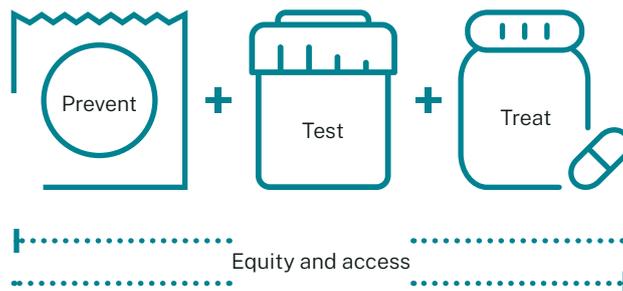




NSW Sexually Transmissible Infections Strategy 2022-2026



We acknowledge Aboriginal people as the Traditional Custodians of the lands and waters in which we all work, live and learn. We recognise the incredible richness, strength and resilience of the world's oldest living cultures, including cultural practices, languages and connection to Country.



The artwork is called 'Baalee'. It is inspired by the original artwork of Aboriginal artist Tanya Taylor and designed by the National Aboriginal Design Agency. This artwork symbolises the Centre for Aboriginal Health working in partnership with Aboriginal people to support holistic health and wellbeing and its role in the health system to build a culturally safe and responsive health service.

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May 2022

In this strategy, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW. In the spirit of reconciliation, NSW Health acknowledges the Traditional Custodians of country throughout NSW and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal people today.

Minister's Foreword



New South Wales is a world leader in responding to blood-borne viruses (BBV) and sexually transmissible infections (STIs). A strong partnership between government, community organisations, clinicians, and academics has been a driving force in our response.

However, STIs continue to affect many people living in NSW, and the numbers continue to rise. While there has been considerable success in reducing rates of HIV and Hepatitis C, STIs have been particularly difficult to manage.

Preventing, testing, and treating STIs are the foundation of the STI Strategy but success can only be achieved by identifying and removing barriers preventing people from accessing services. Ensuring equity and access for all is a new focus of this Strategy.

General Practitioners (GPs), nurses, and primary healthcare practitioners diagnose and treat the majority of all STIs in NSW. This Strategy highlights the work of GPs, nurses and primary care workers and their role in integrating sexual health into routine preventative care.

This Strategy was developed in consultation with clinicians, academics, community partners, and local health districts across NSW. It is through this partnership that we will be able to effectively respond to STIs.

For those diagnosed with an STI, NSW Health will work to simplify partner notification, monitor and prevent antimicrobial resistance, improve models of care, and enhance surveillance systems. We will ensure those who require services are able to access them, and work with the media to destigmatise STIs. NSW will also commit to improving services for Aboriginal and Torres Strait Islander people by working with communities to co-design and develop services.

NSW is setting ambitious targets to eliminate congenital syphilis and to reduce notification rates of infectious syphilis and gonorrhoea by 5% by 2026. We aim to ensure all pregnancies are screened for syphilis at least once, and that there is a 5% increase in comprehensive STI testing among key populations. We aim to reduce the experiences of stigma and discrimination faced by marginalised communities when accessing sexual health services.

I am pleased to present the NSW STI Strategy 2022–2026, which will guide the prevention, testing, and treatment of STIs, and safeguard the sexual health and wellbeing for everyone living in NSW.

A handwritten signature in black ink, appearing to read 'Brad Hazzard'. The signature is fluid and cursive.

Hon. Brad Hazzard, MP
Minister for Health

NSW Sexually Transmissible Infections Strategy 2022–2026

Aim

Reduce the prevalence and impacts of sexually transmissible infections in NSW.

Vision

A NSW where people are informed about the risks of sexually transmissible infections (STIs) and can easily access prevention methods and testing. Those affected by STIs receive timely treatment and their partners are promptly notified. Innovations are pursued, and stigma, discrimination, and other barriers to knowledge, prevention, testing, and treatment are removed.

Goals	1. Prevent new infections through new and existing methods, education and health promotion 	2. Test often, normalise testing, and promote innovative testing models 	3. Treat STIs rapidly and effectively, and reduce onward transmission 	4. Equity and Access to services, reduce STI-related stigma, and remove barriers to seeking healthcare 
Targets	1.i 75% of sexually active young people use condoms with casual partners 1.ii 5% reduction in notification rates of infectious syphilis and gonorrhoea by 2026	2.i 100% of pregnancies are screened for syphilis at least once 2.ii 5% increase each year in comprehensive STI testing in the priority populations MSM, sex workers, trans and gender diverse people, and Aboriginal people	3.i Eliminate congenital syphilis 3.ii 95% of people diagnosed with infectious syphilis are treated within two weeks of being tested	4.i At least 90% of STI notifications have Aboriginal status specified 4.ii 75% reduction in reported experience of stigma related to STI service provision in NSW healthcare settings
Initiatives	1.1 Condoms 1.2 School education 1.3 Health promotion 1.4 Peer education and outreach 1.5 Vaccines and other biomedical prevention	2.1 Innovative models 2.2 Workforce development 2.3 Digital integration 2.4 Antenatal care 2.5 Research	3.1 Partner notification 3.2 Manage antimicrobial resistance 3.3 Models of care 3.4 Surveillance	4.1 Accessible services 4.2 Communications 4.3 Aboriginal services 4.4 Person-centred care

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Future Health: Strategic Framework 2022–2032

This Strategy is guided by NSW Health Future Health: Strategic Framework – Guiding the Next Decade of Care in NSW 2022–2032, to improve health services and patient care for the NSW community.

The initiatives in this Strategy aim to ensure:

- **Patients and carers have positive experiences and outcomes that matter:** People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.
- **Safe care is delivered across all settings:** Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.
- **People are healthy and well:** Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.
- **Our staff are engaged and well supported:** Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.
- **Research and innovation, and digital advances inform service delivery:** Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.
- **The health system is managed sustainably:** The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.

STIs in New South Wales

Sexual health is an important part of overall health and wellbeing.

Access to knowledge, health services, and environments that promote sexual health provide a foundation for pleasurable and positive sexual relationships.

Sexually transmissible infections (STIs) are largely preventable and, in most cases, can be effectively treated or managed. However, if left untreated, STIs pose significant health risks including reproductive health issues, adverse pregnancy outcomes, neonatal infections, cancer, and increased risk of other infections, including HIV. Preventing, routinely testing for, and treating STIs underpin the public health approach to sexual health and wellbeing.

In New South Wales, the prevalence of STIs have been increasing for over a decade.

