



The artwork and infographics created by Kamilaroi and Jerrinja artist Jasmine Sarin and NGNY, respectively.

In 2022, among Aboriginal and Torres Strait Islander peoples, diagnosis rates of STIs remain higher than among non-Indigenous people: infectious syphilis and gonorrhoea were more than 5 times, and chlamydia was almost twice as high. In 2022, there were 25 new HIV diagnoses among Aboriginal and Torres Strait Islander peoples of which 30% reported male to male sexual contact as exposure risk. Both hepatitis B and hepatitis C diagnoses declined in 2022 from the previous year, however, were 7 times and 1.5 times higher than non-Indigenous people, respectively.

SEXUALLY TRANSMISSIBLE INFECTIONS (STI)

IN 2022, ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WERE

5 **x** more likely to be diagnosed with infectious syphilis;

2 **x** more likely to be diagnosed with chlamydia;

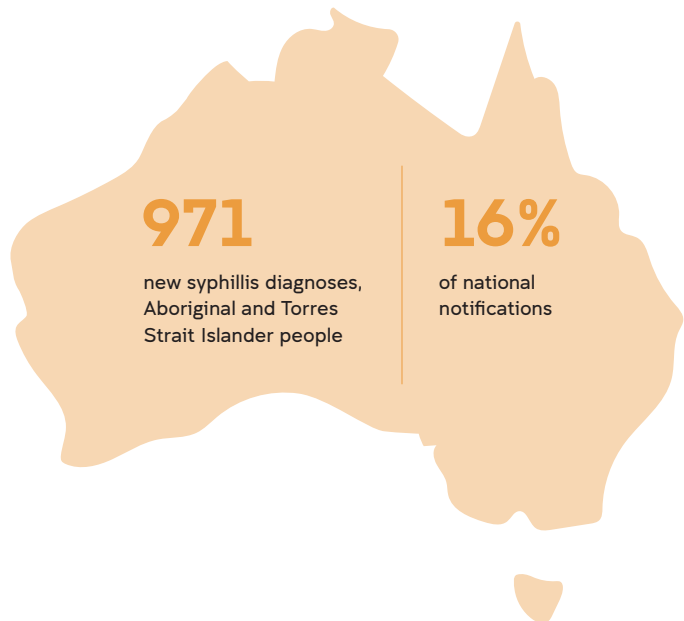
5 **x** more likely to be diagnosed with gonorrhoea

