

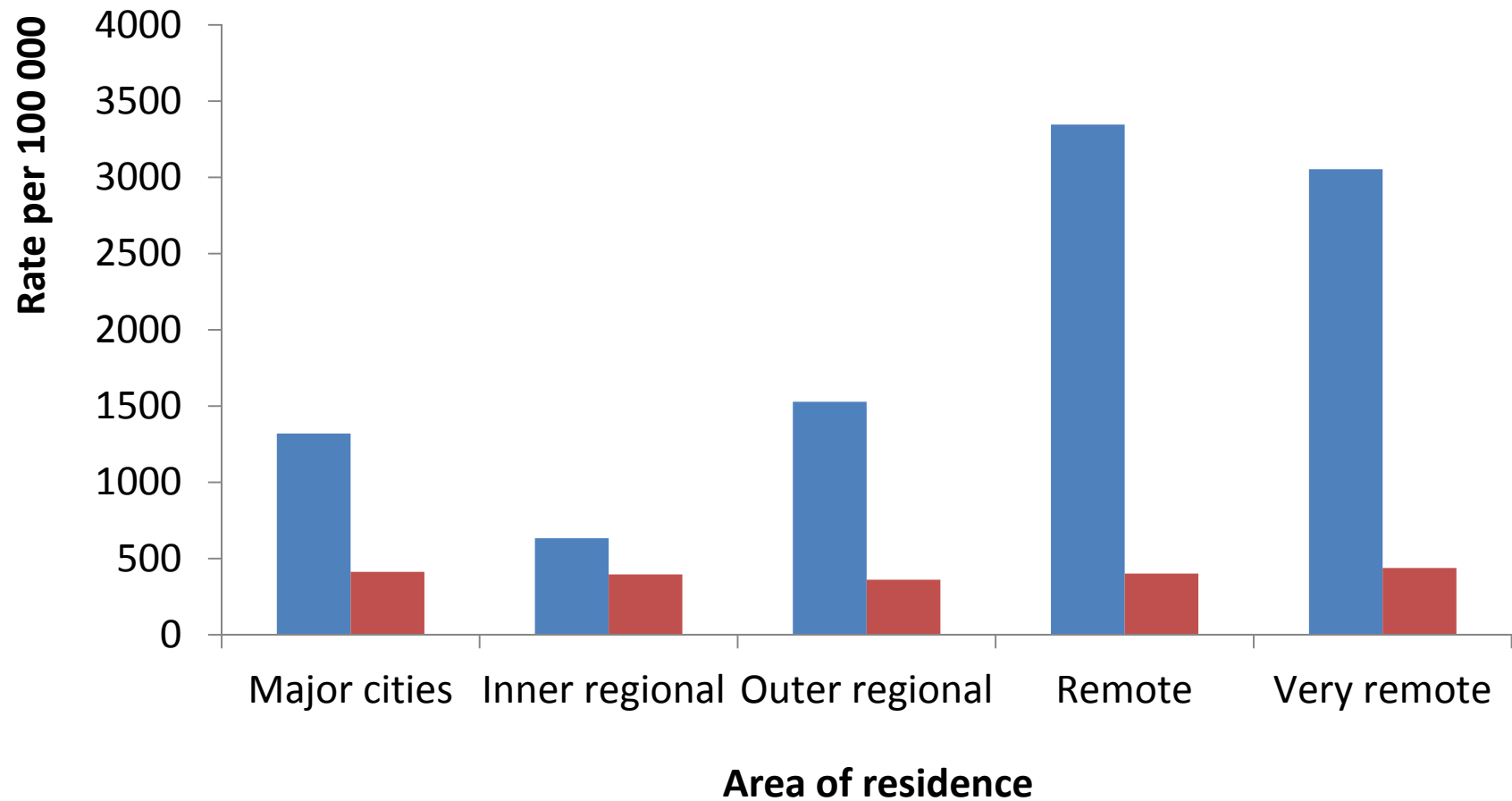
Update on the STRIVE trial

John Kaldor
Kirby Institute, UNSW
Kirby Institute Symposium
27 June 2013

Background

- High rates of curable STIs in remote communities
- Major consequences
 - Unpleasant symptoms
 - Personal and social impact
 - Reproductive tract damage
 - HIV risk
- We have accurate tests and effective treatments
- **Population screening and treatment** as a key control strategy since the mid 1990s

Chlamydia notifications, Australia 2011



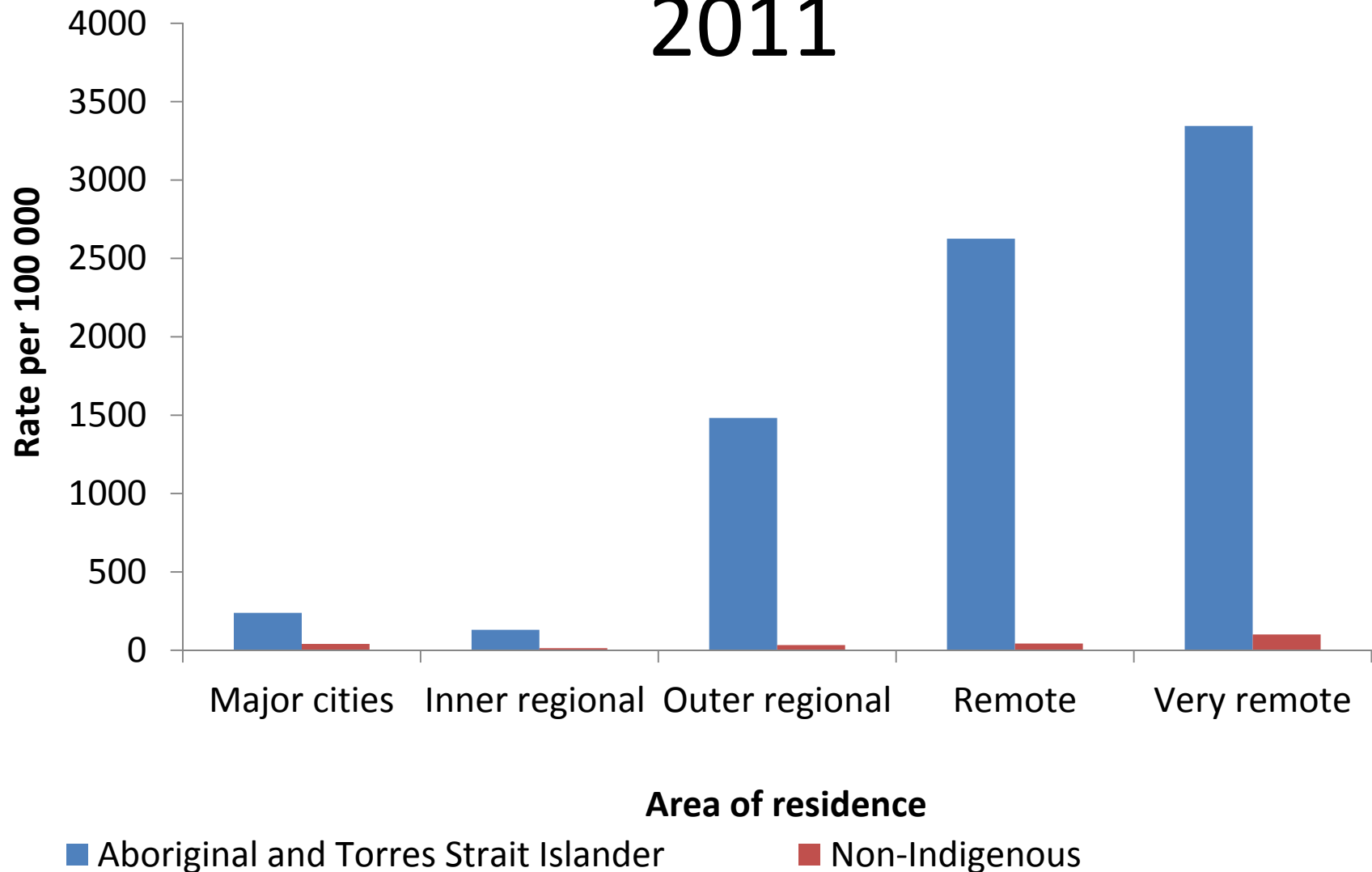
■ Aboriginal and Torres Strait Islander

■ Non-Indigenous

1 Jurisdictions (NT, SA, TAS, VIC and WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses

Source: State/Territory health authorities

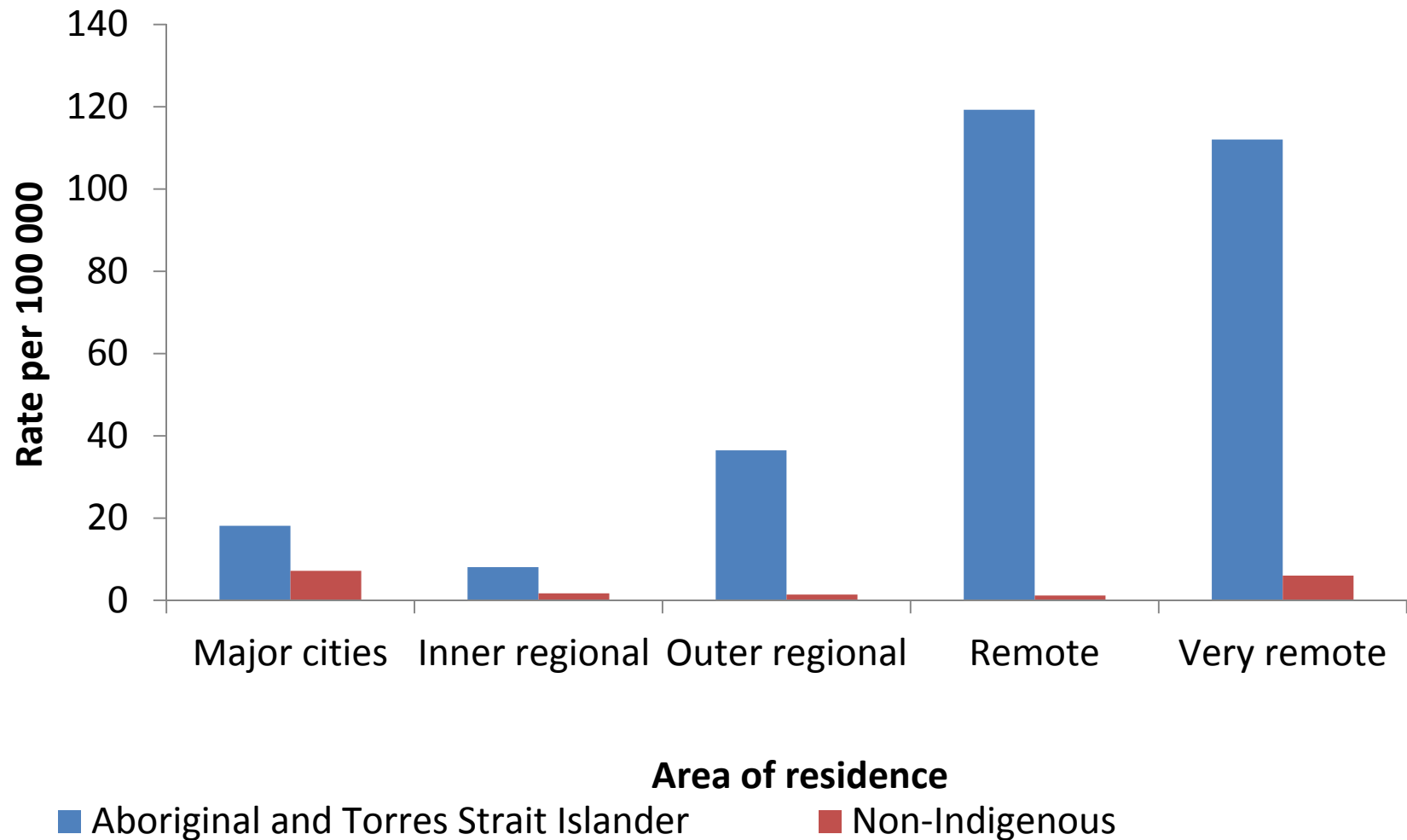
Gonorrhoea notifications, Australia 2011



1 Jurisdictions (NT, QLD, SA, TAS, VIC and WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses

Source: State/Territory health authorities

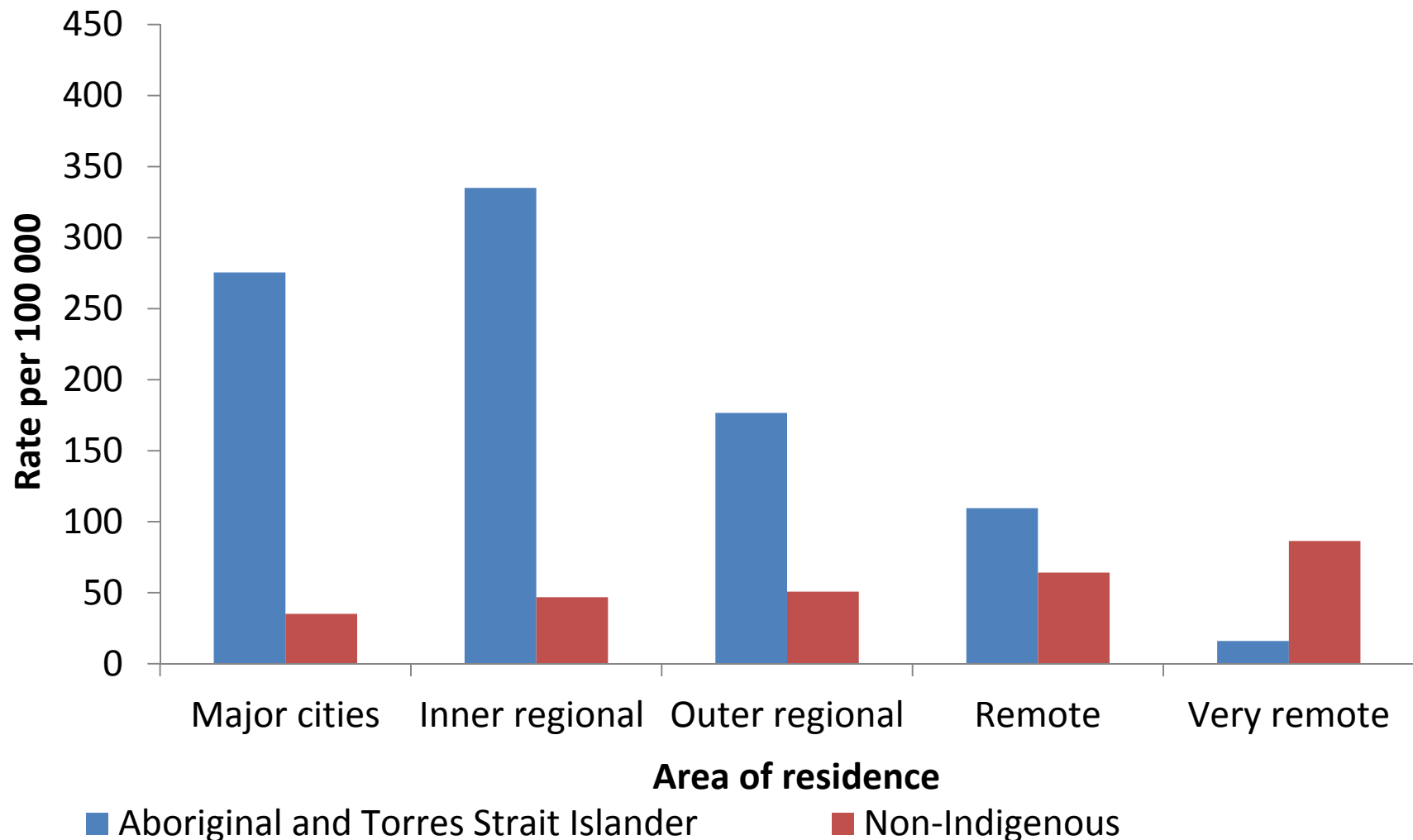
Infectious syphilis notifications, Australia 2011