There has been a growing disparity between STI notification rates among Aboriginal people compared to non-Aboriginal people, particularly for infectious syphilis. Increased prevention, testing and treatment of STIs is required, as well as ensuring easy and equitable access to services. Additional information, including the rates of common STIs at the time of developing this Strategy, can be found on page 29.

STIs that have for many years mainly affected specific populations, such as syphilis and gonorrhoea among men who have sex with men, have recently risen dramatically in other populations such as heterosexual people. However, low rates of STIs among sex workers have been sustained, largely due to ongoing effective peer education and outreach.

Syphilis among people of reproductive age in the general population poses high risk, due to the impact on a developing foetus during pregnancy. Early access to testing and treatment before and during pregnancy means mother-to-child transmission of congenital syphilis can be entirely prevented.

While significant gains have been made to reduce the transmission of HIV among Australian-born men who have sex with men, this success has not translated into a reduction in the incidence and prevalence of STIs. Biomedical HIV prevention strategies have had tremendous success in reducing the rate of HIV. However, there has been a concurrent reduction in condom use and an increase in STI testing.

This Strategy aims to ensure NSW residents have access to person-centred, trauma informed services regardless of their geographical location, to allow them to achieve sexual health and well-being. NSW Health and its partners will work to ensure young people have access to Comprehensive Sexuality Education, knowledge of STIs and the different ways to prevent and test for them, and equitable access to health services which affirm and promote sexual health.

Features of the Strategy

This Strategy describes how NSW Health and our partners will work together to develop, implement, and evaluate programs to reduce the prevalence and impact of STIs.

A continuing feature of this Strategy will be health promotion and stigma reduction programs using community co-design and community-led practice.

The inclusion of the new Equity and Access pillar into the NSW STI Strategy creates a focus on improving access to sexual healthcare by reducing anxieties, stigma, and discrimination. A system to evaluate and report patient experiences will be developed to improve service delivery. Improving access to quality sexual health services in regional and rural parts of NSW will be prioritised.

Together with our partners, we will explore innovative prevention and testing models, improve healthcare record and data systems, conduct cost analyses, and research into promoting health seeking behaviours. Online and digital integration provides opportunities to remove barriers to testing and treatment, increase service availability, stay connected with clients, increase responsiveness of reporting and surveillance, and respond to changing environments.

The Strategy strengthens the focus on Comprehensive Sexuality Education in partnership with the NSW Department of Education, and investigates emerging technologies including vaccination.

The Strategy also aims to improve outcomes by **removing barriers preventing people from accessing services.**

Barriers in accessing services may include structural, societal, or self-perceived. Barriers can include stigma and discrimination, fear, anxiety, cultural factors, inequitable access to services, cost, and structural barriers which may dissuade marginalised populations from seeking health services.

Research into the attitudes and beliefs of populations prioritised within this Strategy will allow these issues to be addressed. Early and regular engagement with these communities will provide the greatest impact. NSW Health and our partners will work with those affected by STIs, their clinicians and community representatives to remove barriers faced by people when accessing services across different settings and with different populations. Addressing the needs of diverse communities across NSW will be a priority.

This Strategy aims to ensure priority populations can receive comprehensive STI testing (particularly for gonorrhoea, chlamydia, syphilis, HIV and hepatitis) according to STI Management Guidelines. NSW Health will explore enhanced testing surveillance data to include information on priority populations and comprehensiveness of STI testing.

Priority Populations

STIs can affect any sexually active person, so easy access to prevention, testing and treatment reduces the impact on individuals and society. However, some populations have higher rates of infection, face unique risks of transmission or barriers to accessing testing and treatment services. Priority populations have been identified based on notification rates, adverse health impacts, and known barriers to healthcare access. This Strategy acknowledges and respects that people have diverse cultures, sexualities and genders and may belong to more than one population.

People diagnosed with an STI

within the last 12 months



Men who have sex with men (MSM)



Sexually active young people under the age of 30 years



Aboriginal people



Pregnant women



Sex workers



Trans and gender diverse people

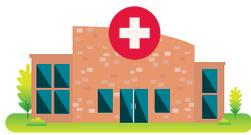


People from culturally and linguistically diverse (CALD) backgrounds



Priority Settings

Priority settings have been identified based on the impact on preventing, screening, and treating STIs. Settings have specific initiatives associated with them, identified in this Strategy. It is not the intention that all settings service all priority populations. Each setting may be appropriate for some but not all priority populations.



Publicly Funded Sexual Health Clinics (PFSHCs)



General practice and primary care



Aboriginal Community Controlled Health Services (ACCHs)



Multicultural services which support and address issues for CALD populations



Community and online settings



Antenatal and reproductive care settings



Custodial settings, including youth justice centres



Schools, tertiary, and other education institutions



Services that support young people experiencing social disadvantage

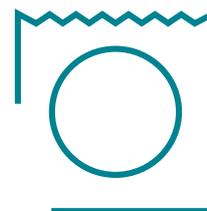
Our Values



Collaboration, Openness, Respect, Empowerment (CORE)	High quality clinical care
Person-centred, holistic, and safe care	Accessibility, affordability, acceptability, and equity
Efficiency and value for money	Self-determined, gender-affirming healthcare
Confidentiality and privacy	Innovation and evidence-based program development
Trauma informed practice	

1. Prevent

new infections through education, health promotion and utilising new and existing methods.



1.1 Condoms

Condoms (external and internal) and other physical barrier protection methods, including dental dams and gloves, are the only prevention methods effective against nearly all STIs.¹ Initiatives that increase the availability of condoms and promote their use for all populations and communities are effective ways to prevent transmission of STIs. Water-based lubricant has also been shown to reduce condom breakage, particularly for anal intercourse.²

1.2 School education

“Every young person will one day have life-changing decisions to make about their sexual and reproductive health. Yet research shows that the majority of adolescents lack the knowledge required to make those decisions responsibly, leaving them vulnerable to coercion, sexually transmitted infections and unintended pregnancy” (United Nations Population Fund).³

Comprehensive Sexuality Education teaches the physical, emotional, mental and social aspects of reproductive and sexual health and rights, inclusive of sexuality and relationships. Accurate, evidence-based information about STIs before young people become sexually active is part of Comprehensive Sexuality Education and leads to a reduction in transmissions. NSW Health acknowledges and celebrates the strengths of young people and their agency to make healthy decisions.

NSW Health, in partnership with the NSW Department of Education, will support the delivery of curriculum-based Comprehensive Sexuality Education in schools. The aim is to provide students with the knowledge, skills, attitudes, and values to one day make healthy decisions about safe sexual activity and reduce STI trends and unintended pregnancies in young people.

