

Tracking the Progress 2023:
**National Sexually
Transmissible Infections
Strategy**



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Tracking the Progress 2023: National Sexually Transmissible Infections Strategy

The goals of the Fourth National Sexually Transmissible Infections Strategy are to:

1. Reduce transmission of, and morbidity and mortality associated with STI in Australia;
2. Eliminate the negative impact of stigma, discrimination and legal and human rights issues on people's health;
3. Minimise the personal and social impact of STI.

The National Sexually Transmissible Infections Strategy has five targets that provide specific focus for the efforts made towards achieving the goals of this Strategy. Each target has corresponding indicators that measure progress towards attaining the target. The full list of the targets and their indicators are listed in Appendix i.

Preface

This is the final report describing progress against indicators in the National Blood-borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Plan 2018-2022. In this report, the years of reporting cover the lifetime of the strategies described in the Plan, from the end of 2017 to the end of 2022. During this period, the COVID-19 pandemic resulted in restricted access to healthcare, including testing and treatment, which impacted progress against many indicators. For this reason and where appropriate, the years for comparison are also from the end of 2017 to the end of 2019 and from the end of 2019 to the end of 2022.

- Sources of data are provided in the data dashboard on the [Kirby data site](#).
- Acknowledgement is given to the many contributors helping report progress against the National Sexually Transmissible Infections Strategy. The full list of contributors can be found on the Acknowledgement page of the [Kirby data site](#).
- Decisions on whether the target has been met are based on:
 - a) Meeting the target when the target is specific (e.g. increase to 80% the proportion with hepatitis B who are diagnosed);
 - b) Based on previous year's modelling estimates;
 - c) A percentage absolute change of $\geq 2\%$ for proportions when the target is not specific (e.g. increase treatment uptake or increase vaccination coverage); or
 - d) A relative change of $\geq 5\%$ for number/notifications when the target is not specific (e.g. reduce incidence).

Target 1

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Achieve and maintain HPV adolescent vaccination coverage of 80%

- From 2019, HPV adolescent vaccine course completion is defined as the receipt of two vaccine doses if dose two is given at least five months after dose one. Since 2022, the Australian vaccination schedule has recommended a single HPV dose. The definition of course completion is also met if three doses are given when dose two was given less than five months after dose one. The proportion of 15-year-old females registered in the Australian Immunisation Register completing the HPV vaccine schedule met the target in 2020 (80.5%), 2021 (80.3%), and 2022 (85.3%). In the same period, the proportion of 15-year-old males registered in the Australian Immunisation Register completing a course of the HPV vaccine increased from 70.3% in 2016 to 83.1% in 2022, meeting the target for the first time.

Target 2

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Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis

Part A: Notifications and testing

Gonorrhoea

- Between 2017 and 2022, the gonorrhoea notification rate increased by 20% from 118.3 to 141.5 per 100 000 population. Similar trends were seen among males and females and in 2022, notification rates were 187.3 and 79.8 per 100 000 population, respectively. Declines between 2019 and 2021 were likely attributable in part to the impact of COVID-19 restrictions on social activity, healthcare access and testing, and travel. This target was not met over the lifetime of the strategy.
- Among people aged 15 to 29 years, the proportion of gonorrhoea tests yielding a positive test result between 2017 and 2022 increased from 2.1% to 2.6%. In this age group, similar trends were seen among males and females and in 2022, the proportion of gonorrhoea tests yielding a positive test result (test positivity) was 6.0% and 1.4%, respectively. The proportion of tests yielding a positive test result was higher among males than among females for every year reported.
- Among female sex workers attending sexual health clinics participating in the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmissible Infections and Blood-borne Viruses (ACCESS), the incidence of gonorrhoea fluctuated between 2017 and 2022 (between 8.3 and 11.0 per 100 person years) and was 8.9 per 100 person years in 2022.
- Between 2017 and 2022, among gay and bisexual men attending clinics participating in ACCESS, the incidence of gonorrhoea fluctuated between 2017 and 2019 but declined by 18% between 2019 and 2022 from 26.8 to 22.0 infections per 100 person-years.