WHEN COMPARED WITH NON-INDIGENOUS PEOPLE

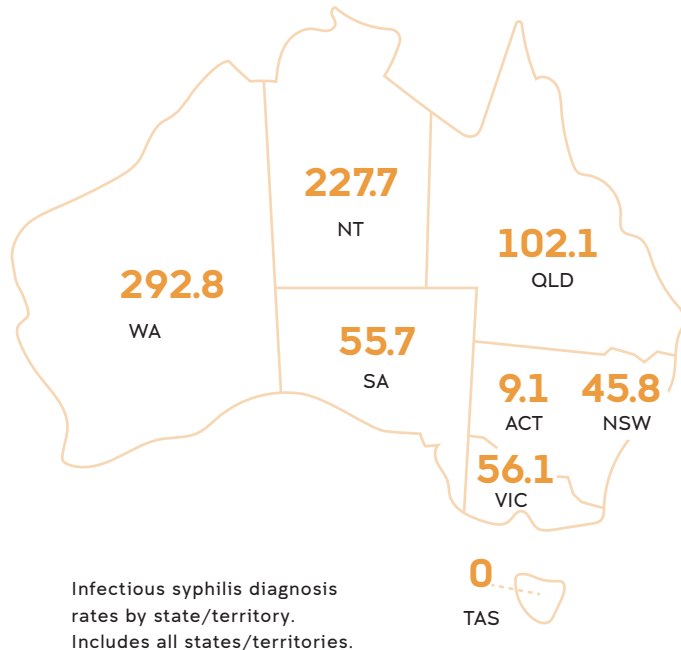


INFECTIOUS SYPHILIS

IN 2022



IN 2022



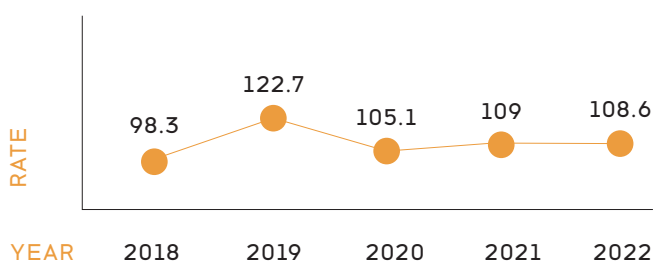
IN 2022, THE DIFFERENCE IN THE INFECTIOUS SYPHILIS DIAGNOSIS RATE IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WAS:

3.5 x Major cities

7 x Regional areas

35 x Remote areas

IN 2022, THE INFECTIOUS SYPHILIS RATES IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WAS 108.6 PER 100 000 WHICH WAS MORE THAN FIVE TIMES AS HIGH AS AMONG NON-INDIGENOUS PEOPLE (21 PER 100 000)



WHEN COMPARED WITH NON-INDIGENOUS PEOPLE



CONGENITAL SYPHILIS

IN 2022, CONGENITAL SYPHILIS DIAGNOSES AMONG ABORIGINAL AND TORRES STRAIT ISLANDER INFANTS ACCOUNTED FOR ALMOST HALF OF ALL THE DIAGNOSES IN AUSTRALIA. IN 2022, 3 DEATHS ATTRIBUTED TO CONGENITAL SYPHILIS AMONG ABORIGINAL AND TORRES STRAIT ISLANDER INFANTS

CASES			YEAR	CASES			YEAR
4	4		2018	1	1	0	2018
1	3		2019	0	0	1	2019
8	9		2020	3	1	0	2020
9	6		2021	2	1	0	2021
8	7		2022	3	0	2	2022

ABORIGINAL AND TORRES STRAIT ISLANDER

*NON-INDIGENOUS

ABORIGINAL AND TORRES STRAIT ISLANDER INFANT DEATHS

NON INDIGENOUS INFANT DEATHS

ABORIGINAL AND TORRES STRAIT ISLANDER STATUS NOT REPORTED

*Includes diagnoses where Aboriginal and Torres Strait Islander status was not reported