1.3 Health promotion

The 1986 World Health Organization Ottawa Charter for Health Promotion is the global standard for health promotion and describes it as “the process of enabling people to increase control over, and to improve, their health”.⁴ Health promotion aims to strengthen community action, develop personal skills, build healthy public policy, create supportive environments, and reorient health services.

This Strategy aims to improve community knowledge and awareness about STI prevention through education and awareness campaigns, and through collaboration with communities, peers and service providers. This Strategy aims to understand what drives infection within different populations, such as higher partner numbers and complex sexual networks among MSM, and tailors campaigns to suit that audience.

1.4 Peer education and outreach

Peer outreach is an effective way to reach people who may not be accessible through traditional clinical settings. Peers are people or community organisations with lived experience, who are able to provide advice, prevention methods, testing, and support to those in their community. Building relationships and partnerships with peer groups and individuals is one of the most impactful methods of prevention among the hardest to reach, discriminated against, and stigmatised groups. NSW Health will work with peer organisations to ensure education and training within the field of sexual health.

The Sex Worker Outreach Project (SWOP) is Australia's largest and longest established community-based peer education sex worker organisation, which provides safe sex supplies, education, counselling, and other resources for sex workers. In NSW, the rates of STIs among sex workers has remained low due to ongoing peer education, outreach, and close partnership with peer organisations like SWOP.

1.5 Vaccines and other biomedical prevention

Vaccines are widely recognised as an effective primary prevention strategy against infectious diseases. However, there are currently no vaccines to prevent syphilis, gonorrhoea, or chlamydia. The human papillomavirus (HPV) vaccination and hepatitis B vaccination are currently the only vaccines used to effectively prevent STIs.⁵

Studies are testing the efficacy of other vaccines against STIs, such as the meningococcal B vaccine to cross-protect against gonorrhoea.⁶ If proven to be epidemiologically – and cost-effective, rapid roll-out of the vaccine to priority populations will lead to improved health outcomes. Antibiotic prophylaxis has the potential to significantly reduce STI transmission but can increase the risk of antibiotic resistance (see *section 3.2*). Research and evidence-based guidelines will support their introduction, where clinically appropriate.

1. Prevention Initiatives

Initiatives	Description	Partners
1.1 Condoms	1.1.1 Distribute free condoms and water-based lubricant at bars and nightclubs, sex work venues, sex on premises venues, community events, custodial settings, youth services, public health services, tertiary education institutions, and to independent sex workers	NSW Ministry of Health, Aboriginal Community Controlled Health Services (ACCHS), AH&MRC, Allied Health, ACON, Educational institutions, Family Planning NSW, HARP Units, JHFMHN, LHDs, Play Safe Programs, Publicly Funded Sexual Health Clinics (PFSHCs), Sex on Premises venues, NSW STIPU, SWOP, Youth Health Services, YFoundation
	1.1.2 Promote condom use and how to access them through social marketing campaigns, including health promotion messages and information linking to care	
	1.1.3 Work with Allied Health and support workers to engage with priority populations around condom use	
1.2 School education	1.2.1 Train teachers and wellbeing staff to deliver Comprehensive Sexuality Education in schools (pre- and in-service training)	NSW Ministry of Health, NSW Department of Education, AH&MRC, ASHM, Tertiary Educational institutions, Family Planning NSW, LHDs, Play Safe Programs, Principal & Wellbeing Networks, NSW STIPU, YFoundation
	1.2.2 Support NSW Department of Education to provide evidence-based resources for teachers and students, as well as resources for carers and parental groups	
1.3 Health promotion	1.3.1 Deliver state-wide targeted STI prevention campaigns to priority populations and their sexual partners, with a priority on syphilis	NSW Ministry of Health, Australian Government, Aboriginal Maternal Infant Health Service, ACCHS, ACON, AH&MRC, HARP HP Teams, Family Planning NSW, JHFMHN, LHDs, Multicultural Services, MHAHS, PFSHS, PHNs, Play Safe Programs, Positive Life NSW, SHIL, NSW STIPU, SWOP, UNSW, YFoundation
	1.3.2 Support Play Safe Programs to deliver state-wide health promotion activities including the Aboriginal Play Safe Program	
	1.3.3 Develop targeted campaigns and engagement strategies with priority populations to increase STI prevention, health literacy, and awareness of sexual health issues, including promotion of the International Student Health Hub	
	1.3.4 Co-develop Aboriginal health promotion material and support community mobilisation through Aboriginal Community Controlled Health Services (ACCHS)	
	1.3.5 Collaborate with the Australian Government on national campaigns targeting the general population	

Initiatives	Description	Partners
1.4 Peer education and outreach	1.4.1 Partner with community organisations to deliver peer education and outreach programs in key priority settings, with peers who have language, cultural and migration experience, and an understanding of community-based stigma and discrimination	NSW Ministry of Health, ACCHS, Multicultural organisations, MHAHS, ACON, Education Institutes, Gender Centre, HARP HP Teams, LHDs, PFSHCs, Play Safe Programs, Positive Life NSW, NSW STIPU, SWOP
	1.4.2 Partner with community organisations to maintain low rates of STIs among sex workers through peer education and outreach at sex on premise venues, sex service premises, and to independent sex workers	
1.5 Vaccines and other biomedical prevention	1.5.1 Maintain high HPV vaccination coverage for year 7 school students in accordance with the <i>Australian Immunisation Handbook</i>	Health Protection NSW, NSW Ministry of Health, NSW Department of Education, ACON, ACCHS, LHDs, PFSHCs, PHUs, Positive Life NSW, NSW STIPU
	1.5.2 Promote catch-up HPV vaccination through GPs for young people who did not receive their vaccine at school, MSM, and people living with HIV	
	1.5.3 Support research and develop guidelines for antibiotic prophylaxis against bacterial STIs for priority populations where proven to be safe and effective	
	1.5.4 Promote existing vaccines in response to vaccine preventable outbreaks among priority populations, such as hepatitis A and B, and meningococcal vaccination	
	1.5.5 Support the rapid roll-out of new vaccines and technologies to prevent STIs among priority populations, once proven to be effective	

2. Test

often, normalise testing, and promote innovative testing models.