Target 2

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Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis

Part A: Notifications and testing

Chlamydia

- Between 2017 and 2022, the chlamydia notification rate declined by 8% from 420.9 to 386.5 per 100 000. Similar trends were seen among males and females and in 2022 notification rates were 379.2 and 395.8 per 100 000, respectively. Declines between 2019 and 2022 were likely attributable in part to the impact of COVID-19 restrictions on social activity, healthcare access and testing, and travel. This target was not met over the lifetime of the strategy.
- Between 2017 and 2022, among people aged 15 to 29 years, the proportion of chlamydia tests yielding a positive test result fluctuated between 9.3% and 10.5% and was 10.5% in 2022. In this age group, among males, the proportion of tests yielding a positive result increased from 15.2% in 2017 to 17% in 2022. Among females this proportion fluctuated between 7.3% and 8.3% and was 8.2% in 2022.
- Among female sex workers attending clinics participating in ACCESS, the chlamydia incidence fluctuated (between 10.1 and 13.1 new infections per 100 person-years) and was 10.1 new infections per 100 person-years in 2022.
- Among gay and bisexual men attending clinics participating in ACCESS, the incidence of chlamydia increased by 14% between 2017 and 2022 from 26.6 to 30.4 new infections per 100 person-years.

Infectious syphilis

- Between 2017 and 2022 the infectious syphilis notification rate increased by 32% from 18.4 to 24.3 notifications per 100 000, with similar trends among males and females. In 2022, notification rates were 39.8 per 100 000 among males and 8.8 per 100 000 among females. The reduction in relative increases of notification rates between 2019 and 2021 were likely attributable in part to the impact of COVID-19 restrictions on social activity, healthcare access and testing, and travel. This target was not met over the lifetime of the strategy.
- Between 2017 and 2022, among female sex workers attending sexual health clinics participating in ACCESS, the incidence of infectious syphilis fluctuated (between 0.1 and 0.5 new infections per 100 person years) and was 0.1 new infections per 100 person-years in 2022.
- Among gay and bisexual men attending clinics participating in ACCESS, the incidence of infectious syphilis increased by 16% between 2017 and 2022, from 4.5 to 5.2 per 100 000 person-years.

Target 2

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Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis

Part B: Knowledge and risk behaviours

- Among participants of the National Survey of Australian Secondary Students and Sexual Health (SASSH):
 - In 2018, 94.5% of students knew that someone could have an STI without having any obvious symptoms, up from 89.4% of participants in 2013. This question was not asked in the 2021 survey.
 - In 2018, 72.8% of participants were aware that chlamydia affects both men and women, up from 60.7% of students in 2013. This question was adapted in 2021 to ask students if chlamydia is an STI that only affects persons with a womb/uterus. In 2021, 58.5% of respondents answered this question correctly.
 - In 2018, 53.6% of participants were aware that chlamydia can lead to infertility amongst women, down from 57.4% in 2013. In 2021, this question was adapted to ask if chlamydia can lead to infertility without specifying a population affected with 42% of participants answering this question correctly.
 - In 2021, 34.0% of participants knew that once a person caught genital herpes, they will always have the virus, down from 46.7% in 2013.
 - In all years and for all questions, a higher proportion of female students answered STI knowledge questions correctly than their male peers.
 - Overall, the highest levels of knowledge regarding STIs were demonstrated about the potentially asymptomatic nature of many infections, and lower levels of knowledge were seen in relation to chlamydia and herpes. Further detail on responses by gender is available on the Kirby data site.
- The proportion of all sexually active respondents to the 2021 SASSH survey reporting always using a condom when they had sex in the last 12 months was 38.3%, a decrease from 46.3% in 2013. The proportion reporting condom use at last sex was 48.6% in 2021, a decline from 58.8% in 2013. Reported condom use was higher among males than females in all years.
- In 2018, almost a fifth (19.1%) of participants reported three or more sexual partners in the past year, a decrease from 26.4% in 2013.