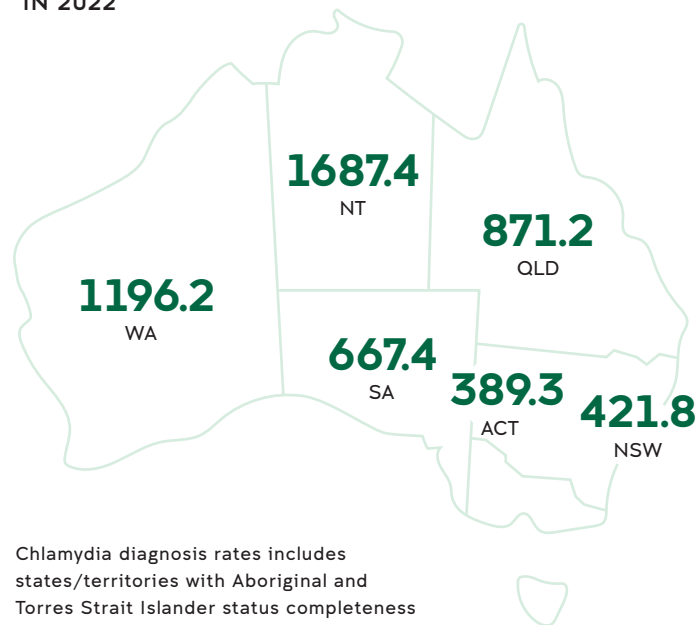


CHLAMYDIA

IN 2022

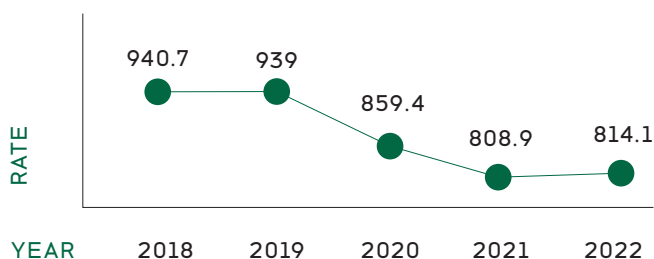


IN 2022



Chlamydia diagnosis rates includes states/territories with Aboriginal and Torres Strait Islander status completeness $\geq 50\%$ (ACT, NT, NSW, Qld, SA, & WA) for last 5 years (2018-2022).

IN 2022, THE CHLAMYDIA RATES IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WAS 814 PER 100 000 WHICH WAS MORE THAN TWICE THAN AMONG NON-INDIGENOUS PEOPLE (375 PER 100 000)



IN 2022, THE CHLAMYDIA DIAGNOSIS RATE IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WAS:

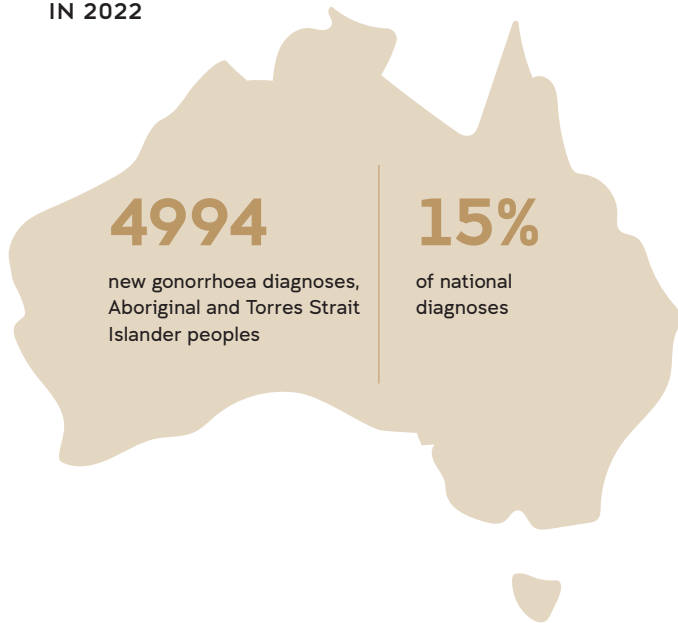
- 1.4 x** Major cities
- 2 x** Regional areas
- 3 x** Remote areas