2.1 Innovative models

Innovative testing models, such as peer-led testing, home testing, and point-of-care testing (POCT), can lead to early detection and diagnosis, reduce loss to follow up, and remove barriers and anxieties related to traditional clinic-based testing models.^{7,8} Peer-led testing models, particularly for HIV screening among gay, bisexual, and other men who have sex with men, have been shown to be highly acceptable and overcome frequently reported barriers.⁹ POCT is a form of testing in which the analysis is performed where healthcare is provided, close to or near the patient, rather than in a traditional clinical laboratory environment. Increasing the number of venues and settings where people can get tested for STIs will allow hard to reach populations, such as those in rural or remote settings, to have equitable access to STI screening.

a[TEST] is a peer led HIV and STI testing service for gay, bisexual and other MSM. Clients enter their contact and behavioural details into the electronic kiosk and the information is used to deliver STI results directly via phone, SMS, email or regular post. A peer educator provides them with information on rapid HIV testing and performs the test. The client does their own swabs and provides a urine sample to check for chlamydia and gonorrhoea and a nursing staff takes blood to test for syphilis and do a confirmation HIV test. The peer educators and nursing staff are able to answer questions or queries clients have about sexual health and are able to refer on to other services when required.

2.2 Workforce development

General Practitioners (GPs), nurses, and primary healthcare practitioners diagnose and treat the majority of all STIs in NSW. This Strategy aims to ensure anyone with a positive result will have access to the same high-quality care regardless of their background or geolocation. Upskilling this workforce will enhance service delivery and prevent missed opportunities in diagnosing and treating STIs. Educating clinicians and staff to consider screening as part of routine medical visits, and to opportunistically test patients, will provide the best quality of care. GPs will be encouraged to re-test for chlamydia as per the Australian STI guidelines.

Building up the Aboriginal Health Practitioner workforce and supporting Aboriginal health workers will provide better health outcomes for Aboriginal people. There will be an additional focus on upskilling all clinicians around Aboriginal peoples' sexual health, particularly in primary care settings. Educating clinicians and ensuring guidelines are accurate and up to date, will ensure specific tests for different STIs are being appropriately used. Multiplex testing (testing for multiple infections in a single package test, even when not clinically appropriate) can lead to inappropriate diagnoses and treatments and lead to anti-microbial resistance. STI testing according to guidelines is recommended.

2.3 Digital integration

There is no uniform and comprehensive sexual health electronic medical record (eMR) system in NSW. Publicly Funded Sexual Health Clinics (PFSHCs) currently use multiple systems to meet their specific needs. The introduction of one shared integrated patient/service level digital health record, developed using person-centred design, will support clinicians to provide person-centred care. Computer assisted self-interviewing (CASI) allows patients to complete their own history taking before seeing a clinician for care to save time and improve accuracy of sexual history and risk-taking behaviours.¹⁰

2.4 Antenatal care

Antenatal care is a key setting to eliminate congenital syphilis. Working with doctors, nurses, and midwives, and ensuring all pregnant women are tested for bloodborne viruses and STIs is a key component in preventing mother-to-child transmission. The current antenatal screening guidelines recommend a test for syphilis at point of pregnancy confirmation, and a second test later in pregnancy for people who are high-risk. This can be achieved by better utilising existing health systems, such as eMaternity, coordinating with relevant professional bodies, and reviewing guidelines to ensure they align with current epidemiology. During the lifetime of this Strategy, these syphilis screening guidelines will be reviewed to include a universal second screening at 28 weeks gestation, as supported in eMaternity software. These changes will be advocated in other antenatal electronic medical records, including Cerner.

2.5 Research

Increased testing may result in an increased burden on pathology services. Innovative approaches may be able to reduce this, such as pooled specimen testing; which combines samples from multiple individuals (or anatomical sites) to reduce testing numbers, and re-analyses individual samples when there is a positive result. Research is required to examine enablers and barriers to health seeking behaviours among priority populations. NSW Health acknowledges and respects the importance of partnership with community organisations, and working with priority populations to better understand their needs. There is a gap in knowledge around bridging populations (sexual partners of priority populations) who may not be explicitly identified within the priority populations.

2. Testing Initiatives

Initiatives	Description	Partners
2.1 Innovative models	2.1.1 Develop frameworks and funding models for online and home STI testing and expand into rural and remote settings	NSW Ministry of Health, ACON, AH&MRC, ASHM, HARP, Laboratories, LHDs, MHAHS, NSW Health Pathology, PFSHCs, Pharmacies, PHNs, Play Safe Programs, Positive Life NSW, Royal Australian College of General Practitioners (RACGP), SHIL, NSW STIPU, SWOP
	2.1.2 Expand the capacity of peer-based testing models	
	2.1.3 Explore efficiencies in pathology delivery in the public system, such as choosing from a range of providers, utilising point of care testing (POCT), self-collected samples in venues or at home, and postal kits	
	2.1.4 Promote testing among priority populations and work with community groups to optimise existing services	
2.2 Workforce development	2.2.1 Guide workforce development opportunities to educate GPs and primary care, emergency department, and midwifery workforces to provide policy and guideline focused comprehensive STI testing	NSW Ministry of Health, ACCHS, Australian College of Rural and Remote Medicine (ACRRM), AH&MRC, Australian Primary Healthcare Nurses Association (APNA), ASHM, Australasian Sexual Health and HIV Nurses Association (ASHHNA), Chapter of Sexual Health Medicine, Ethnic Medical Associations, Family Planning NSW, GPs, JHFMHN, LHDs, PFSHCs, PHNs, PHUs, Play Safe Programs, RACGP, SHIL, NSW STIPU, Universities, Youth Action, YFoundation
	2.2.2 Undertake a training needs assessment and investigate GP beliefs, attitudes, and behaviours in relation to sexual healthcare	
	2.2.3 Research innovative GP engagement models to encourage routine comprehensive testing	
	2.2.4 Develop the capability of GPs and primary care to opportunistically test for STIs, to recognise, diagnose and manage pelvic inflammatory disease (PID), and to implement chlamydia retesting	
	2.2.5 Support training programs in PFSHCs for medical, nursing, allied health, counsellors, and Aboriginal staff (such as Aboriginal cadetship)	
	2.2.6 Support Aboriginal Health Practitioners to complete clinical sexual health training to enable larger scope of practice	