Target 2

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Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis

Part B: Knowledge and risk behaviours

- In 2021, number of sexual partners was stratified by anal and vaginal sex, with 31.2% reporting three or more vaginal sexual partners (33.3% among females, 24.5% among males). Of those reporting anal sex, 9.2% reported three or more anal sex partners (3.9% among females, 19.7% among males). Full breakdowns of reported risky behaviours by sex are available on the [Kirby Institute data site](#).
- Among participants of the Gay Community Periodic Survey (GCPS), the proportion who reported consistent condom use with casual sexual partners in the previous 12 months decreased steadily from 30.3% in 2017 to 17.0% in 2021. Between 2021 and 2022, this proportion increased to 31.9%.

Target 3

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Increase STI testing coverage in priority populations

- Chlamydia and gonorrhoea are tested for concurrently in Australia using duplex testing. The proportion of 15- to 29-year-olds consulting with a general practitioner and receiving at least one chlamydia/gonorrhoea test from their general practitioner in the previous 12 months increased from 14.0% in 2017 to 16.2% in 2022.
- In 2022, the proportion receiving at least one chlamydia/gonorrhoea test from their general practitioner in the previous 12 months was 9.6% among males and 22.1% among females. Despite the higher proportion of young people getting tested for chlamydia at their general practice, the overall lower number of tests conducted from 2020 suggests that the number of people accessing health care at their general practice declined from 2020.
- Between 2017 and 2022, among gay and bisexual men attending clinics participating in ACCESS, the proportion receiving a chlamydia, gonorrhoea and syphilis test in the previous 12 months fluctuated between 79.2% and 81.9% and was 79.2% in 2022.
- In the same period, among sex workers attending participating sexual health clinics in ACCESS, the proportion receiving a chlamydia, gonorrhoea and syphilis test in the previous 12 months fluctuated between 81.6% and 86.1% and was 83.0% in 2022.
- Among participants in the GCPS, the proportion who reported having had comprehensive STI testing (at least four different samples (anal swab, throat swab, penile swab, urine, blood test) collected for STI testing) in the previous 12 months increased from 51.2% in 2017 to 54.6% in 2019, declined to 47.1% in 2021, then increased to 41.8% in 2022.

Target 4

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Eliminate congenital syphilis

- Between 2017 and 2022 the number of congenital syphilis notifications almost doubled, increasing from eight to 15 notifications. Similarly, when translated to notification rates, the congenital syphilis notification rate increased from 2.6 to 4.8 notifications per 100 000 live births. This target was not met over the lifetime of the strategy.
- Among women of reproductive age (15 to 44 years), the infectious syphilis notification rate increased by 57%, from 11.2 per 100 000 in 2017 to 17.6 notifications per 100 000 in 2021.

Target 5

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Minimise the reported experience and expression of stigma in relation to STI

- Among the participants of the [2018 National Debrief Survey](#) aged between 15 to 29 years:
 - 63% reported that they had never behaved negatively towards people with an STI while 8% reported that they had sometimes or often behaved negatively towards someone with an STI, and 28% reported they had done so rarely.
 - 12% reported that they would expect to never experience stigma if they had an STI while 62% reported they would sometimes, often, or always expect to experience stigma. 26% reported they would expect to rarely experience stigma if they had an STI.
 - Among respondents with a history of having an STI, 50% reported that they had never experienced stigma or discrimination due to their STI while 27% reported they had sometimes, often, or always experienced stigma or discrimination. 23% reported they had rarely experienced stigma or discrimination due to their STI.
- As reported in [Stigma snapshot: Health care workers 2022](#):
 - Among surveyed health care workers, 57% reported never witnessing negative behaviour towards people because of an STI. Conversely, 24% of health care workers reported they had sometimes, often, or always witnessed negative behaviour towards people because of an STI while 19% reported they had witnessed such behaviour rarely.
- As reported in the [Annual Report of Trends in Behaviour 2022 HIV and STIs in Australia](#):
 - Among surveyed health care workers in 2021, 57% reported never expressing negative behaviour towards people because of an STI down from 75% in 2018. Conversely, 22% of health care workers reported they had sometimes, often, or always expressed negative behaviour towards people because of an STI (up from 6% in 2018), while 19% reported that they had done so rarely (up from 18% in 2018).