1 Jurisdictions (NSW, NT, QLD, SA, TAS, VIC, ACT and WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses

Source: State/Territory health authorities

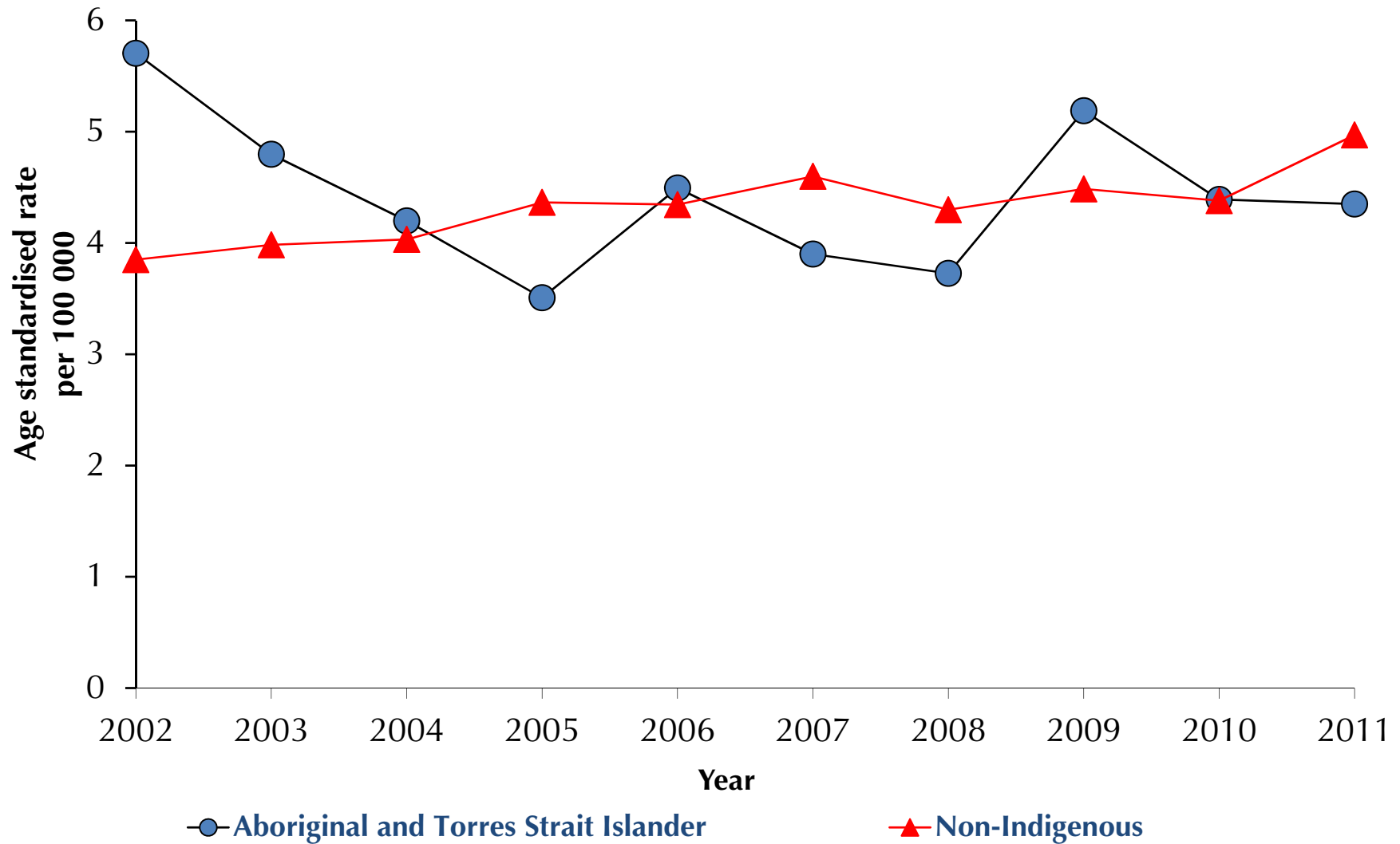
Hepatitis C notifications, Australia 2011



1 Jurisdictions (NT, SA, TAS and WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses.

Source: State/Territory health authorities

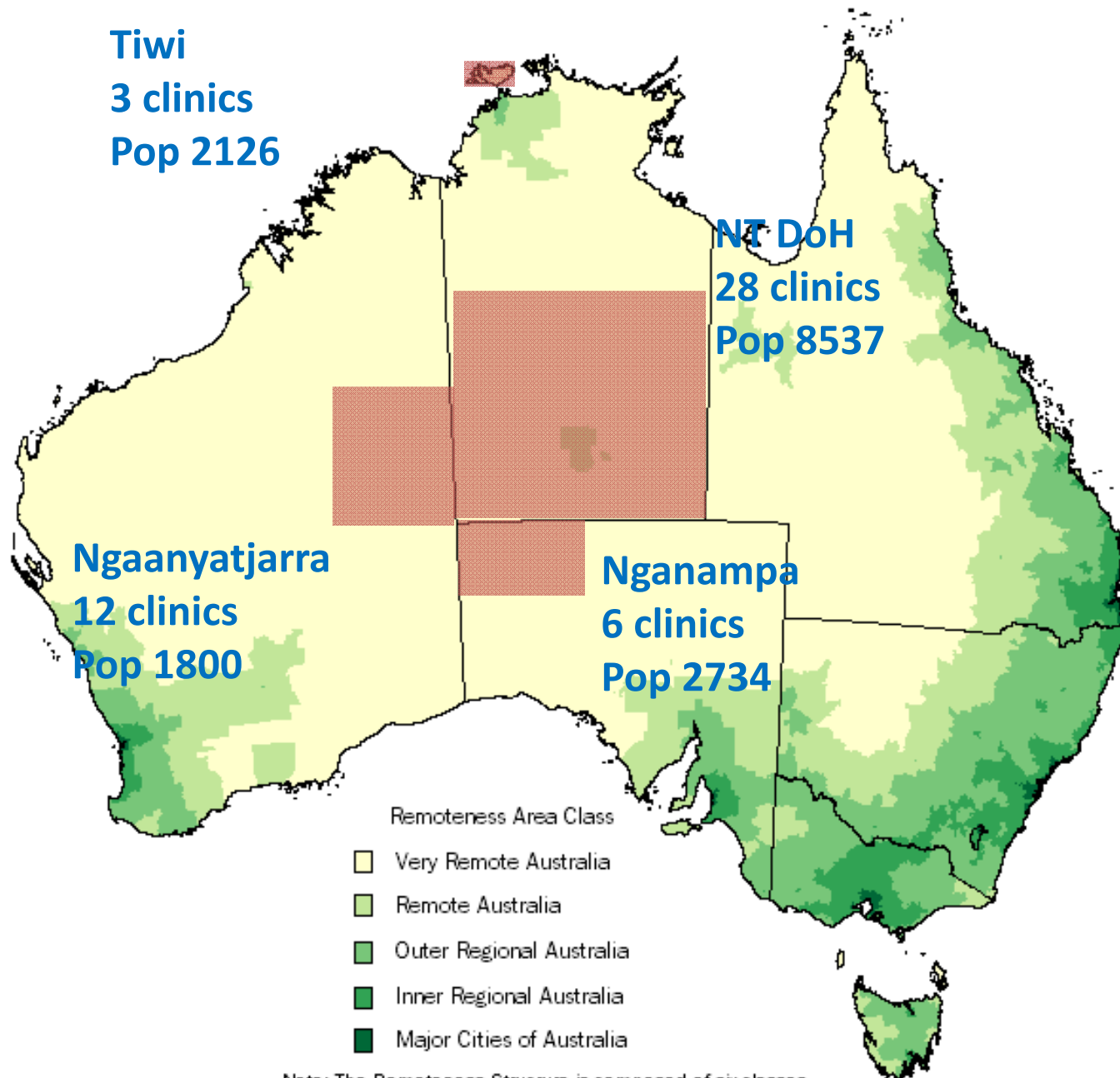
HIV diagnoses in Australia



1 Cases and populations from high prevalence countries were excluded from the non-Indigenous rate.

Successes in STI control for remote communities

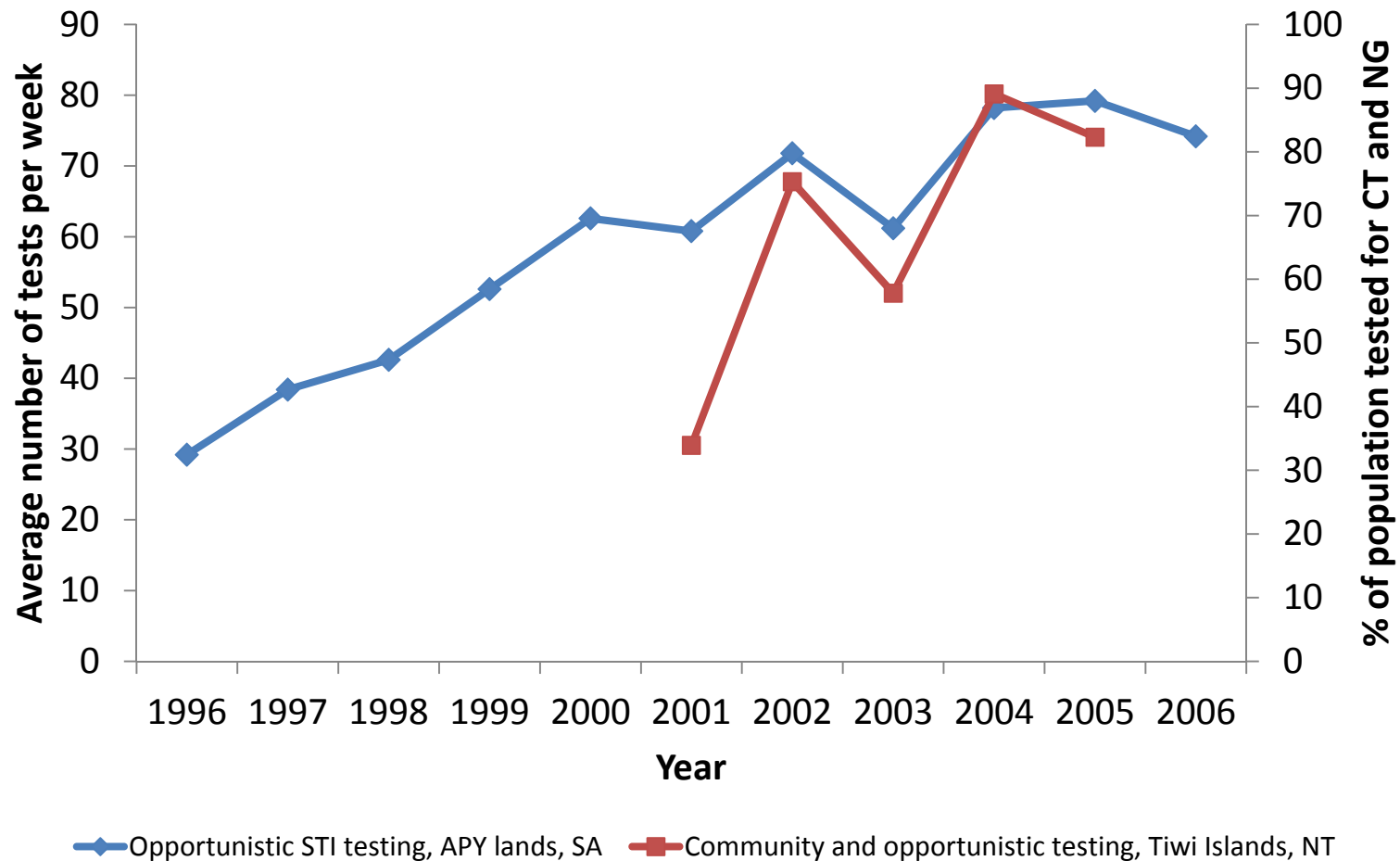
- Substantial variation in implementation
- Some major successes
- No large scale systematic evaluation
- **Need for a deeper understanding of STI transmission and how to achieve control in remote communities**



Note: The Remoteness Structure is composed of six classes.
The migratory class is not mapped.