Initiatives	Description	Partners
2.3 Digital integration	<p>2.3.1 Ensure statewide electronic medical record supports efficient, high quality and integrated care, with functionalities identified through consultation with PFSHCs</p> <p>2.3.2 Integrate Computer Assisted Self-Interview (CASI) platforms into a statewide electronic medical record</p> <p>2.3.3 Ensure digital record keeping does not create barriers by addressing privacy and safety concerns, and allowing for anonymity</p>	NSW Ministry of Health, Health Protection NSW, ACCHS, eHealth, JHFMHN, LHDs, PFSHCs, NSW STIPU
2.4 Antenatal care	<p>2.4.1 Make changes to NSW Health electronic systems, including e-Maternity and Cerner, to better support antenatal STI/BBV screening</p> <p>2.4.2 Prioritise follow-up of people diagnosed with STIs during pregnancy and their sexual partners, and increase testing according to guidelines</p> <p>2.4.3 Consult and update the antenatal screening for syphilis guidelines for GPs and antenatal carers to recommend repeat testing early in the third trimester (28–32 weeks) and at the time of birth for women at high risk of infection or reinfection.</p> <p>2.4.4 Improve the reporting of screening in antenatal settings and include data in the NSW Health STI Data Reports</p>	Health Protection NSW, NSW Ministry of Health, Aboriginal Maternal Infant Health Service, ACRRM, AH&MRC, eHealth, Ethnic Medical Associations, LHDs, RACGP, RANZCOG, NSW STIPU
2.5 Research	<p>2.5.1 Investigate innovative approaches to STI testing including bundled, multi-site pooled specimen testing, point of care testing in regional and remote areas, and analysis of financial and time cost efficiencies</p> <p>2.5.2 Research enablers and barriers to health seeking behaviours including enacted, public, and self-stigma; cultural considerations; and missed opportunities for STI diagnoses in clinic settings</p> <p>2.5.3 Support research on ‘bridging populations’ (sexual partners of priority populations), such as women who have sex with MSM, and cis-gender men who have sex with trans-gender women</p>	NSW Ministry of Health, ACON, AH&MRC, Hospital Laboratories, Multicultural Services, Family Planning NSW, MHAHS, NSW Health Pathology, JHFMHN, PFSHCs, Positive Life NSW, SWOP, Centre for Social Research in Health, Kirby Institute, UNSW Sydney

3. Treat

STIs rapidly and reduce onward transmission.



3.1 Partner notification

Partner notification or ‘contact tracing’, is an essential component of the effective management of STIs and is now well understood by the community. It aims to reduce re-infection and complications of disease and prevent onward transmission of STIs to others. Sexual partners who may have been infected or exposed to STIs are not always known by the person being managed. Working with the people affected by STIs to identify and contact their sexual partners requires trust. Ensuring partner notification practices do not pose a risk to the safety of marginalised populations will be a priority.

The NSW Sexual Health Info Link (SHIL) is a NSW Ministry of Health funded telephone and internet based information and referral service. Its aim is to promote the sexual health of the community through providing accurate and timely information and referral options, provide specialist support to nurses, doctors, counsellors, and other professionals who are caring for people with sexual health issues.

3.2 Manage antimicrobial resistance

Antimicrobial resistance (AMR) is the ability of a microbe to resist the effects of medicines used to treat the infection. The emergence of multi-drug resistant STIs is a growing concern in Australia. Resistant gonorrhoea is a pressing concern, as there are few ‘first-line’ treatment options available. Resistance testing at the point of diagnosis is best practice, where possible. Common causes of resistance include the overuse of antibiotics when not clinically appropriate, or when patients stop taking medication at first sign of symptom resolution and not completing the entire course of antibiotic. Educating clinicians and improving health literacy around AMR and antibiotic use, particularly in CALD communities and other priority populations is a priority. This Strategy aims to align with the Antimicrobial Stewardship (AMS) Clinical Care Standard.

3.3 Models of care

A model of care defines the way health services are planned and delivered. There are opportunities to improve existing models by broadening nurse-initiated supply authorities and exploring innovations, such as telehealth and integrated services. Working with other stakeholders, including allied health, social workers, peers, patients, and counsellors to conduct partner notifications and case management will expand traditional clinical networks and reach new and sub-populations requiring flexible, appropriate and culturally safe initiatives.

3.4 Surveillance

Routine reporting, record keeping, and data analysis of STIs is required to evaluate the impact of initiatives listed in this Strategy and identify emerging trends. Improvements to the completeness and accuracy of data will assist in evaluating the impact of an initiative and give better representation to members of priority populations. NSW Health recognises the importance of partnership with community groups when designing data systems and interpreting data relating to priority populations.

NSW Health publishes a 6-monthly STI Data Report which analyse notification data for four notifiable sexually transmitted infections (STIs): chlamydia, gonorrhoea, infectious syphilis and lymphogranuloma venereum (LGV) in NSW residents. Reports are available at <https://www.health.nsw.gov.au/Infectious/Reports/Pages/sti-reports.aspx>

3. Treatment Initiatives

Initiatives	Description	Partners
3.1 Partner notification	3.1.1 Identify innovative approaches to strengthen partner notification, particularly in GP settings	Health Protection NSW, NSW Ministry of Health, ACCHS, Allied health workers, Family Planning NSW, SHIL, LHDs, PHNs, PFSHCs, Positive Life NSW, RACGP, Youth Health Services
	3.1.2 Support use of patient delivered partner therapy (PDPT) for chlamydia treatment according to current guideline	
3.2 Manage antimicrobial resistance	3.2.1 Improve reporting of antimicrobial resistant <i>Neisseria gonorrhoea</i> and linkage to surveillance data systems	Health Protection NSW, NSW Ministry of Health, AH&MRC, Ethnic Medical Associations, GPs, Hospital Laboratories, NSW Health Pathology, PFSHCs, PHUs, Primary Practice, RACGP
	3.2.2 Upskill clinicians and inform communities to reduce inappropriate antibiotic use and over-prescribing	
	3.2.3 Support research into point-of-care testing (POCT) and reflex rapid PCR-based resistance-guided treatment	
	3.2.4 Explore surveillance and reporting of <i>Mycoplasma genitalium</i>	
3.3 Models of care	3.3.1 Expand nurse-led models of care including the use of Nurse Practitioners and Practice Nurse workforce, and broaden the policy directive on nurse-initiated supply, particularly in settings where sexual health physicians are not available	NSW Ministry of Health, Aboriginal communities, AH&MRC, Allied Health Workers, Australian College of Nurse Practitioners (ACNP), APNA, Australasian Sexual Health and HIV Nurses Association (ASHHNA), ASHM, Family Planning NSW, GPs, JHFMHN, LHDs, Pharmacies, PHNs, RACGP, Universities, SHIL, Social Workers in HIV (SWHIV)
	3.3.2 Support statewide scale-up of successful interventions resulting from the Management of Chlamydia Cases in Australia (MoCCA) project in General Practice, including re-testing, telehealth and electronic prescribing and partner notification appointments for people diagnosed with chlamydia	
	3.3.3 Develop guidelines to refer complex patients diagnosed with STIs to specialist sexual health clinics to support with case management, when required, in consultation with Public Health Units and PFSHCs	
	3.3.4 Support relevant allied health workers to provide counselling, partner notification, behaviour modification, addressing disclosure, improving overall health and well-being, and complex case management to address the complex psychosocial wellbeing of priority populations	