Appendix

Sexually Transmissible Infections Strategy

	Indicator	Data source
Target 1	Achieve and maintain human papillomavirus adolescent vaccination coverage of 80%.	
	1a HPV two dose vaccination coverage for males and females aged 15 years of age.	Australian Immunisation Register (AIR)
Target 2	Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis.	
	2a Annual rate of gonorrhoea notifications.	National Notifiable Diseases Surveillance System (NNDSS)
	2b Annual rate of chlamydia notifications.	National Notifiable Diseases Surveillance System (NNDSS)
	2c Annual rate of infectious syphilis notifications.	National Notifiable Diseases Surveillance System (NNDSS)
	2d Incidence of STIs in sex workers attending a sexual health clinic.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
	2e Incidence of STIs in gay and bisexual men attending a health service.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
	2f Proportion of chlamydia tests that yield a positive result in the 15-29 year age group.	Medicare, National Notifiable Diseases Surveillance System (NNDSS)
	2g Proportion of gonorrhoea tests that yield a positive result in the 15-29 year age group.	Medicare, National Notifiable Diseases Surveillance System (NNDSS)
	2h Proportion of secondary school students giving the correct answer to STI knowledge and behaviour questions.	National Survey of Australian Secondary Students and Sexual Health
	2i Proportion of secondary school students reporting certain risky sexual behaviours.	National Survey of Australian Secondary Students and Sexual Health
	2j Proportion of young people (15-29 year olds) giving the correct answer to STI knowledge questions.	The Debrief Survey
	2k Proportion of young people (15-29 year olds) reporting consistent condom use with sexual partners in the previous 12 months.	The Debrief Survey
	2l Proportion of gay and bisexual men who reported consistent condom use with casual sexual partners in the previous 12 months.	Gay Community Periodic Surveys

Appendix

Sexually Transmissible Infections Strategy

Indicator	Data source
Target 3 Increase STI testing coverage in priority populations.	
3a Proportion of 15-29 year olds receiving at least one chlamydia test in the previous 12 months.	Medicare
3b Proportion of 15-29 year olds receiving at least one gonorrhoea test in the previous 12 months.	Medicare
3c Proportion of gay and bisexual men who report having had an STI test in the previous 12 months.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
3d Proportion of gay and bisexual men attending a health clinic receiving a chlamydia, gonorrhoea and infectious syphilis test at least once in the previous 12 months.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
3e Proportion of gay men who report having had comprehensive STI testing in the previous 12 months.	Gay Community Periodic Surveys
3f Proportion of sex workers attending a health clinic receiving a chlamydia, gonorrhoea or infectious syphilis test in the previous 12 months.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
3g Proportion of young people (15-29 years) who reported having sex and have had an STI and/or HIV test in the previous 12 months.	The Debrief Survey
Target 4 Eliminate congenital syphilis.	
4a Number of congenital syphilis notifications.	National Notifiable Diseases Surveillance System (NNDSS)
4b Notification rate of congenital syphilis per 100 000 live births.	National Notifiable Diseases Surveillance System (NNDSS)
4c Annual notification rate of infectious syphilis in women of reproductive age (15-44 years of age).	National Notifiable Diseases Surveillance System (NNDSS)
Target 5 Minimise the reported experience and expression of stigma in relation to STI.	
5a Proportion of young people reporting negative behaviour towards people with an STI.	The Debrief Survey
5b Proportion of people who report that they would expect to experience stigma if they had an STI.	The Debrief Survey
5c Proportion of young people who report that they experienced stigma or discrimination due to their STI.	Annual Report of Trends in Behaviour
5d Proportion of health care workers reporting or witnessing negative behaviour towards people with an STI.	Annual Report of Trends in Behaviour