>	<p>2011</p>

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		Torres Strait Islander children turning 24 months of age in the measurement year on the ACIR	
<p>Aboriginal and Torres Strait Islander 2 To work towards eliminating infectious syphilis in Aboriginal and Torres Strait Islander people</p>	<p>1. Rate of infectious syphilis notifications among Aboriginal and Torres Strait Islander people</p>	<p>Numerator: Number of notifications of infectious syphilis (defined as infection of less than 2 years duration) in Aboriginal and Torres Strait Islander people in National Notifiable Diseases Surveillance System</p> <p>Denominator: Aboriginal and Torres Strait Islander population reported by Australian Bureau of Statistics</p> <p>Analysis: gender</p>	2011
	<p>2. Rate of syphilis testing among Aboriginal and Torres Strait Islander people in remote areas</p>	<p>Numerator: Number of Aboriginal and Torres Strait Islander people tested for infectious syphilis in remote areas reported by pathology providers</p> <p>Denominator: Number of Aboriginal and Torres Strait Islander people in remote areas reported by Australian Bureau of Statistics (as presented in National</p>	<p>Currently not available</p> <p>Jurisdictions to negotiate with pathology providers to access infectious syphilis testing data, focussing on NT, WA, Qld and SA and prioritising remote areas. Initial scoping, stakeholder identification and feasibility analysis by end Quarter 1 2012.</p>

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		Notifiable Diseases Surveillance System annual reports) Analysis: Gender	
Aboriginal and Torres Strait Islander 3 To decrease the proportion of HIV and hepatitis C infection caused by injecting drug use	1.Proportion of Aboriginal and Torres Strait Islander people who are notified as newly diagnosed with HIV who report injecting drug use	Numerator: Number of Aboriginal and Torres Strait Islander people who are newly diagnosed with HIV who report injecting drug use reported by National HIV Registry Denominator: Number of Aboriginal and Torres Strait Islander people who are newly diagnosed with HIV reported by National HIV Registry	2011
	2.Incidence of newly diagnosed hepatitis C infection in Aboriginal and Torres Strait Islander people	Numerator: Number of positive hepatitis C tests in Aboriginal and Torres Strait Islander people in enhanced sentinel surveillance sites Denominator: Number of hepatitis C tests conducted in Aboriginal and Torres Strait Islander people in enhanced sentinel surveillance sites	Currently not available See STI 1.2
Aboriginal and Torres	1.Proportion of	Numerator: Number of Aboriginal and	2012

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<p>Strait Islander 4 To increase the level of systematic testing and treatment of sexually active 15 to 30 year olds, noting that testing will likely increase the notifications of bacterial STIs in the short term-before a reduction in the long term</p>	<p>Aboriginal and Torres Strait Islander young people who report having had an STI test in the previous 12 months</p>	<p>Torres Strait Islander people aged 15- 30 years who report having an STI test in the previous 12 months reported in National Sexual Health and Relationships in Young Indigenous People study</p> <p>Denominator: Number of Aboriginal and Torres Strait Islander people aged 15- 30 years in the National Sexual Health and Relationships in Young Indigenous People study</p> <p>Analysis: Gender</p>	
	<p>2.Rate of chlamydia tests in remote areas in NT, Qld, SA, WA in the previous 12 months</p>	<p>Numerator: Number of chlamydia tests for remote areas in NT, Qld, SA and WA reported by Medicare</p> <p>Denominator: Number of Aboriginal and Torres Strait Islander people living in remote areas in NT, Qld, SA and WA reported by Australian Bureau of Statistics</p> <p>Analysis: Age, gender</p>	<p>Currently not available</p> <p>Numerator: See STI 4.1</p>
	<p>3.Proportion of</p>	<p>Numerator: Number of Aboriginal and</p>	<p>Currently not available</p>