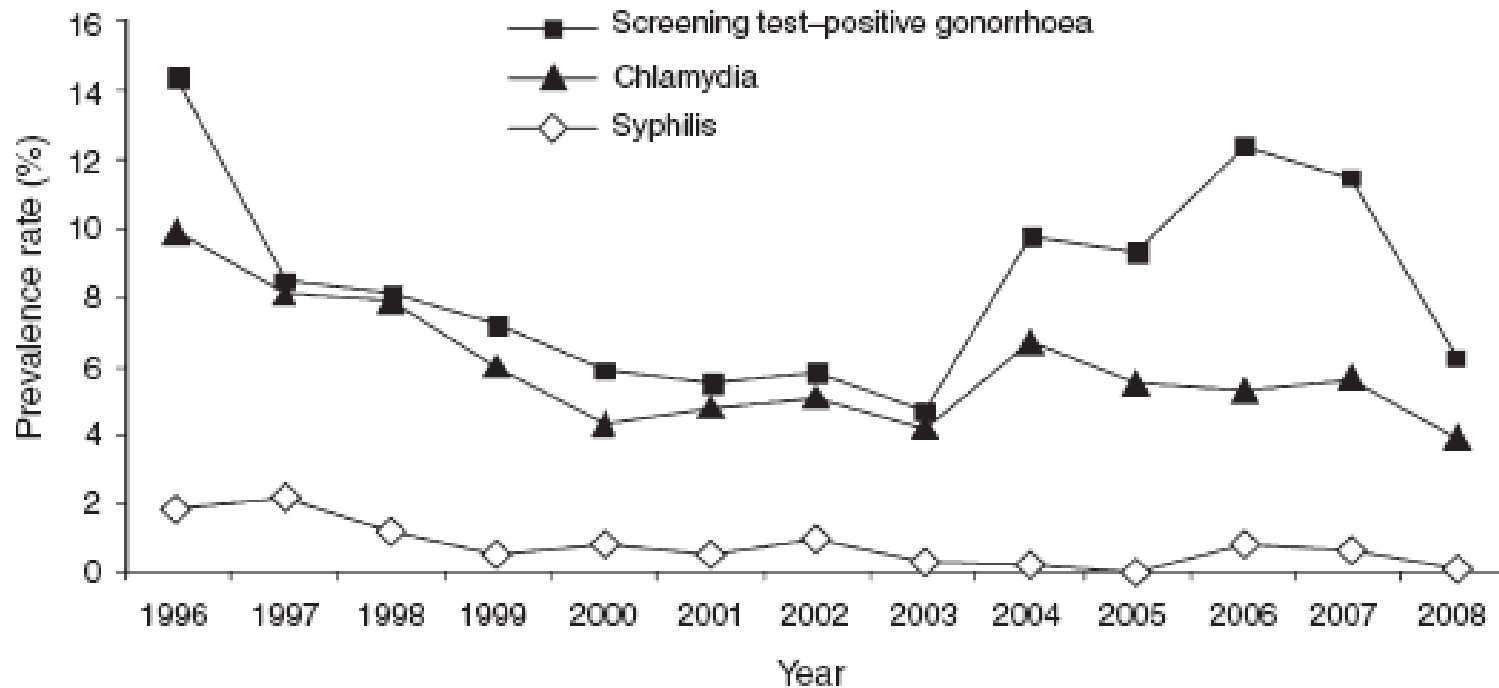
Reference: Guy et al, *Sex Health*, 2012;9:205-212

STI testing in APY lands and Tiwi

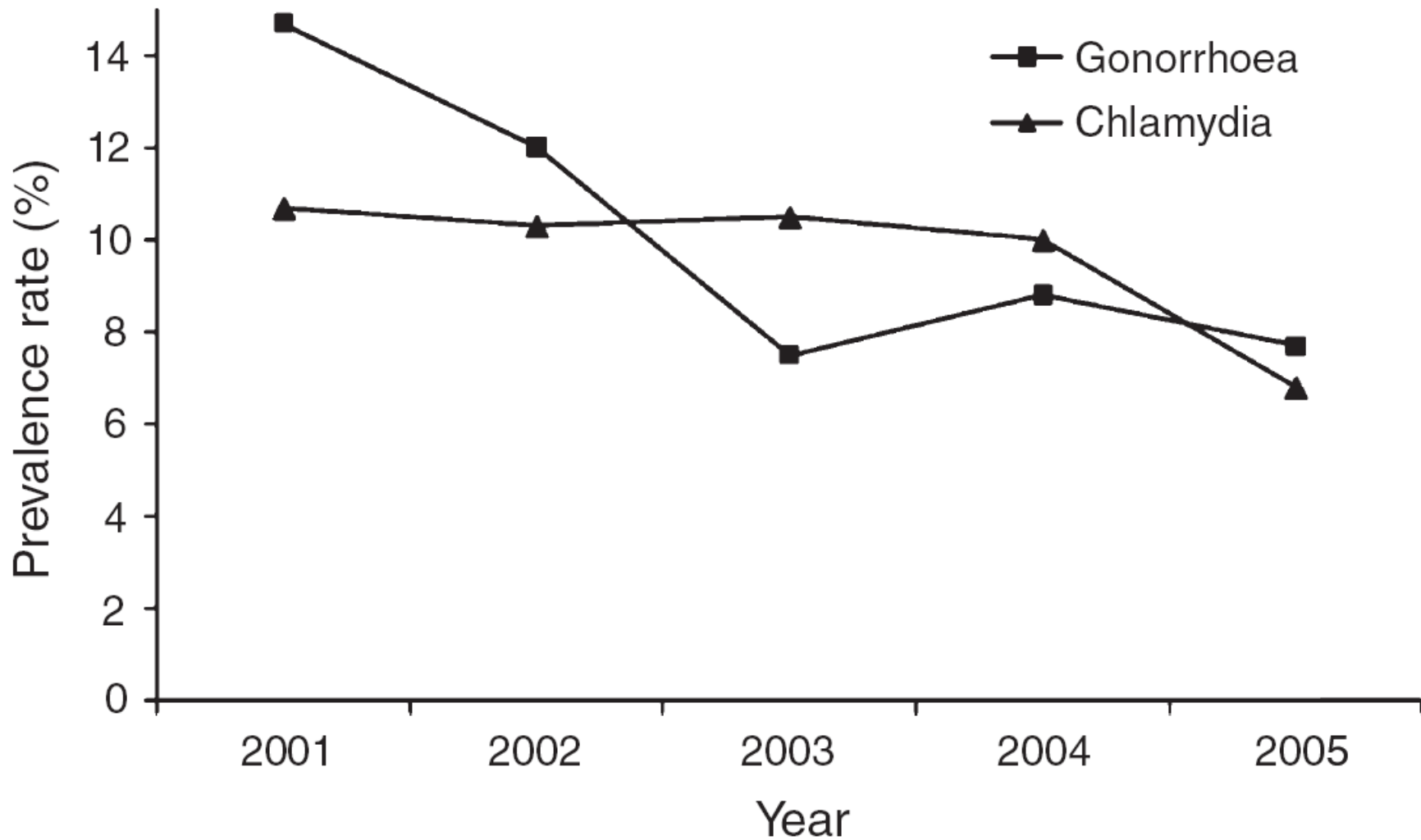


Reference: Guy et al, *Sex Health*, 2012;9:205-212

Prevalence of STIs in APY lands, 14-40 y.o.

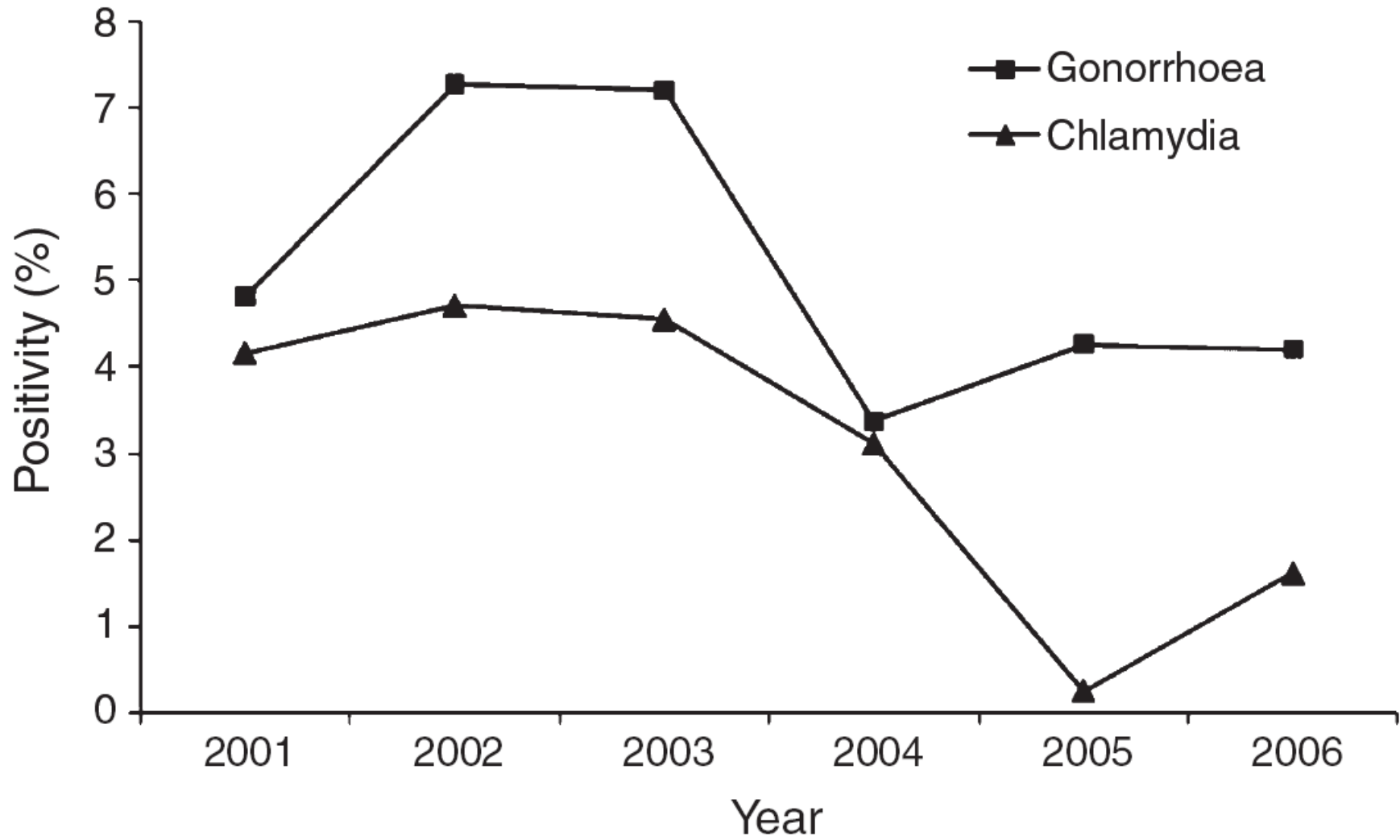


Prevalence of STIs in NHS areas



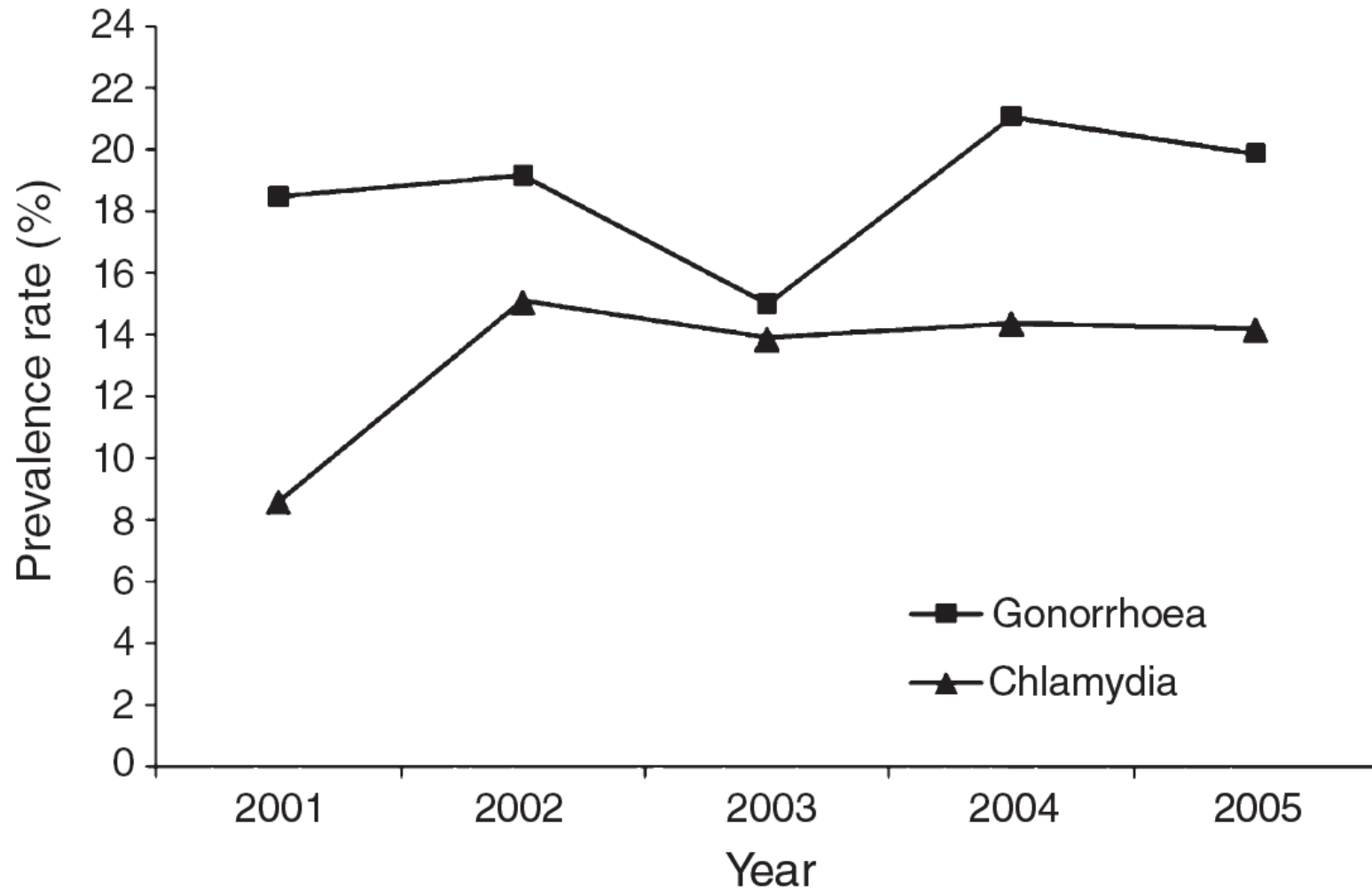
Reference: Guy et al, *Sex Health*, 2012;9:205-212