WHEN COMPARED WITH NON-INDIGENOUS PEOPLE

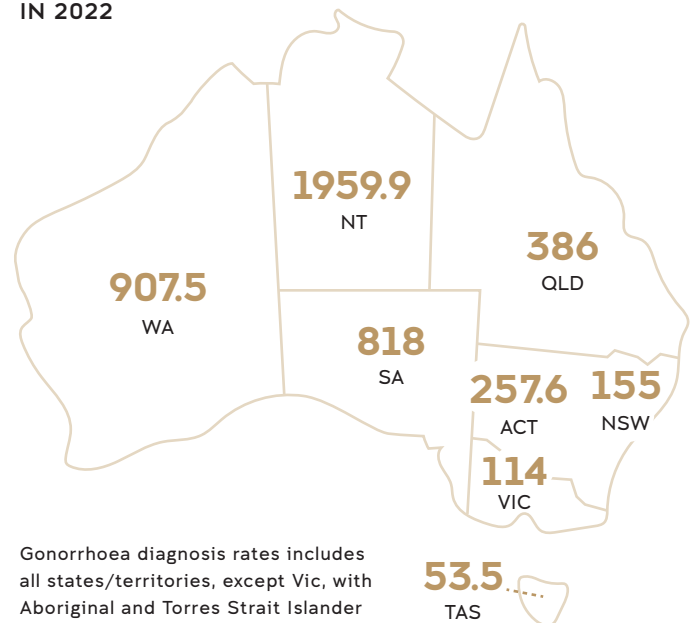


GONORRHOEA

IN 2022

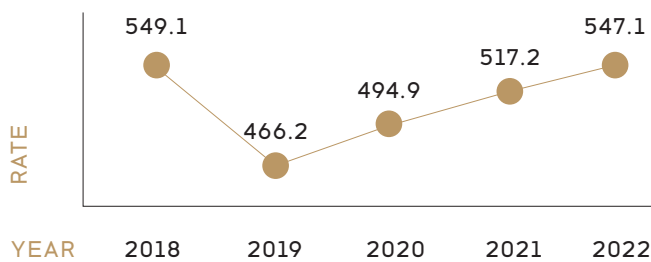


IN 2022



Gonorrhoea diagnosis rates includes all states/territories, except Vic, with Aboriginal and Torres Strait Islander status completeness $\geq 50\%$ for past 5 years (2018-2022).

IN 2022, GONORRHOEA RATES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WAS 547 PER 100 000 WHICH WAS MORE THAN FIVE TIMES THAT OF NON-INDIGENOUS PEOPLE (108.3 PER 100 000)



IN 2022, THE GONORRHOEA DIAGNOSIS RATE IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WAS:

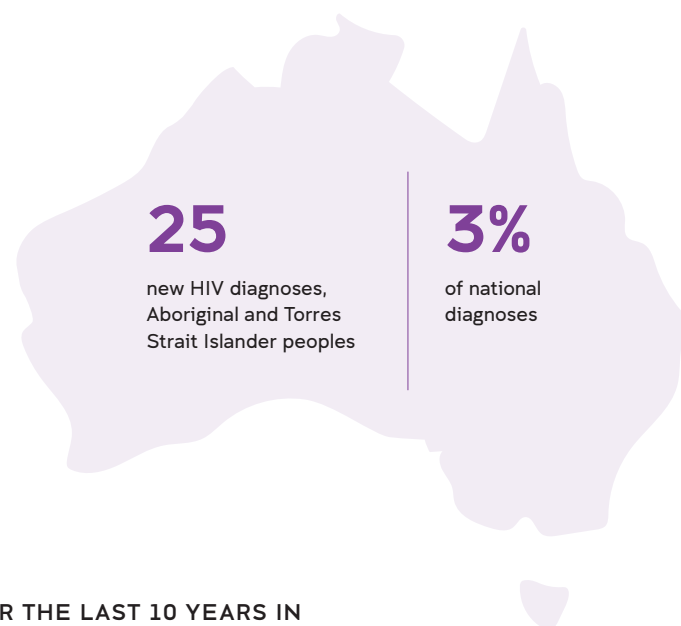
- 2** x Major cities
- 6** x Regional areas
- 21** x Remote areas