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	Aboriginal and Torres Strait Islander young people receiving a chlamydia and gonorrhoea test in the previous 12 months	Torres Strait Islander people aged 15 to 29 receiving at least one chlamydia and one gonorrhoea test in enhanced sentinel surveillance sites Denominator: Number of Aboriginal and Torres Strait Islander people aged 15 to 29 accessing health services in enhanced sentinel surveillance sites Analysis: Age, gender	See STI 1.2
Aboriginal and Torres Strait Islander 5 To improve Aboriginal and Torres Strait Islander people's knowledge of STIs and BBVs	Proportion of Aboriginal and Torres Strait Islander people giving correct answers to knowledge questions on STIs and BBVs	Numerator: Number of Aboriginal and Torres Strait Islander people giving correct answers to knowledge questions on STIs and BBVs in the National Sexual Health and Relationships in Young Indigenous People study Denominator: Number of Aboriginal and Torres Strait Islander people in the National Sexual Health and Relationships in Young Indigenous People study	2012
Aboriginal and Torres Strait Islander 6	1. Proportion of Aboriginal and Torres	Numerator: Number of Aboriginal and Torres Strait Islander people dispensed	Currently not available Numerator: Department of Health and

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To increase the number of Aboriginal and Torres Strait Islander peoples receiving treatment for HIV, hepatitis C and hepatitis B	Strait Islander people with HIV receiving antiretroviral treatment	antiretroviral treatment through Highly Specialised Drugs Program Denominator: Number of Aboriginal and Torres Strait Islander people on National HIV Registry	Ageing to negotiate arrangements with Medicare for the routine release of Highly Specialised Drugs Program data, cross-tabulated by Voluntary Indigenous Identifier data.
	2. Proportion of Aboriginal and Torres Strait Islander people with chronic hepatitis C who are dispensed drugs for hepatitis C infection through the Highly Specialised Drugs Program in the previous 12 months	Numerator: Number of Aboriginal and Torres Strait Islander people dispensed medication for hepatitis C infection through Highly Specialised Drugs Program Denominator: Model-based estimate of number of Aboriginal and Torres Strait Islander people with chronic hepatitis C	Currently not available Numerator: See Aboriginal and Torres Strait Islander 6.1 Denominator: Kirby Institute to recommend options for estimating the number of Aboriginal and Torres Strait Islander people with hepatitis C and hepatitis B in each jurisdiction, by end 2011.
	3. Proportion of Aboriginal and Torres Strait Islander people with chronic hepatitis B who are dispensed drugs for hepatitis B	Numerator: The number of Aboriginal and Torres Strait Islander people dispensed medication for hepatitis B infection through Highly Specialised Drugs Program Denominator: Model-based estimate of	Currently not available Numerator: See Aboriginal and Torres Strait Islander 6.1 Denominator: See Aboriginal and Torres Strait Islander 6.2

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	infection through the Highly Specialised Drugs Program in the previous 12 months	number of Aboriginal and Torres Strait Islander people with chronic hepatitis B	
<p>Aboriginal and Torres Strait Islander 7</p> <p>To implement a national accreditation scheme for Aboriginal and Torres Strait Islander sexual health workers, under the Coalition of Australian Governments' National Registration Program</p>	Number of Aboriginal and Torres Strait Islander people registered under the National Registration Program	Number of Aboriginal and Torres Strait Islander people registered under the National Registration program	Currently not available CDNA to further consider indicator at such time as a national health registration plan is implemented.

3. Appendix

National BBV and STI Surveillance and Monitoring Plan Steering Committee Executive

Dr Christine Selvey (chair)
Ms Lisa Bastian
Ms Victoria Bryant
Ms Sally Goodspeed
Prof John Kaldor
Dr Jeremy McAnulty
Mr Darryl O'Donnell
Ms Megan Parrish
Ms Erin Passmore
A/ Prof David Wilson

National BBV and STI Surveillance and Monitoring Plan Steering Committee

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Dr Graham Brown
Prof Greg Dore
Ms Amalie Dyda
Dr Patricia Fagan
Dr Rebecca Guy
Dr Jane Hocking
Prof Christopher K Fairley
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Prof Lisa Maher
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Mr Darryl O'Donnell
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Ms Erin Passmore
Prof Marian Pitts
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Ms Kate Robinson
Dr Jiunn-yih Su
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Dr Mitchell Smith
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Dr Mark Veitch

Hepatitis C Working Group

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