Prevalence of STIs in Tiwi



Reference: Guy et al, *Sex Health*, 2012;9:205-212

Prevalence of STIs in NT communities



Reference: Guy et al, *Sex Health*, 2012;9:205-212

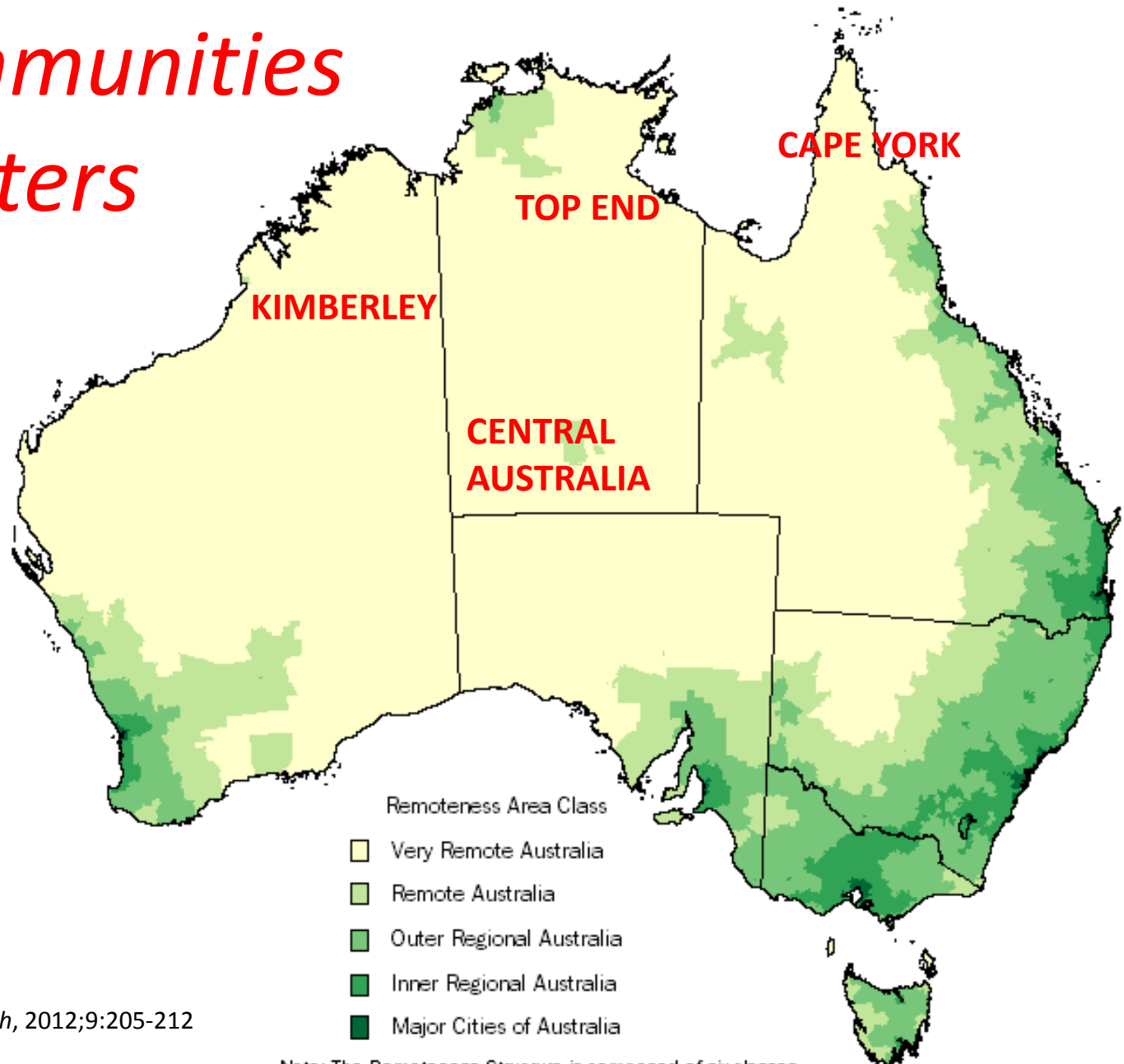
The STRIVE trial

- NHMRC funded project grant 2009-2014
- Multi-jurisdiction, **stepped wedge, cluster randomised trial**, involving government and community controlled services
- **Sexual health quality improvement program**
- **STRIVE aims to determine whether the program**
 1. Can achieve best practice targets in sexual health clinical service delivery
 2. Can reduce overall prevalence of STIs in communities?

STRIVE sites

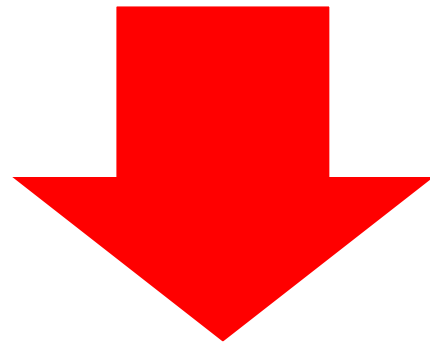
69 communities

24 clusters



Reference: Guy et al, *Sex Health*, 2012;9:205-212

STRIVE primary outcomes



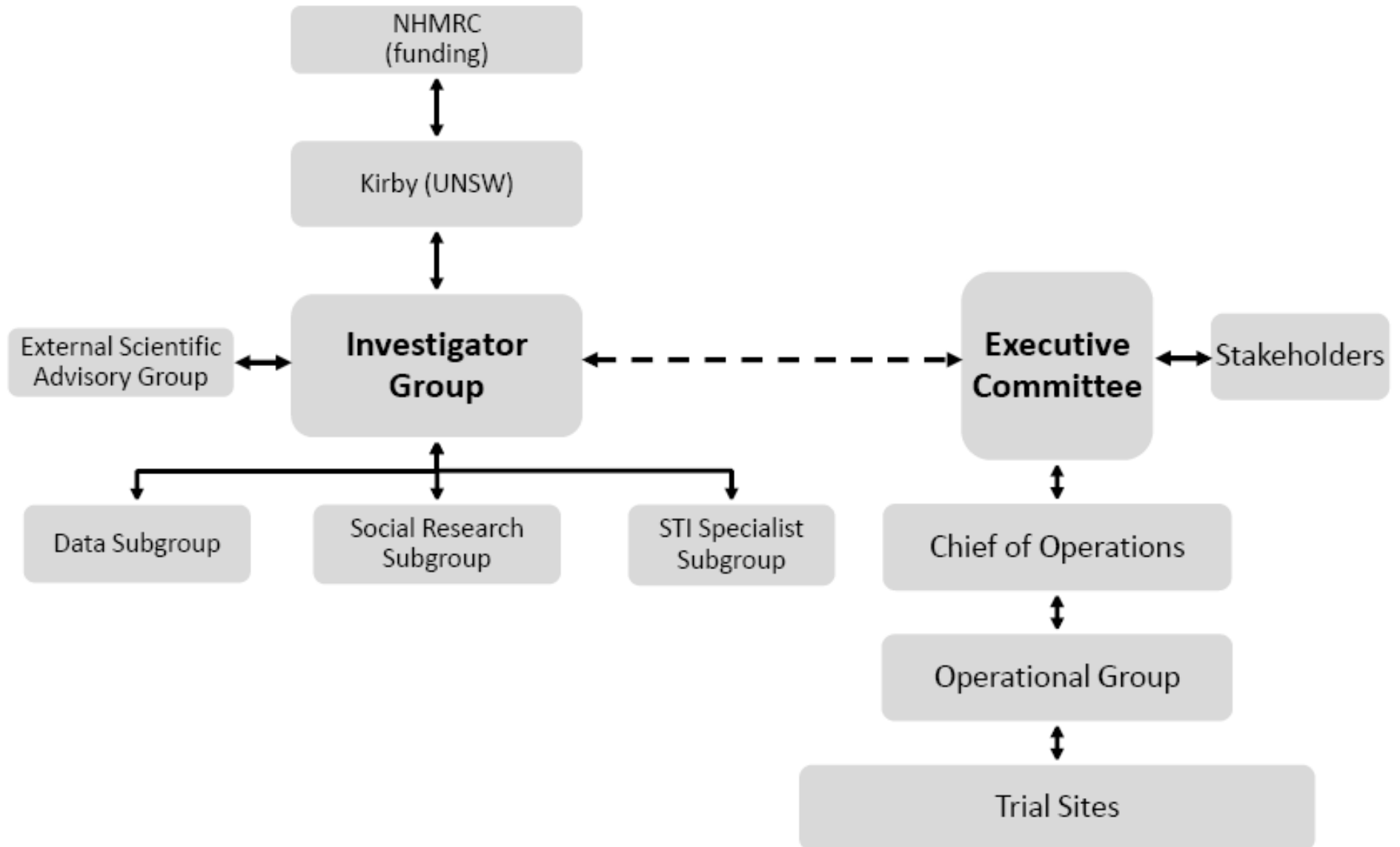
**Prevalence of chlamydia,
gonorrhoea and
trichomonas in 16-34
year olds**



- *Testing coverage*
- *Time to treatment*
- *3 month testing for re-infection*
- *Contact tracing*



STRIVE management structure



STRIVE Indicators and Targets

SCREEN

Resident population aged 16-34 years

Target **80%**

TREAT QUICKLY

Symptomatic infection – treat immediately

Target **95%**

Asymptomatic infection – treat within 7 days of receiving a pathology result

Target **80%**

TEST FOR RE-INFECTION

For people with a positive result, test at 3 months after treatment

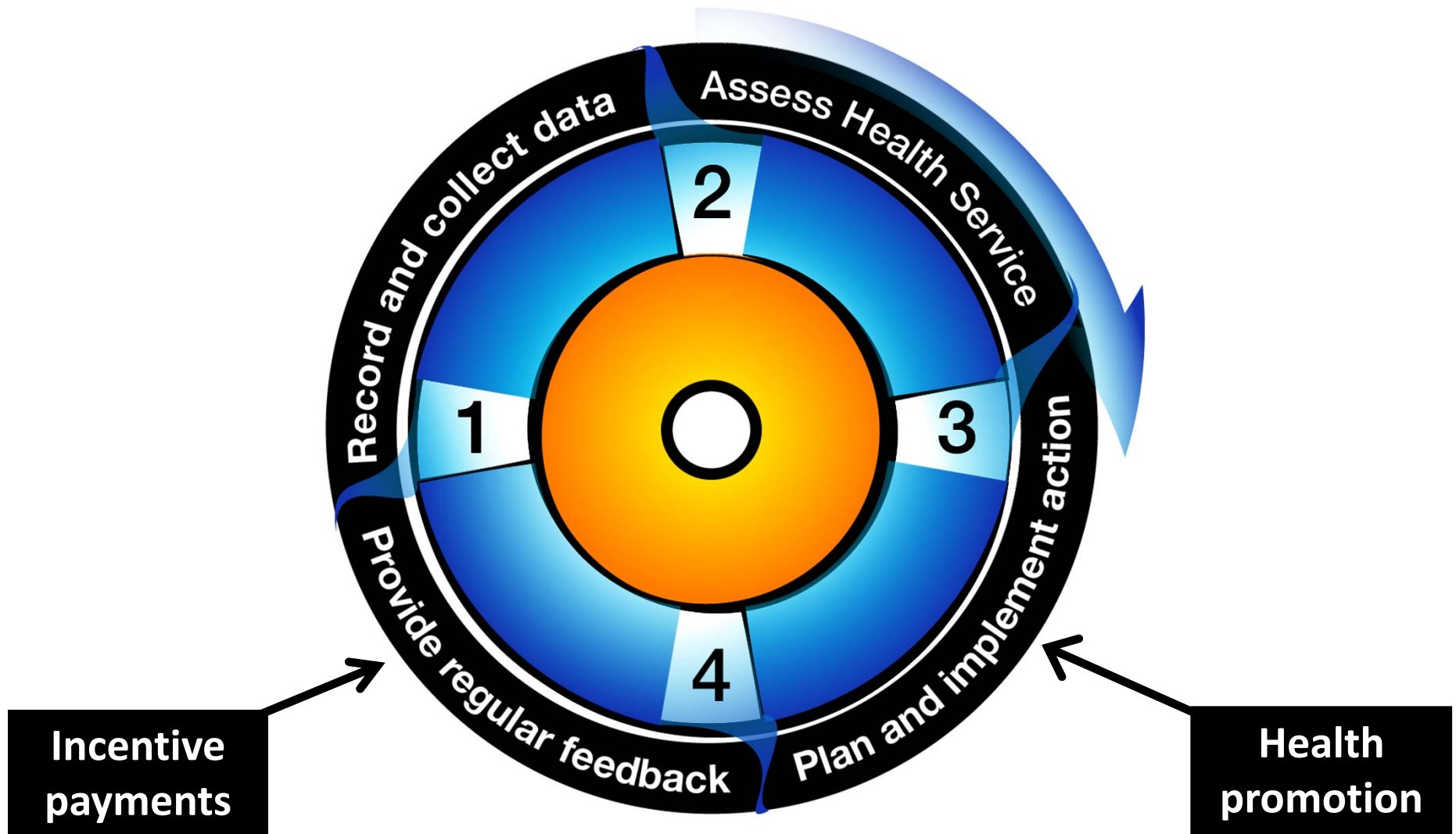
Target **80%**

CONTACT REFERRAL

Test and treat named contacts within 14 days

Target **50%**

STRIVE quality improvement cycle



STRIVE data collection

- Routine **clinical and laboratory records**
- Redesign of clinic information systems
- Regular transfer and analysis of data sets
- ***A work in progress***

New clinical STI templates

STI Screening NT

This item should be used to collect details of an STI screening. Pathology tests should be requested using the investigation request buttons on this clinical item. These buttons are specific to the patient gender.