WHEN COMPARED WITH NON-INDIGENOUS PEOPLE

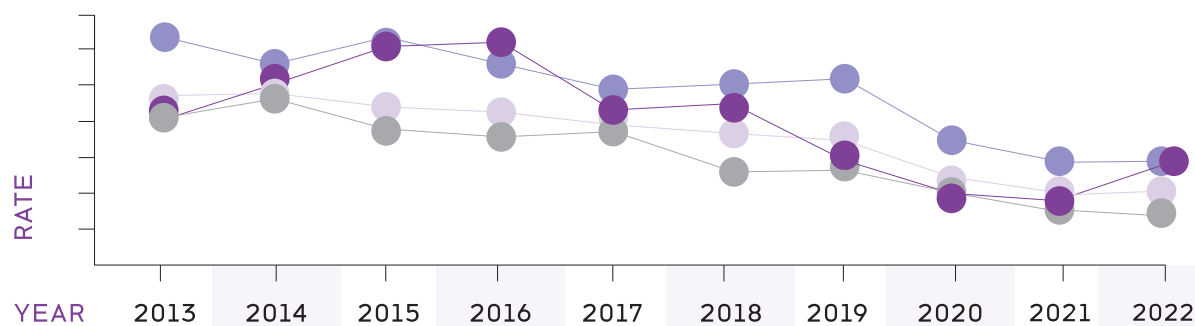


HIV

IN 2022



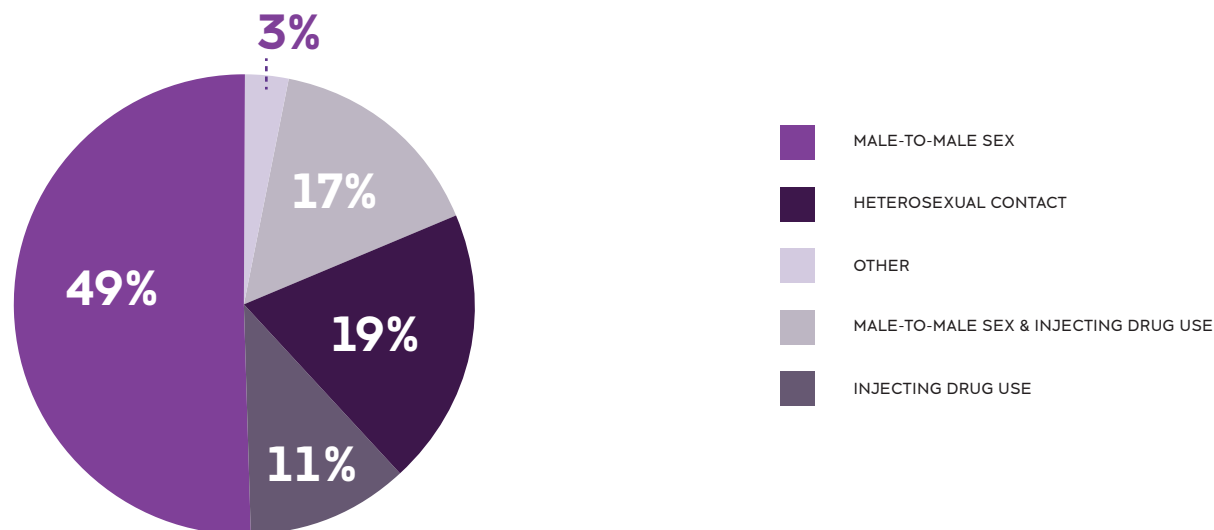
HIV DIAGNOSIS RATES OVER THE LAST 10 YEARS IN ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION



All rates are per 100 000 population. HIV rates include all states and territories as all had Aboriginal and Torres Strait Islander status completeness more than 80%. For more information, please visit <https://data.kirby.unsw.edu.au/hiv>