Initiatives	Description	Partners
3.4 Surveillance	3.4.1 Monitor and rapidly respond to localised increases in syphilis prevalence in the general population and among priority populations, particularly in rural and remote communities	Health Protection NSW, Aboriginal communities, NSW Ministry of Health, Australian Bureau of Statistics, ACCHS, AH&MRC, NSW Health Pathology, PFSHCs, JHFMHN, LHDs, PHUs, Centre for Social Research in Health, Kirby Institute, UNSW Sydney
	3.4.2 Improve data quality and completeness of demographics including Aboriginal status, country of origin, ethnicity and language spoken at home, as well as testing history, notifications, risk behaviour, antimicrobial resistance, genomic and molecular sequencing, and linkages between these datasets	
	3.4.3 Improve the collection of data on trans and gender diverse people by adopting the Australian Bureau of Statistics' standard, in full, and review all surveillance data streams and reports to ensure its compliance	
	3.4.4 Establish a NSW electronic syphilis register to assist with case management and notifications	

4. Equity and Access

to services, reduce STI-related stigma, discrimination, and anxiety, and remove barriers affecting health seeking behaviour.

4.1 Accessible services

Limitations in the accessibility of health services can be a barrier to prevention, testing and treatment. These may include geographic location, cost, and operating hours. They may also include language or literacy barriers, and a perceived or direct experience of stigma and discrimination.

Understanding the needs of patients and aligning service capacity to meet them can improve access and health outcomes. Minor changes in service delivery can have a big impact on clients. They can also include understanding cultural and community sensitivities and practices, and respecting them in clinical settings. Another key to improving access is addressing stigma. Stigma, a known barrier to accessing services, can exist at individual, interpersonal, and structural levels.¹²

4.2 Communications

Media can be an effective tool in improving education and changing community norms around health seeking behaviours. However, it may also unintentionally produce stigmatising or discriminatory views. Guidelines can support the media on how to discuss issues relating to sexual health and STIs. The media may be utilised as an effective tool to reduce stigma around STIs. NSW Health will partner with community organisations to develop media guidelines.

4.3 Aboriginal services

Aboriginal people are disproportionately impacted by STIs compared with the non-Aboriginal population.¹¹ Addressing the barriers experienced by Aboriginal people in accessing prevention, testing, treatment, and support services, requires meaningful collaboration and co-design. This can be achieved by collaborating with Aboriginal Health Workers and Health Practitioners and strengthening partnerships with Aboriginal Community Controlled Health Services.

Any research or project development will be done in collaboration with Aboriginal people, Elders, and communities.

The Aboriginal Health & Medical Research Council (AH&MRC) is the peak body of Aboriginal communities on health matters in NSW. Its member organisations are comprised of Aboriginal Community Controlled Health Services (ACCHS) and Committees (ACCHC), Aboriginal Medical Services (AMS), and Aboriginal Community Controlled Health Related Services (ACCHRS). Aboriginal STI, HIV and Hepatitis C workers provide a liaison role between Aboriginal communities and health services around STI, HIV and Hepatitis C related issues. Workers are based in both the public and community controlled health sectors within all areas of NSW.

4.4 Person-centred care

Person-centred care is about treating a person receiving healthcare with dignity and respect and involving them in all decisions about their health. Understanding and listening to the experiences of people accessing services is critical for improving follow up and resolving barriers people may face when accessing health services. Focusing on person-centred care and understanding patient experiences are important parts of evaluating and improving services. This requires a system to be established, in consultation or co-designed with community organisations, patients, service providers, and academics. This Strategy aims to develop a monitoring and evaluation framework and embed it across the state.

The NSW Health Guide to improving patient experience *Elevating the Human Experience* guides the development of the person-centred evaluation framework. Its aim is to have collaborative partnership, development with consumers in mind, embrace value-based healthcare, care for the whole person, and use timely feedback and data to measure progress.¹⁴

4. Equity and Access Initiatives

Initiatives	Description	Partners
4.1 Accessible services	4.1.1 Investigate ways that PFSHCs can improve access, such as reviewing hours of operation, telehealth, and online services	NSW Ministry of Health, ACCHS, ACON, HARP, LHDs, Family Planning NSW, Multicultural Organisations, MHAHS, PFSHCs, Positive Life NSW, JHFMHN, SHIL, SWOP, NSW STIPU, Youth Health Services, YFoundation
	4.1.2 Support targeted outreach services, such as mobile testing clinics, and partner with communities that have less access	
	4.1.3 Ensure sexual health services are available to priority populations and their sexual partners	
	4.1.4 Collaborate with community organisations representing priority populations to identify barriers or stigmatising practices and develop solutions to resolve them, such as sex worker sensitivity training	
4.2 Communications	4.2.1 Develop a media and communications guide on talking about STIs in a way that is sex positive, avoids stigma and discrimination, and engages priority populations	NSW Ministry of Health, Aboriginal communities, ACON, ACRRM, AH&MRC, Family Planning NSW, HARP, LHDs, Media, People and Culture, MHAHS, Multicultural Organisations, Play Safe Programs, SWOP, RACGP, SHIL, NSW STIPU
	4.2.2 Develop a communications plan, taking advantage of free media opportunities to deliver statewide messages about prevention and testing	

Initiatives	Description	Partners
4.3 Aboriginal services	4.3.1 Work with key agencies to increase comprehensive STI screening, including blood tests for syphilis, for Aboriginal people in priority settings and other settings with high proportions of Aboriginal people	NSW Ministry of Health, ACCHS, ACRRM, AH&MRC, JHFMHN, LHDs, PFSHCs, RACGP
	4.3.2 Support the Aboriginal Health Practitioner workforce to provide sexual health services to Aboriginal communities, and strengthen partnerships with ACCHS, particularly in rural and remote settings	
	4.3.3 Support clinicians to routinely include comprehensive STI testing within the Medicare Benefits Schedule Item 715 Health Assessment in ACCHS and Primary Care settings	
	4.3.4 Expand point-of-care testing and treatment among Aboriginal people in rural and remote settings	
4.4 Person-centred care	4.4.1 Review policies which have been identified as barriers to health seeking behaviour and access to services for priority populations with a focus on stigma and discrimination	NSW Ministry of Health, ACCHS, ACON, eHealth, HARP, GPs, LHDs, Multicultural Organisations, MHAHS, SWOP, PFSHCs, JHFMHN, NSW STIPU, Youth Health Services
	4.4.2 Establish a monitoring system to capture experiences in sexual health services including stigma and discrimination, particularly among priority populations	
	4.4.3 Improve datasets to better reflect priority populations, including sexuality, gender identity and cultural or socioeconomic background in line with full ABS standards	