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 06/06/2011 10:54 am

Comment

Performed date: 12/08/2011

Main reason for STI consult (male):

Sexual history / risk assessment

Sexual/reproductive health history taken

Do you have a regular sex partner?

Casual sex partners in last 3 months?

Immunized to Hepatitis B

Vaccinated for Hepatitis B

STI signs and symptoms

STI signs and symptoms

STI signs and symptoms

STI signs and symptoms

STI sign: Other sign or symptom

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 06/06/2011 12:58 pm

Search Investigations: **NAAT** Investigation Provider: PathCentre

Investigations Requested

STI Treatment WA

Treatment protocols WA (double click for details)

Christine Ellison, Millennium Health Service (Aboriginal Health Service) 06/06/2011 12:58 pm

Comment

Copy To

Performed date: 06/06/2011

Investigation

Urgent

Print

STI treatment - medication recorded: Yes No Blank (No previous values)

STI treatment ZAP Pack given: Yes No Blank (No previous values)

If the STI treatment has not been recorded formally as a prescription (using Communicare's Prescribing module) then record the details of the treatment here.

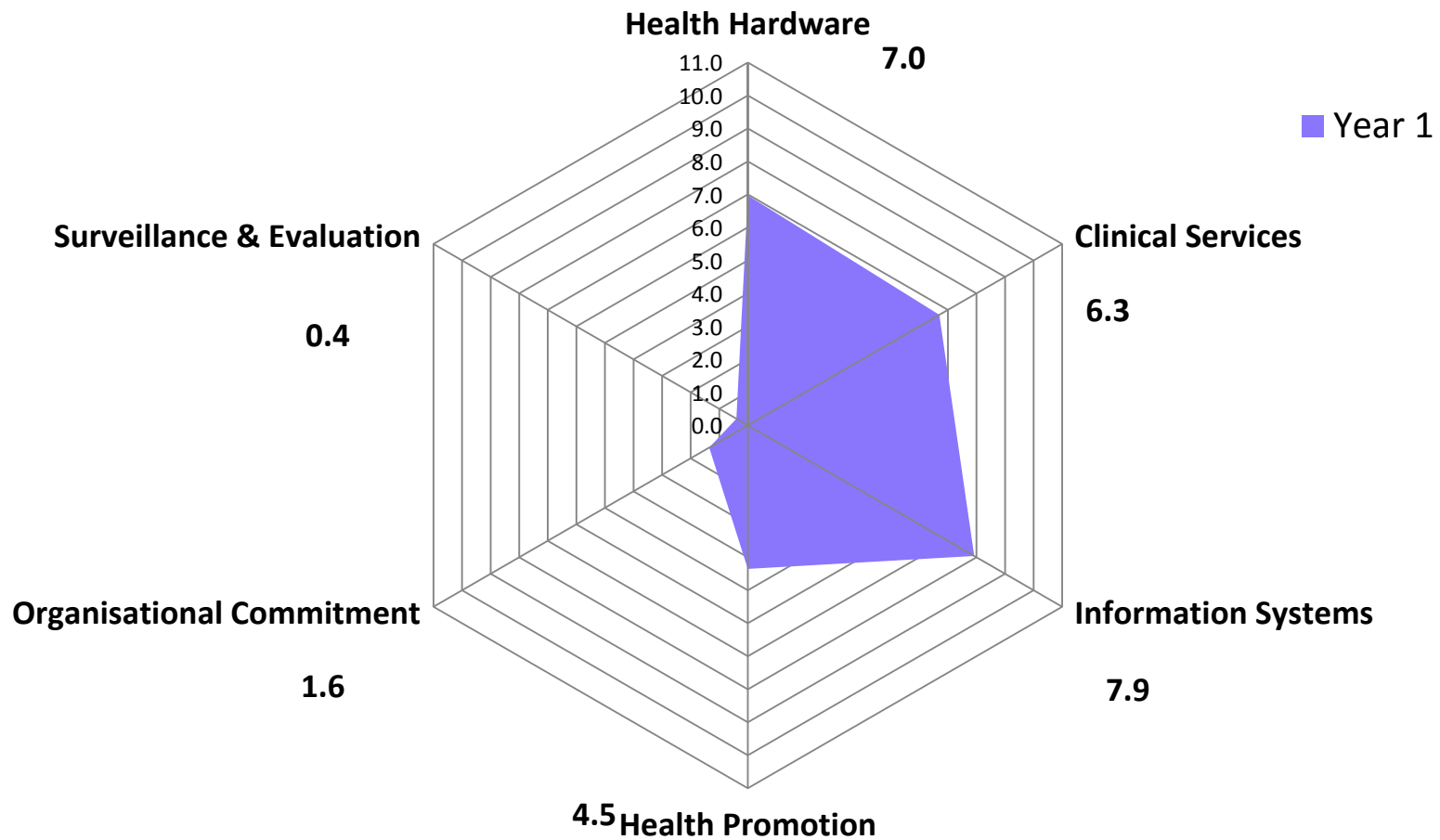
STI treatment details: (No previous values)

Save Cancel Help

The STRIVE field coordinators

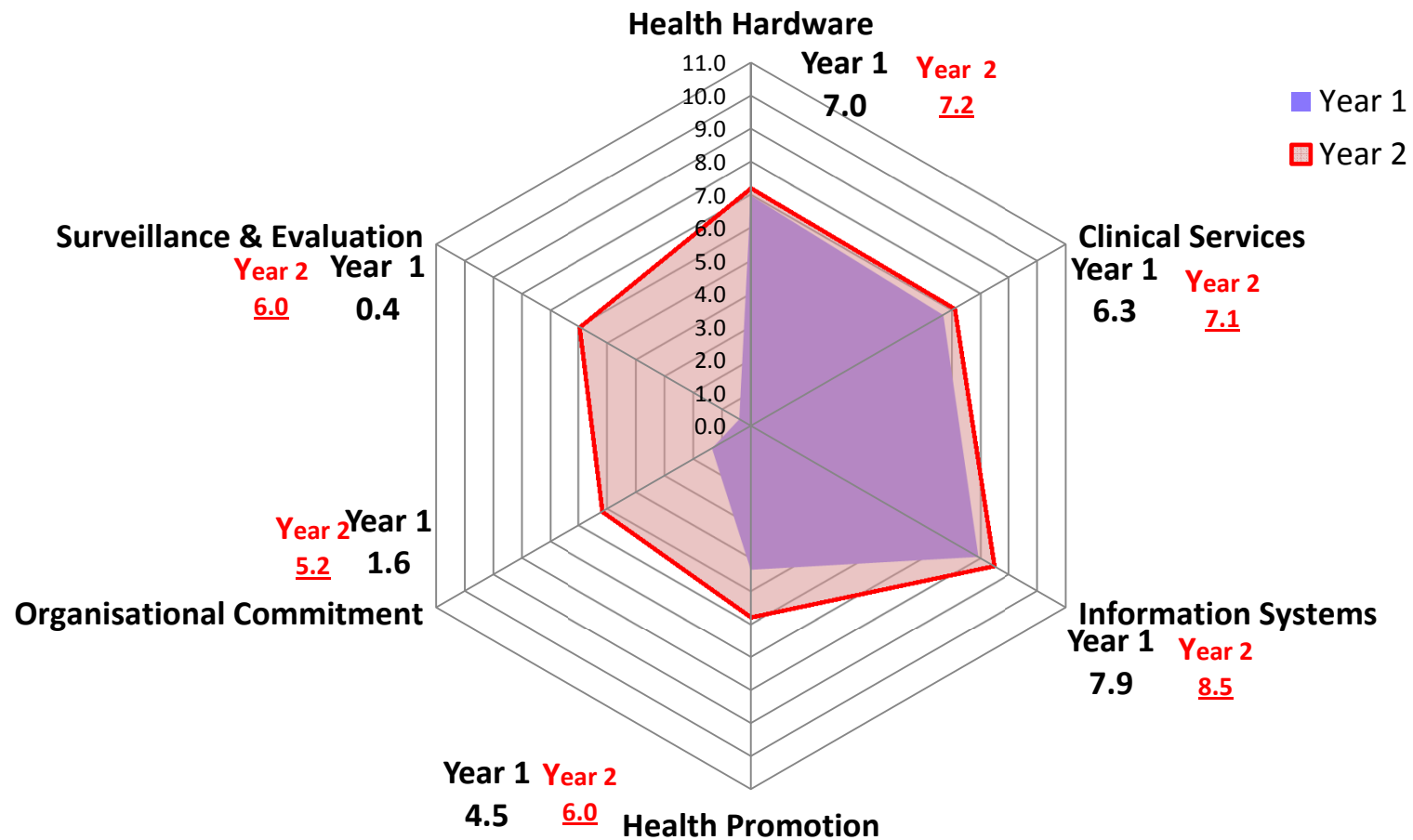
- Keep sexual health on the agenda
- Work with services to do systems assessments
- Assist with development of action plans
- Provide regular quantitative feedback on progress