HIV

NEWLY DIAGNOSED HIV INFECTION AND HIV EXPOSURE CATEGORY, 2018-2022, BY ABORIGINAL AND TORRES STRAIT ISLANDER STATUS

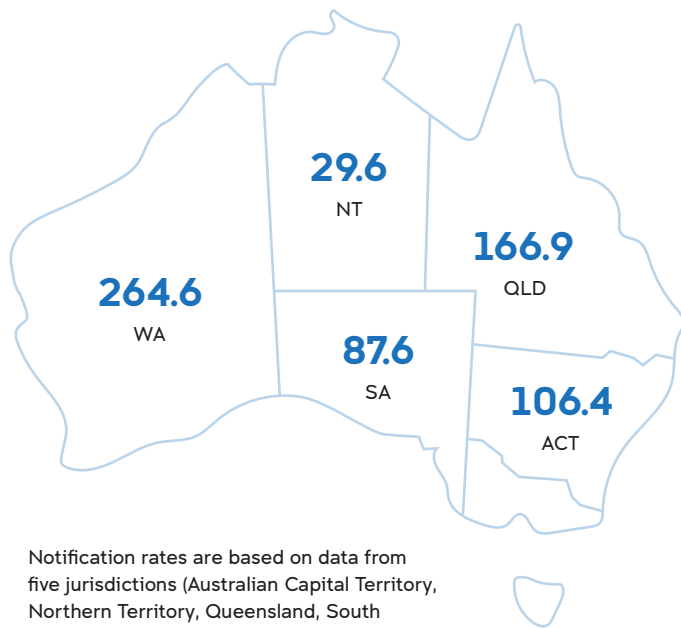
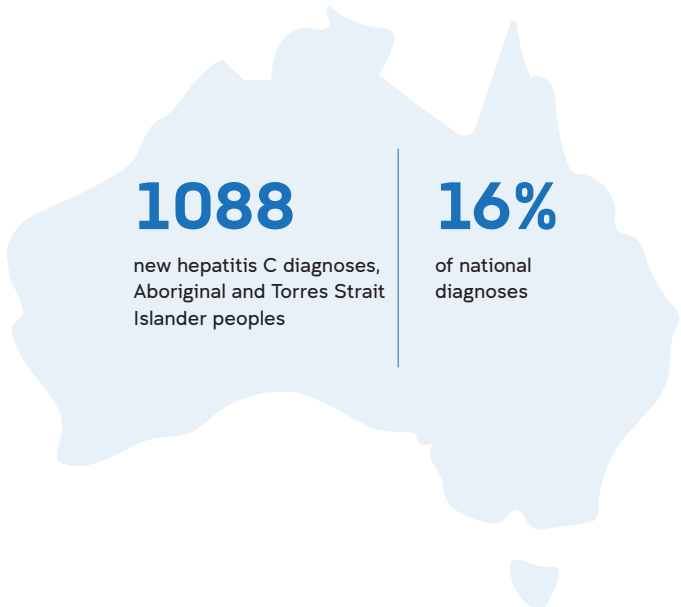


IN 2022



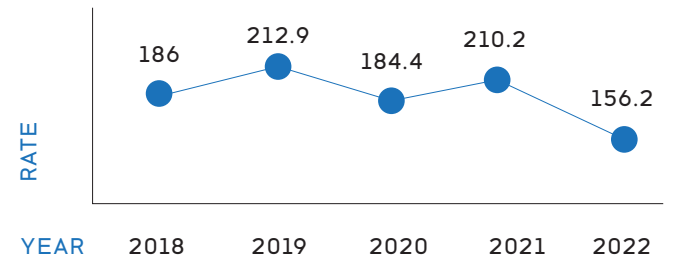
HEPATITIS C

IN 2022



Notification rates are based on data from five jurisdictions (Australian Capital Territory, Northern Territory, Queensland, South Australia, and Western Australia), where Indigenous status was at least 50% complete for the past five years (2018–2022)

IN 2022, THE RATE OF HEPATITIS C AMONG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WAS 156 PER 100 000, WHICH WAS ALMOST 7 TIMES THE NON-INDIGENOUS RATE (21.7 PER 100 000)



36%



In 2022, 36% of Aboriginal and Torres Strait Islander respondents who inject drugs had evidence of previous hepatitis C infection