Targets

Prevention

- 1.i 75% of sexually active young people use condoms with casual partners**
- Condoms are the only prevention method effective against nearly all STIs. This Strategy aims to ensure at least 75% of young people are reporting frequent condom use with casual sexual partners through ensuring condoms are available in many priority settings, and developing promotional campaigns to increase their use.
- Data source: Debrief (formerly 'It's Your Love Life'), CSRH*
-
- 1.ii 5% reduction in notification rates of infectious syphilis and gonorrhoea by 2026**
- The Strategy aims to achieve a 5% reduction in the notification rates of infectious syphilis and gonorrhoea by 2026, based on the maximum notification rate from the previous five years (2016–2020). For infectious syphilis, the maximum rate between 2016–2020 was 23.3 notifications per 100,000 population. Therefore, the target will be less than 22.0 notification per 100,000 population by 2026.
- For gonorrhoea, the maximum rate between 2016–2020 was 139.0 notifications per 100,000 population. Therefore, the target will be less than 132.1 notifications per 100,000 population by 2026.
- Rates will be based on a constant population as the denominator, based on ABS release.
- Data source: Notifiable Conditions Records for Epidemiology and Surveillance (NCRES).*

Testing

- 2.i 100% of pregnancies are screened for syphilis at least once**
- The target for the Strategy is to ensure syphilis is screened for during every pregnancy. Currently the antenatal software guides pregnant women to be tested on first antenatal visit and at 28 weeks to prevent congenital syphilis. During the lifetime of this Strategy, these Guidelines will be updated to reflect this change.
- Data source: eMaternity.*
-
- 2.ii 5% increase each year in comprehensive STI testing in the target priority populations MSM, sex workers, trans and gender diverse people, and Aboriginal people**
- Generally, a comprehensive STI test includes genital swab (and throat or anal for those who need it) and a first pass urine test to test for chlamydia and gonorrhoea; and a blood test for HIV, syphilis, and hepatitis. There is a need for enhanced testing surveillance data to include information on priority populations and comprehensiveness of STI testing. This Strategy relies on sentinel site-specific testing data and self-reported survey data as an indicator for comprehensive testing and may not reflect the general population or include all members of the priority population.
- Data source: Australian Collaboration for Coordinated Enhanced Sentinel Surveillance (ACCESS), Sydney Gay Community Periodic Survey (GCPS), The ATLAS STI and BBV sentinel surveillance network.*

Treatment

3.i Eliminate congenital syphilis

During the lifetime of the previous NSW STI Strategy 2016–2020, there were seven cases of congenital syphilis among NSW residents; four cases occurred in 2020. Congenital syphilis can lead to premature delivery or miscarriages during pregnancy and the impact on a child can be devastating, including abnormalities, developmental delays, and premature births and death. With testing and treatment early in pregnancy, congenital syphilis is a largely preventable disease. The prevention of congenital syphilis contributes to significant gains in Disability-adjusted life years (DALYs), so this Strategy sets a target of zero cases of congenital syphilis.

Data source: Notifiable Conditions Management System (NCIMS), NSW Health.

3.ii 95% of people diagnosed with infectious syphilis are treated within two weeks of being tested

Every case of syphilis is followed up by a Public Health Unit, and all cases should be treated effectively and promptly. A target for the Strategy is to ensure all people diagnosed with infectious syphilis are promptly treated to prevent ongoing transmission and reduce negative health outcomes.

Data source: Notifiable Conditions Management System (NCIMS), NSW Health.

Equity and Access

4.i 90% of STI notifications have Aboriginal status specified

In 2020, the proportion of infectious syphilis, gonorrhoea, and chlamydia notifications that included Aboriginal status was 87%, 77%, and 78%, respectively. Improving the completeness of data is important for evaluating the impact of programs, identifying any epidemiological trends, and is used to tailor public health responses. Workforce education, system changes in eMR, and routine reporting will help meet the target for more complete data on Aboriginal status.

Data source: Communicable Diseases Register, NSW Ministry of Health, and ABS (via SAPHaRI).

4.ii 75% reduction in the reported experiences of stigma related to STI service provision in NSW Healthcare settings

This target requires the establishment of a monitoring system of STI testing and treatment patient experiences. Understanding patient experiences is an important part of evaluating and improving services. This requires a system to be established, in consultation with community organisations, patients, service providers, and academics. Keeping in line with the NSW HIV Strategy, this Strategy aims to reduce the experiences of stigma related to STI service provision by 75%.

Data source: to be created.

Sexually Transmissible Infections

** Notifiable conditions*

Please visit the NSW Health Sexually transmissible infections surveillance reports for more information, <https://www.health.nsw.gov.au/Infectious/Reports/Pages/sti-reports.aspx>

Chlamydia Trachomatis (CT)* is a bacterial infection which causes chlamydia, the most common bacterial STI worldwide. Most cases of chlamydia are asymptomatic. If left untreated, infections can cause endometritis, pelvic inflammatory disease (PID), ectopic pregnancy and infertility, and epididymitis and proctitis in men. It is also associated with an increased risk of transmission or acquisition of HIV. In 2020, NSW had a notification rate of 329.4 notifications per 100,000 population. The age groups most commonly notified with chlamydia were 20-24 years for females, and 30-39 years for males.

Neisseria Gonorrhoea (NG)* is a bacterial infection which causes gonorrhoea. It is commonly diagnosed in MSM and young heterosexual Aboriginal people living in remote and very remote areas. There has been reduced susceptibility to the first line treatment that is emerging in urban Australia, and antimicrobial resistance is a growing threat. Untreated, gonorrhoea can cause discharge, irritation, conjunctivitis, and can lead to pelvic inflammatory disease (PID). In 2020, NSW had a notification rate of 118.2 notifications per 100,000 population, with notifications highest among people 25 to 29 years.