STRIVE systems assessment tool: Baseline

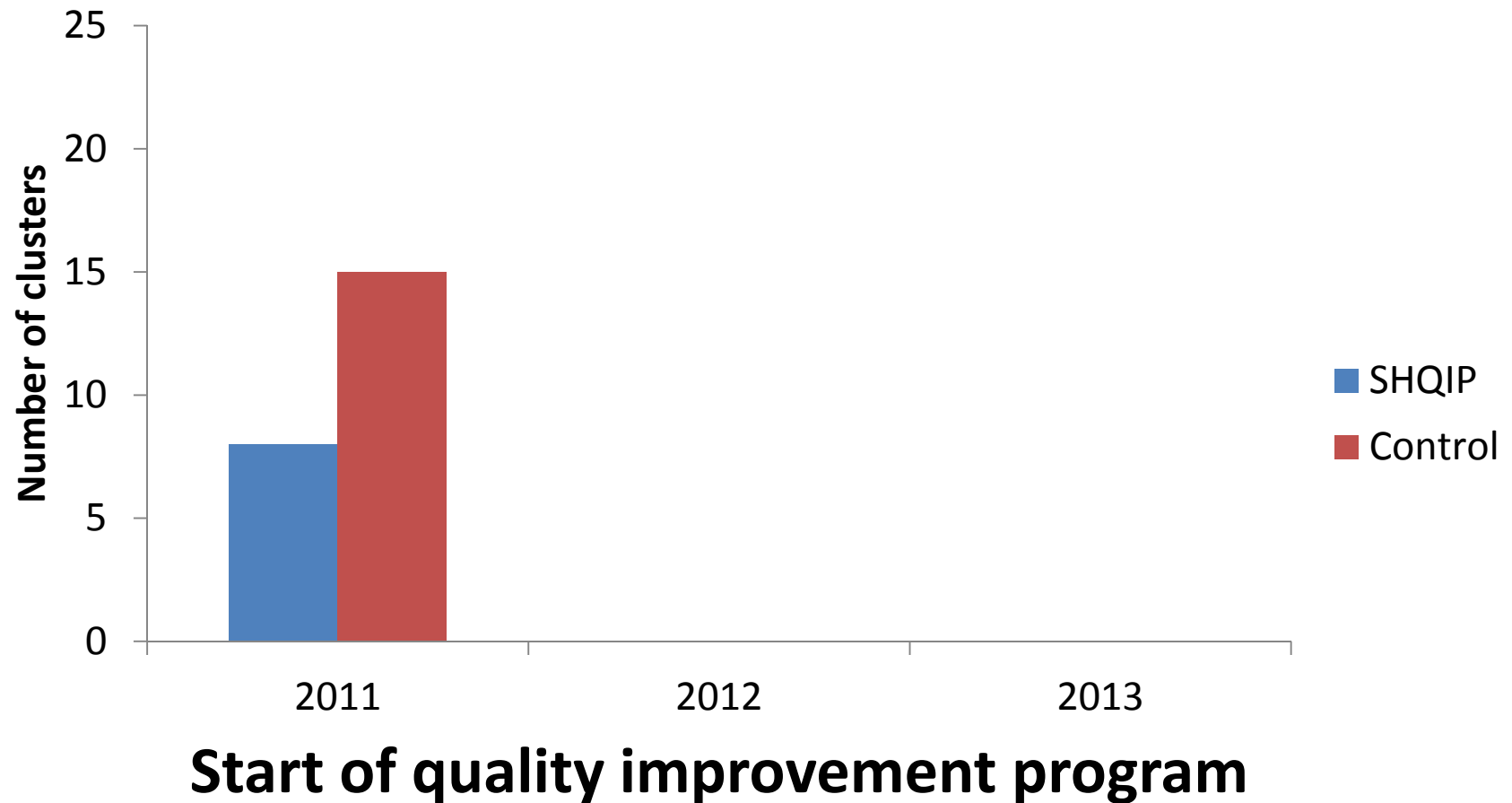


STRIVE systems assessment **after** **one year**

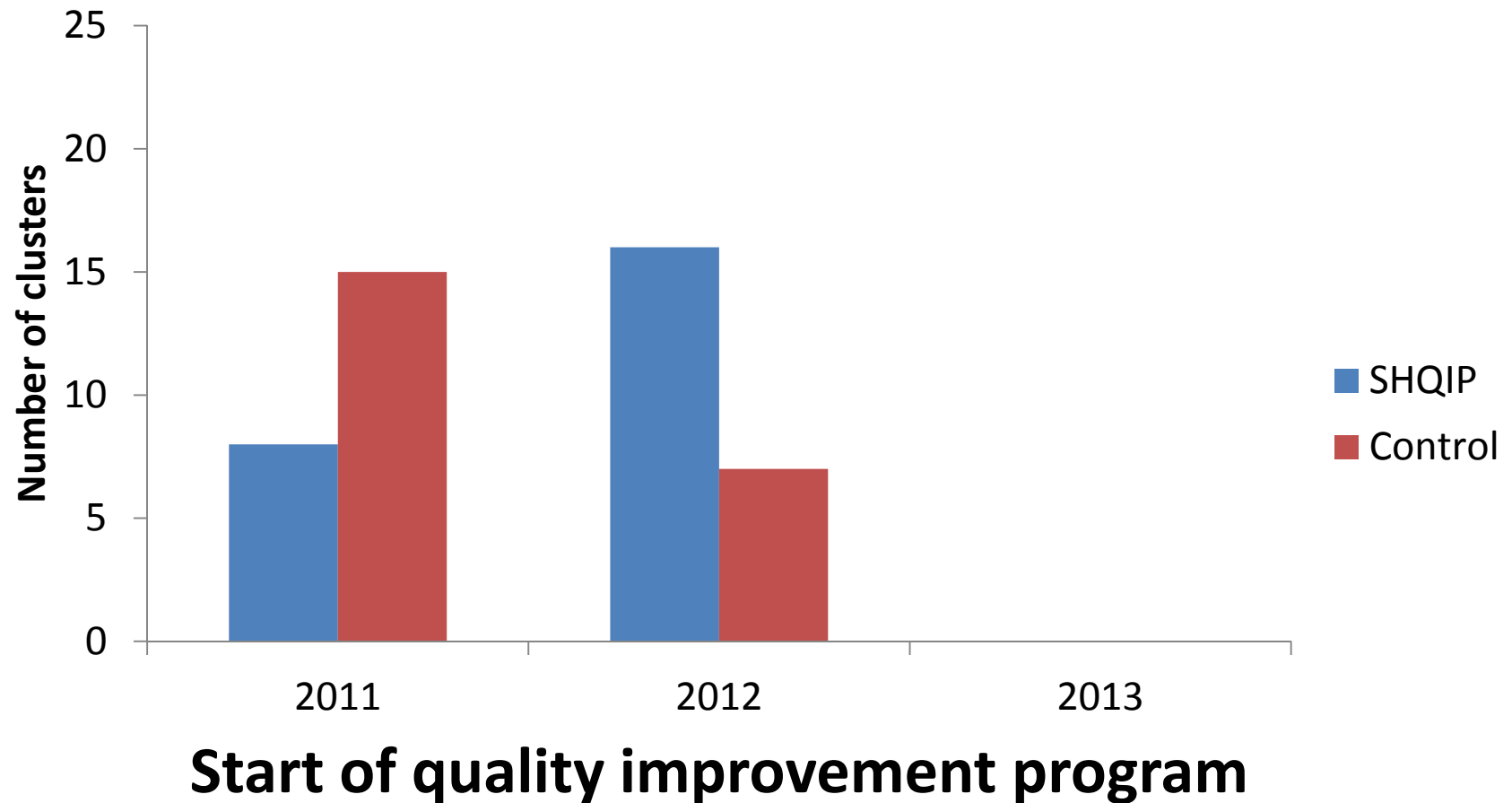
Red numbers are clinic score for 2012



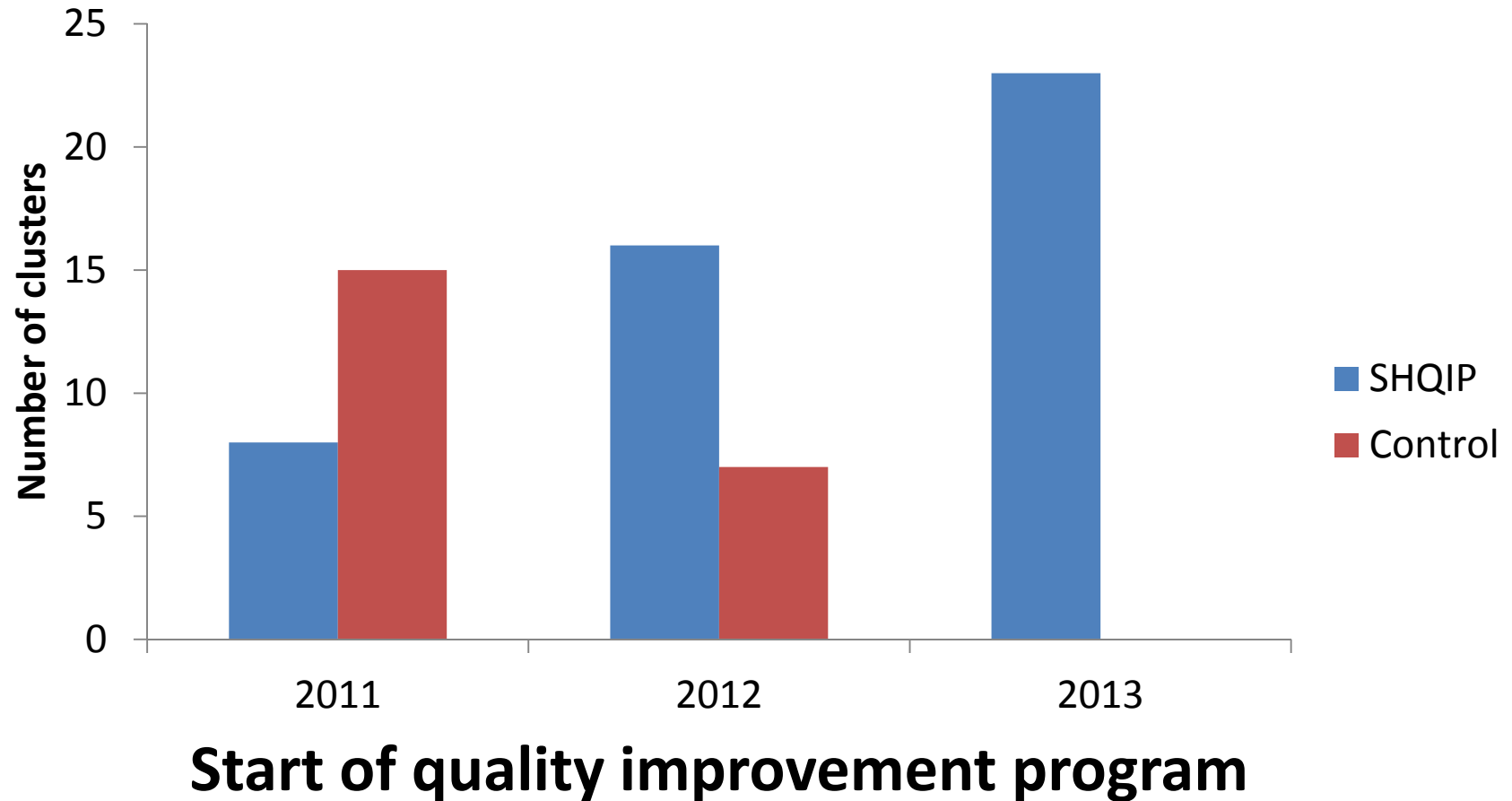
STRIVE cluster randomisation



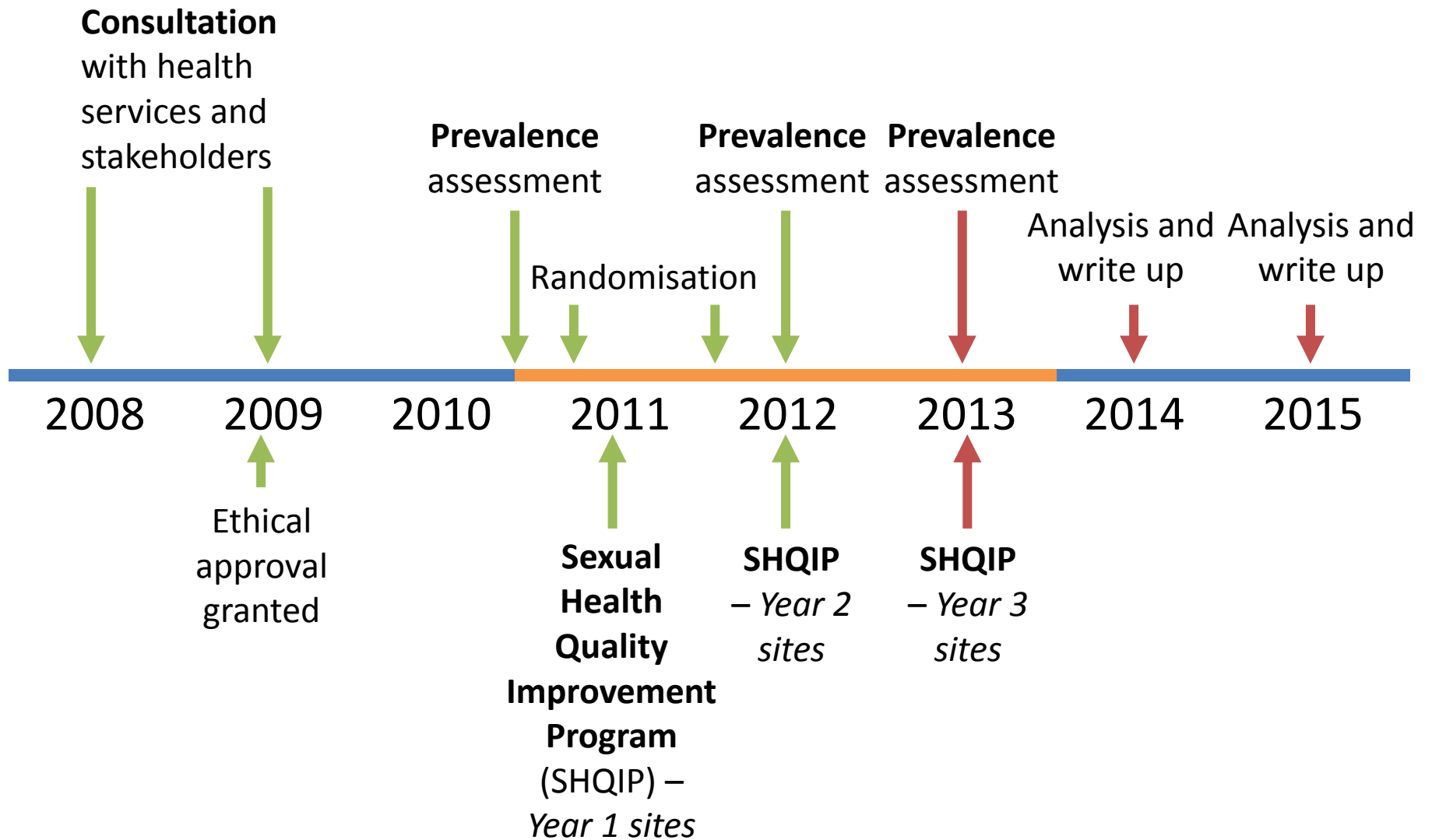
STRIVE cluster randomisation