31%



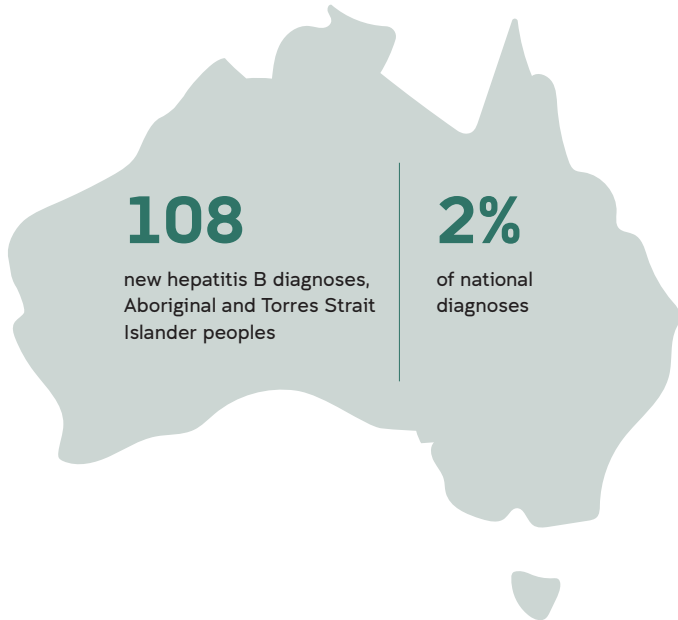
In 2021, 31% of Aboriginal and Torres Strait Islander respondents reported receptive needle and syringe sharing for all drug injections in last 12 months

Source: Australian National Syringe Program Survey

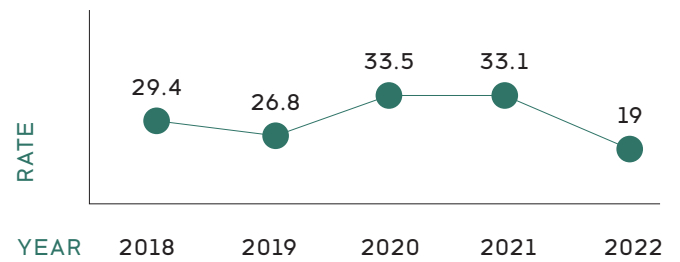


HEPATITIS B

IN 2022



IN 2022, THE RATE OF HEPATITIS B AMONG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES WAS 19 PER 100 000, WHICH WAS ALMOST 1.5 TIMES THE NON-INDIGENOUS RATE (14.6 PER 100 000)



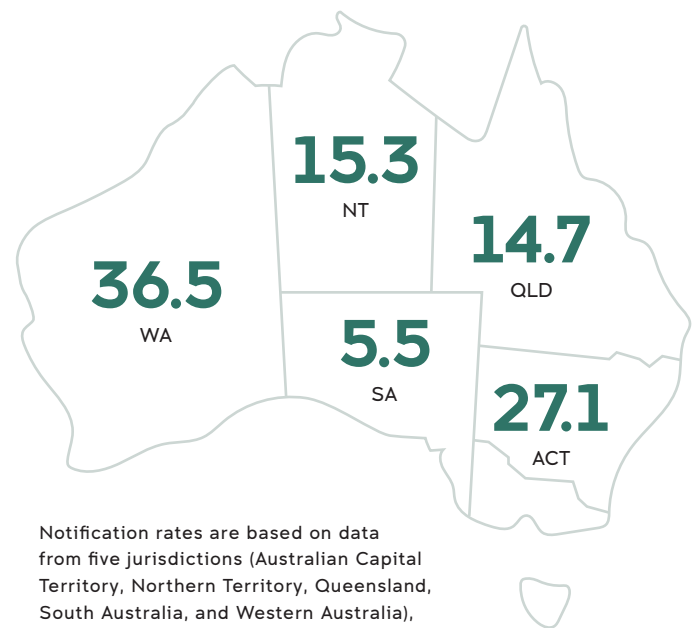
IN 2022, HEPATITIS B VACCINATION COVERAGE WAS:



90%
AT 12 MONTHS OF AGE



96%
AT 24 MONTHS OF AGE



Notification rates are based on data from five jurisdictions (Australian Capital Territory, Northern Territory, Queensland, South Australia, and Western Australia), where Indigenous status was at least 50% complete for hepatitis B notifications for each the past five years (2018–2022)