Treponema Pallidum Causing Syphilis* is a bacterial STI that is transmitted through close skin-to-skin contact and is highly contagious when the syphilis sore (chancre) or rash is present. Syphilis develops in stages (primary, secondary, latent, and tertiary) and symptoms vary with each stage. Without treatment, syphilis can spread to the brain and nervous system and can lead to severe complications. In 2020, NSW had a notification rate of 20.4 notifications per 100,000 population.

Congenital Syphilis* is a very serious condition and occurs when a parent with syphilis passes the infection on to the baby during pregnancy. Congenital syphilis can lead to miscarriage, stillbirth, prematurity, low birth weight, or death shortly after birth. Congenital syphilis is an entirely preventable disease, only if the person engages with antenatal care. Its occurrence reflects a failure of delivery systems for antenatal care and for syphilis control programs. In NSW, all cases of congenital syphilis are investigated to identify and remedy gaps in service delivery. Between 2016 and 2020, there were seven cases of congenital syphilis among NSW residents; four cases occurred in 2020.

Donovanosis* is a sexually transmissible, genital ulcer disease which can cause chronic infection and genital scarring if left untreated. Antibiotics can readily cure donovanosis. There have been zero cases in NSW, and it is on track to be eliminated in Australia.

Herpes Simplex Virus (HSV) is a common viral infection which can cause ulcers on the genitals, mouth, and anus. There is no cure but medication can be used to treat episodes and as a prophylaxis. Herpes can be easily transmitted through kissing and sexual contact. There are two types of HSV: HSV1 and HSV2. Around 75% of Australian adults have been infected with HSV1, and around 12% with HSV2. The majority of infections are asymptomatic.

Human T-Lymphotropic Virus Type 1 (HTLV-1) is a virus transmitted by sex, sharing injecting equipment, blood transfusion, and from parent to child, causing lifelong infection. While many people with HTLV-1 infection

do not have symptoms, it can cause serious diseases including adult T-cell leukaemia-lymphoma HTLV-1 associated myelopathy. HTLV-1 is endemic among Aboriginal people in remote communities in central Australia. Central Australia has the highest recorded prevalence of HTLV-1 in the world, with more than 40% of adults affected in some communities. HTLV-1 is not common in NSW.

Human Papillomavirus (HPV) is a highly contagious virus, spread through sexual contact and is the most common STI. Most cases are asymptomatic but can still infect others through sexual contact. There are many different strains of HPV. Some types can cause cancers, including cancer of the cervix, vulva, vagina, penis and anus, and some head and neck cancers. A vaccine that prevents the HPV strains most likely to cause genital warts and cervical and anal cancers is included in the National Immunisation Program Schedule in schools for year 7 students and is recommended for young MSM and young people who have not been vaccinated at school.

Lymphogranuloma Venereum (LGV)* is a rare STI caused by *chlamydia trachomatis* and is mainly seen in MSM. LGV can cause severe symptoms, however it can be successfully treated with antibiotics. Antibiotics are effective in treating LGV. Three weeks of treatment are needed to properly treat LGV. In 2020, there were 40 cases of LGV, the majority among males aged 30 to 39 years.

Mycoplasma Genitalium (MG) is considered a new and emerging bacterial STI, which is commonly asymptomatic. However, MG can cause urethritis, and also cervicitis and pelvic inflammation. Resistance to multiple antibiotics is occurring, including azithromycin. MG is associated with an increased risk for the transmission or acquisition of HIV. In NSW, MG is not a notifiable disease under public health legislation and is not recommended to be tested for unless symptomatic, which means the prevalence is not well known.

Shigellosis* (Shigella infection) is an intestinal infection caused by a family of bacteria known as shigella. The main sign of shigella infection is diarrhoea, which often is bloody. Shigella is very contagious and is not exclusively spread through sexual contact. In NSW, a Shigella strain circulating among MSM has developed resistance to all recommended oral antibiotics.

Trichomonas Vaginalis is a parasitic infection usually spread during sex but can also be spread by sharing wet towels or washers. Trichomoniasis is mostly a vaginal infection but can affect all people. Symptoms include discharge, abdominal pain, and pain during sex or urination. Trichomoniasis can be treated with antibiotics.

Hepatitis B and C* are viruses that infect the liver cells and cause an immune response that over time can lead to liver damage. Hepatitis B is most commonly spread by exposure to infected bodily fluids and can be prevented through vaccination. People infected as infants are likely to develop chronic infection and can get complications such as cirrhosis or liver cancer. Hepatitis C is spread by contact with contaminated blood, for example from sharing injecting equipment. If left untreated, can lead to cirrhosis or liver cancer. Hepatitis C can be cured with direct-acting antiviral medication.

For more information, please see the [NSW Hepatitis B Strategy](#) and [NSW Hepatitis C Strategy](#).

Human Immunodeficiency Virus (HIV)* is a virus that attacks the immune system. If left untreated, it can lead to AIDS (acquired immunodeficiency syndrome) and many serious health conditions. There is currently no cure; however, HIV can be managed as a chronic condition with effective antiretroviral medications.

For more information, please see the [NSW HIV Strategy 2021-2025](#).

Abbreviations

ACHHS	Aboriginal Community Controlled Health Services
ACNP	Australian College of Nurse Practitioners
ACON	Formerly known as the AIDS Council of NSW
ACRRM	Australian College of Rural and Remote Medicine
AHMRC	Aboriginal Health and Medical Research Council
AMS	Aboriginal Medical Services
APNA	Australian Primary Healthcare Nurses Association
ASHHNA	Australasian Sexual Health and HIV Nurses Association
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
CALD	Culturally and linguistically diverse
CASI	Computer Assisted Self Interview
eMR	Electronic medical record
GP	General Practice / General Practitioner
HARP	HIV and Related Programs Unit
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HTLV-1	Human T-Lymphotropic Virus Type 1
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer and other diverse genders and/or sexualities
LGV	Lymphogranuloma Venereum
LHD	Local Health District
MBS	Medicare Benefits Schedule
MOCCA	Management of Chlamydia Cases in Australia
MSM	Men who have sex with men
NGO	Non-government organisation
JHFMHN	Justice Health and Forensic Mental Health Network
PDPT	Patient delivered partner therapy
PFSHC	Publicly funded sexual health clinic
PHN	Primary Health Network
PHU	Public Health Unit
PID	Pelvic Inflammatory Disease
POCT	Point of Care Testing
RACGP	Royal Australian College of General Practitioners
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
SHIL	Sexual Health Info Link
SOPV	Sex on premises venue
STI	Sexually Transmissible Infection
STIPU	Sexually Transmissible Infection Programs Unit
SWOP	Sex Worker Outreach Project

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