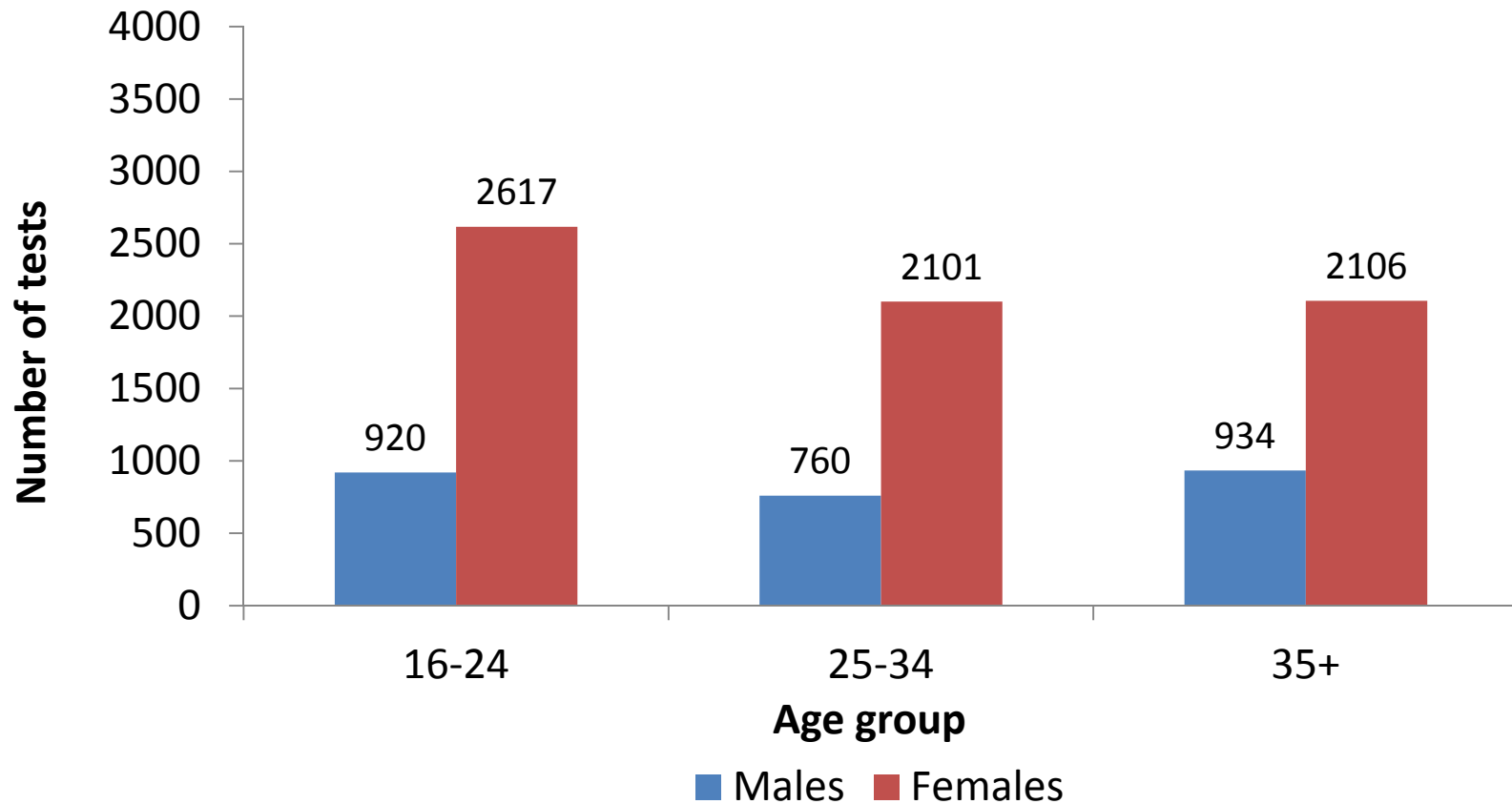
STRIVE cluster randomisation



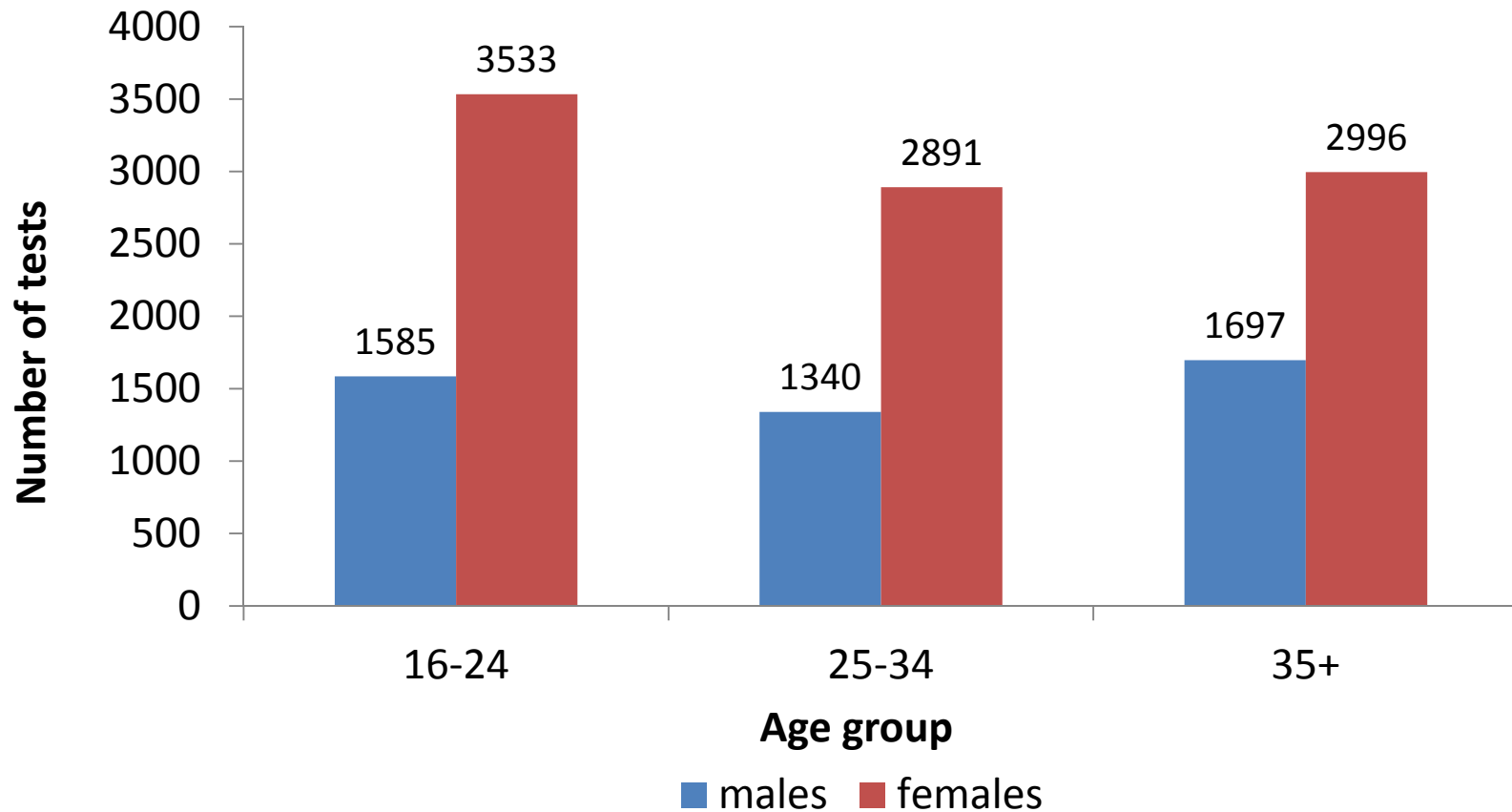
STRIVE timeline



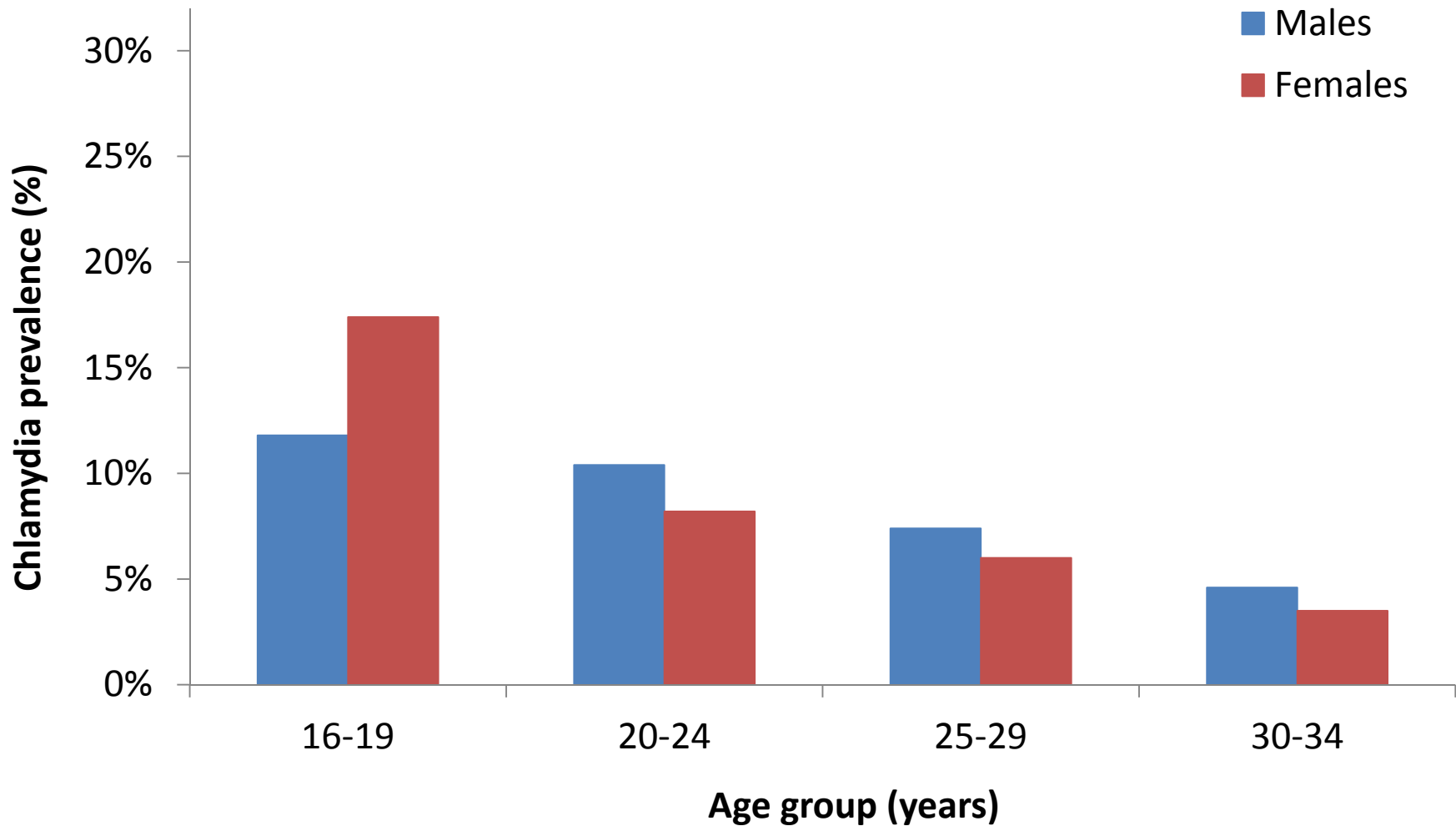
STRIVE baseline testing for trichomonas



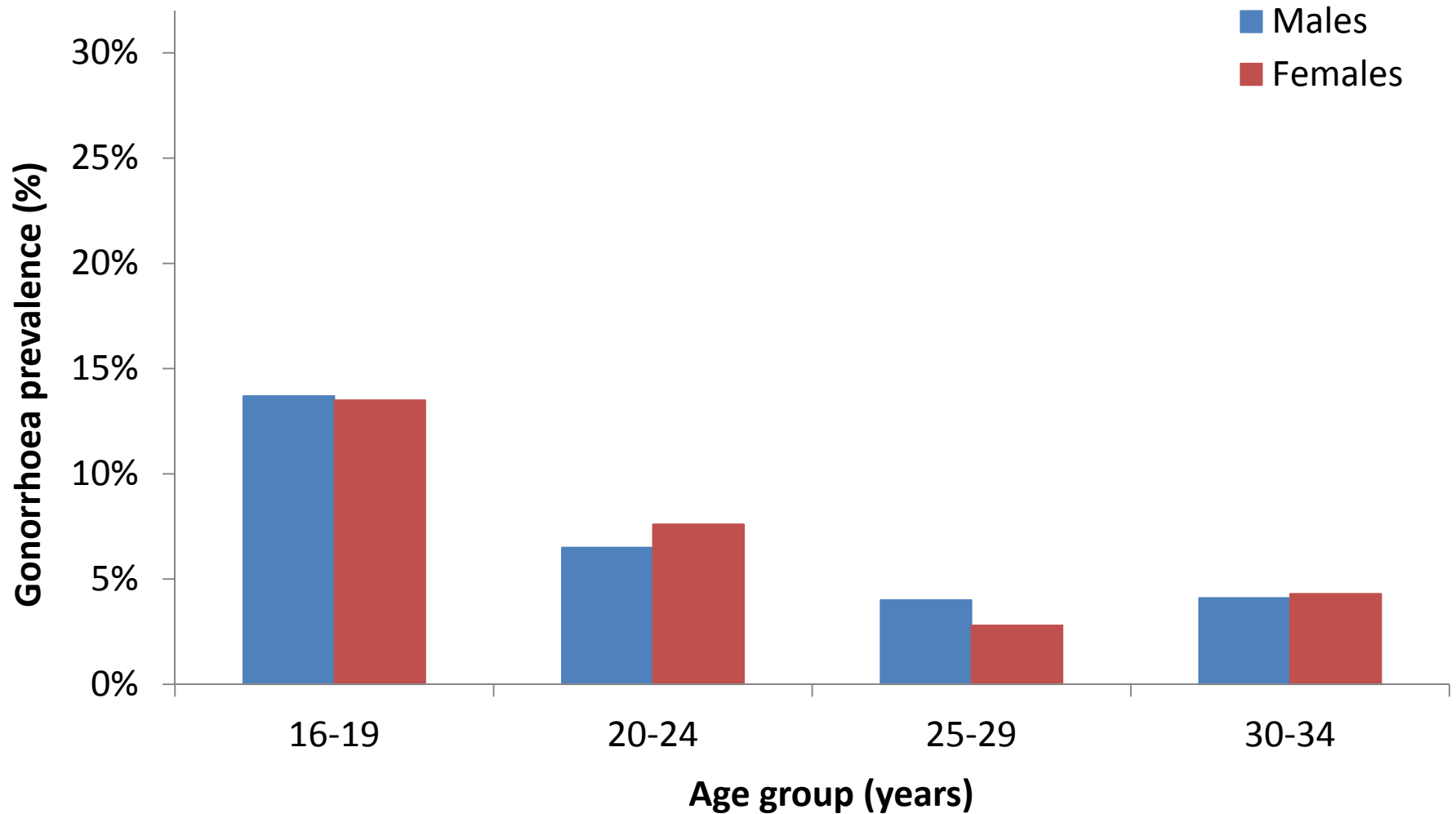
STRIVE baseline testing for chlamydia and gonorrhoea



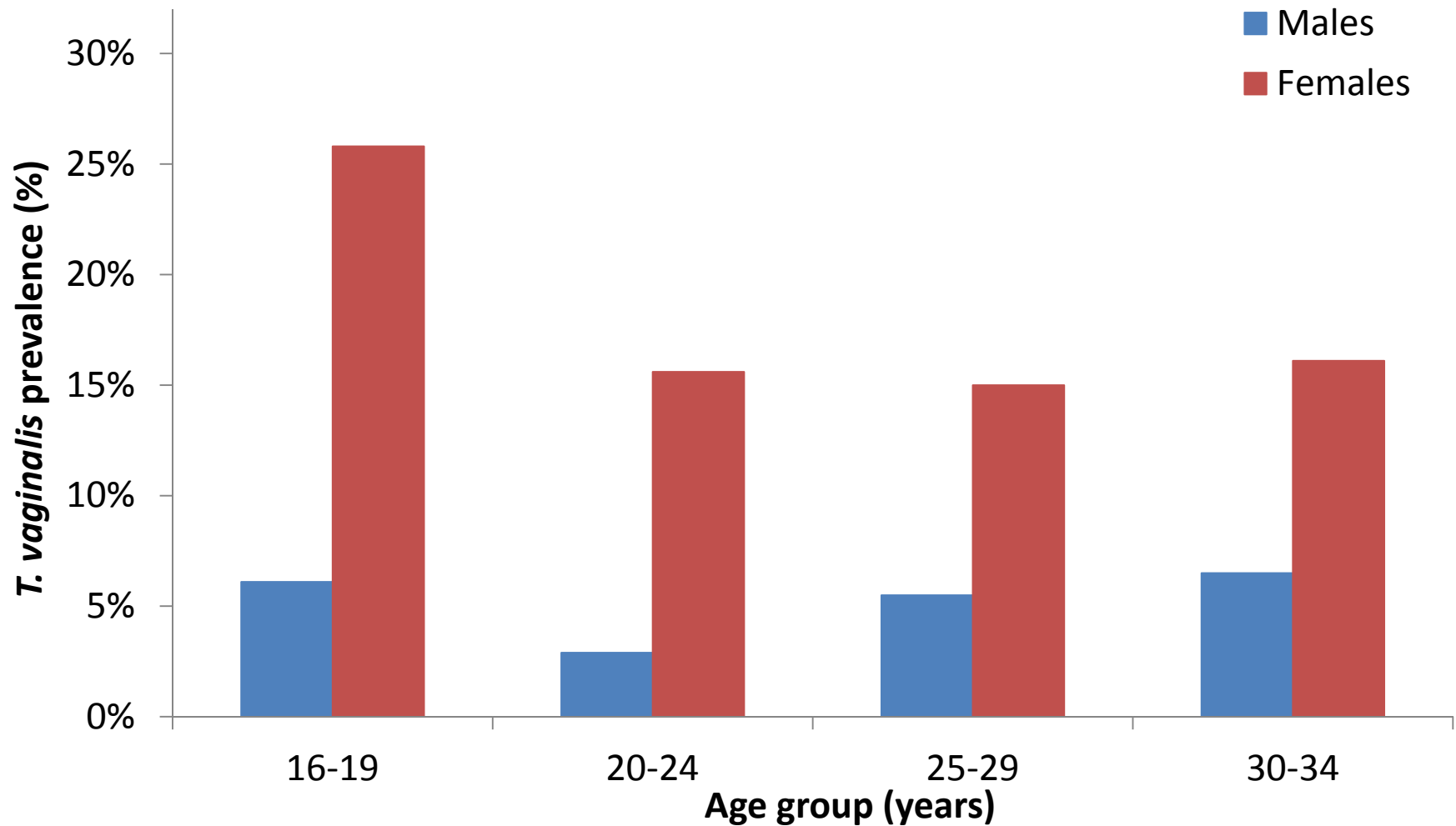
STRIVE baseline chlamydia prevalence (n=2536)



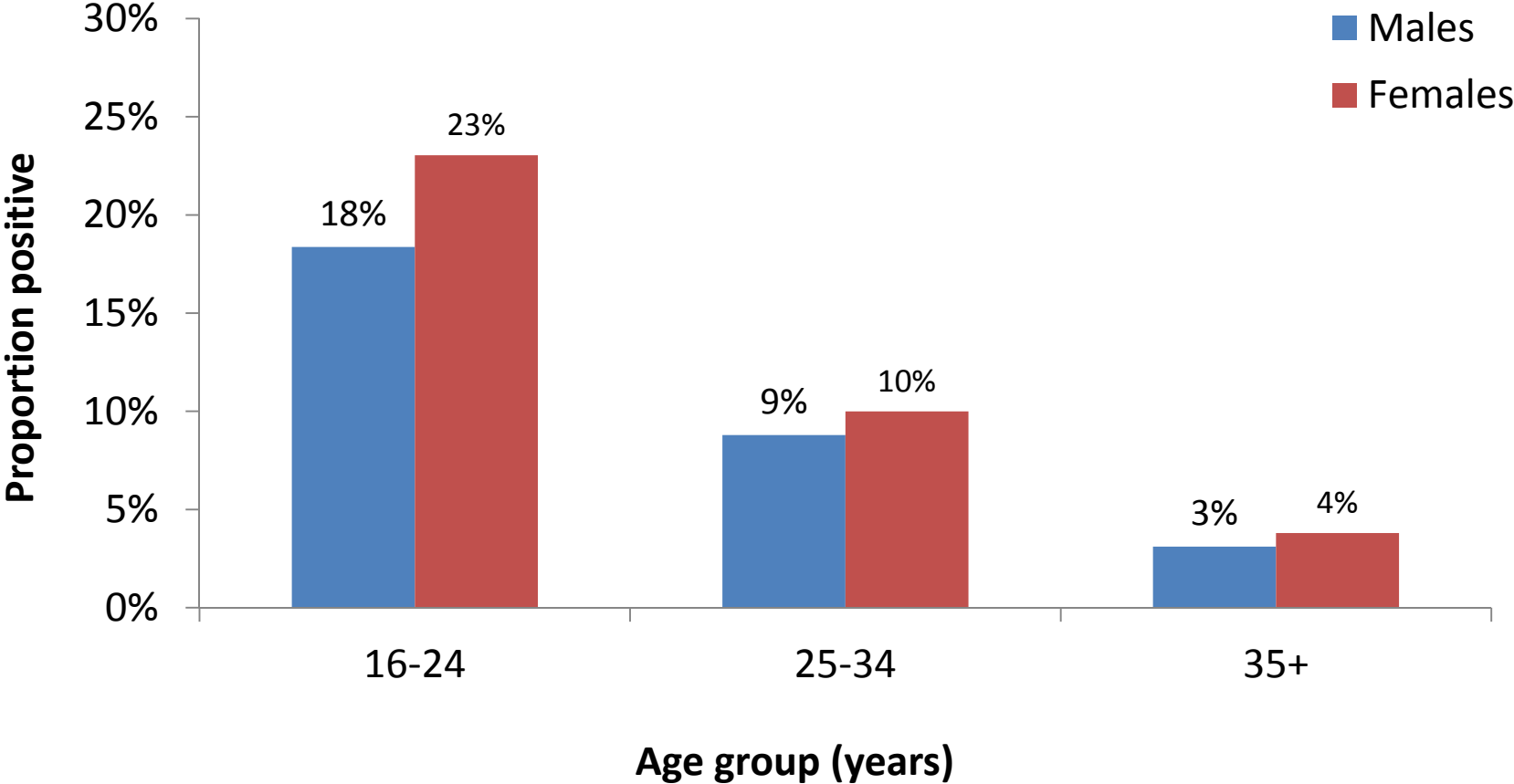
STRIVE baseline gonorrhoea prevalence (n=2536)



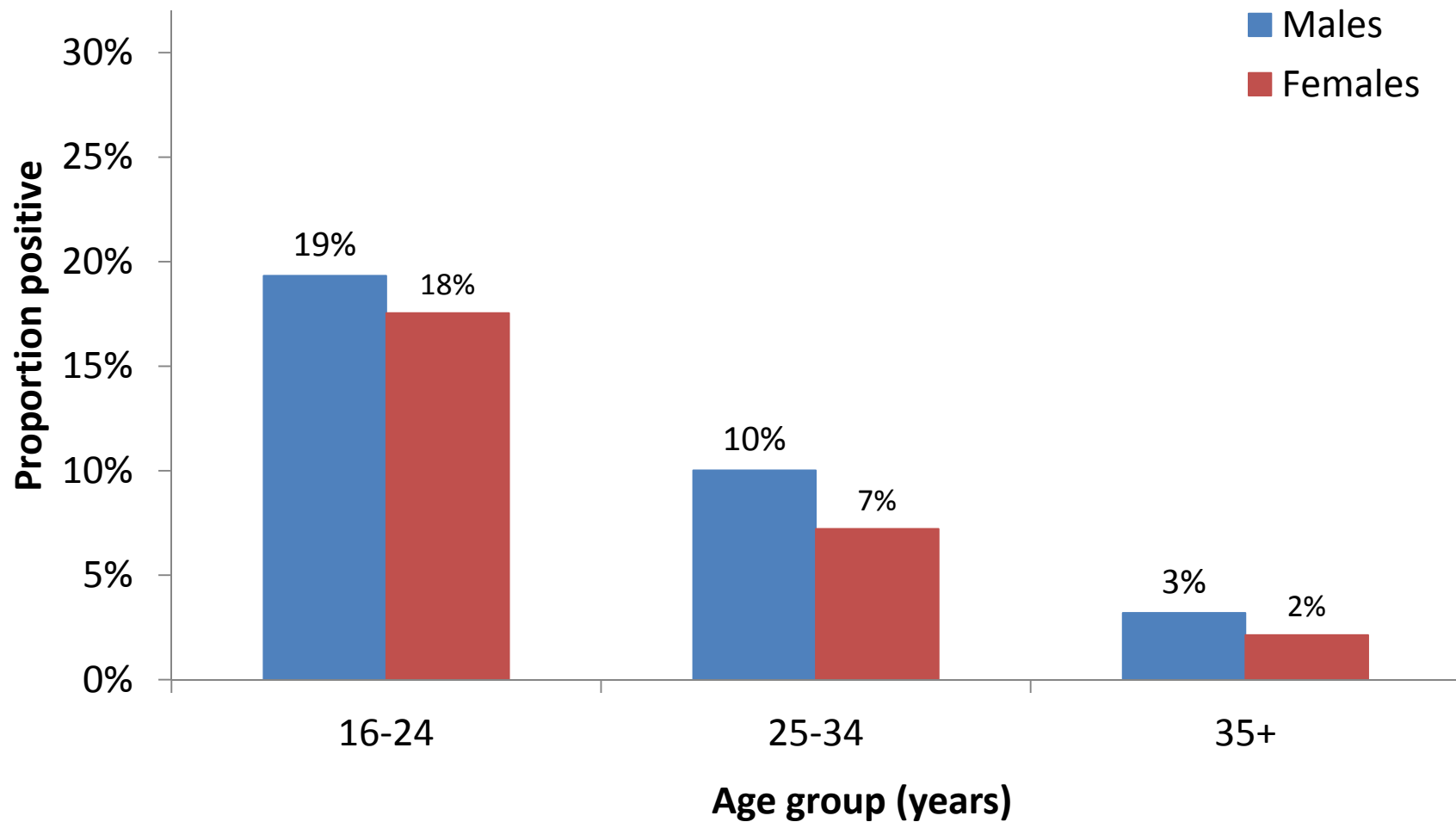
STRIVE baseline trichomonas prevalence (n=1828)



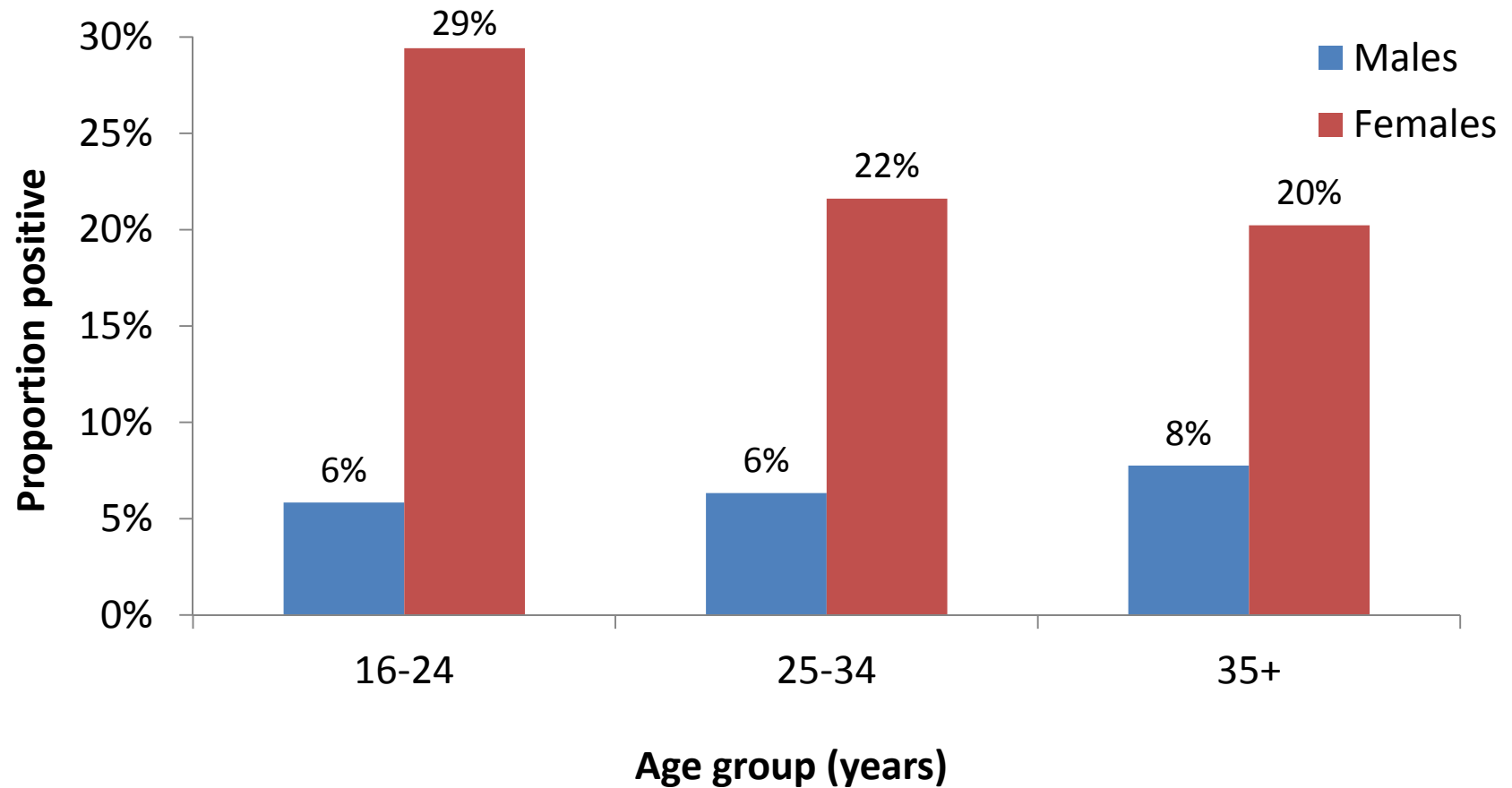
STRIVE baseline chlamydia incidence



STRIVE baseline gonorrhoea incidence



STRIVE baseline trichomonas incidence



What next for STRIVE?

- Finish the trial (2014)
- Understand what we have learned about
 - Increasing uptake of best practice
 - Sustaining best practice
 - Barriers and incentives to best practice
 - Extent to which control has been achieved
- Continue to learn, innovate and translate
 - Improve access to testing and treatment
 - Strengthen capacity in remote communities
 - Interaction with other health priority areas

Acknowledgements

- James Ward
- Rebecca Guy
- Alice Rumbold
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- Skye McGregor
- Linda Garton
- Amalie Dyda
- Bronwyn Silver
- Deb Taylor Thomson
- Belinda Hengel
- Janet Knox
- *Participating services*
- *Diagnostic laboratories*
- *Health departments*