

Tracking the Progress 2019:
**National Aboriginal and
Torres Strait Islander
BBV and STI Strategy**



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Unless otherwise specified, this summary relates to Aboriginal and Torres Strait Islander peoples.

The years for comparison are 2014 to 2018 unless otherwise specified.

Sources of data are provided in the appendix and in the data dashboard on the Kirby data site.

Acknowledgement would like to be given to the many contributors helping report progress against the National Aboriginal and Torres Strait Islander BBV and STI Strategy. The full list of contributors can be found on the Acknowledgement page of the Kirby data site.

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Tracking the Progress: National Aboriginal and Torres Strait Islander BBV and STI Strategy

The goals of the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy are to:

- 1. Reduce the transmission of blood-borne viruses (BBV) and sexually transmissible infections (STI) among Aboriginal and Torres Strait Islander people;**
- 2. Close the gap in BBV and STI incidence, prevalence, testing and treatment rates between Aboriginal and Torres Strait Islander and non-Indigenous populations;**
- 3. Reduce morbidity and mortality related to BBV and STI;**
- 4. Minimise the personal and social impact of BBV and STI;**
- 5. Minimise the negative impact of stigma, racism, discrimination, and legal and human rights issues on Aboriginal and Torres Strait Islander people's health.**

The National Aboriginal and Torres Strait Islander BBV and STI Strategy has 14 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.

Target 1

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Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months of age

- For the years 2014 to 2018, among Aboriginal and Torres Strait Islander children aged 12 months, the target of 95% hepatitis B vaccination coverage was reached in 2017 and 2018 with a coverage rate of 95.6% reported in 2018. Among Aboriginal and Torres Strait Islander children aged 24 months, hepatitis B vaccination coverage of 95% was reached for all years 2014 to 2018 with a coverage rate of 97% reported in 2018.

Target 2

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Achieve and maintain HPV adolescent vaccination coverage of 80%

- Among Aboriginal and Torres Strait Islander people aged 15 years, the human papillomavirus vaccination coverage rate remained stable between 2016 and 2018. In 2018 the coverage rate was 78.4% for females and 72.4% for males. The target of 80% coverage has yet to be met for both males and females.

Target 3a

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Reduce the incidence and prevalence of infectious syphilis, with a focus on young people and areas of highest disease burden

Current trends in infectious syphilis are strongly influenced by the ongoing outbreak of infectious syphilis across northern and central Australia. The number of diagnosed cases of infectious syphilis are also sharply increasing in urban areas across Australia.

- Among Aboriginal and Torres Strait Islander people, there were considerable increases in infectious syphilis notification rates among all reported age groups between 2014 and 2018. In this period, among Aboriginal and Torres Strait Islander people aged 30 to 39 years, there was a 365% increase in the notification rate from 40.0 per 100 000 population to 185.9 per 100 000 population. Also, during this period, notification rates increased by 289% among Aboriginal and Torres Strait Islander people aged 40 years and older (from 17.5 to 68.0 per 100 000 population), 231% among those aged 25 to 29 years (from 64.7 to 214.2 per 100 000 population), 195% among those aged 20 to 24 years (from 76.1 to 234.7 per 100 000) and 73% among those aged 15 to 19 years (from 93.9 to 162.3 per 100 000 population). Breakdowns by age as well as by sex are available on the [Kirby data site](#).
- By remoteness classification, between 2014 and 2018, infectious syphilis notification rates have increased among Aboriginal and Torres Strait Islander people residing in major cities by 220% (from 14.8 to 47.3 per 100 000 population), regional areas by 234% (from 29.2 to 97.4 per 100 000 population) and remote areas by 228% (from 64.2 to 210.2 per 100 000 population). Increased effort is needed to reduce infectious syphilis notification rates among Aboriginal and Torres Strait Islander peoples.

Target 3b

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Reduce the incidence and prevalence of chlamydia, with a focus on young people and areas of highest disease burden

- Among Aboriginal and Torres Strait Islander people aged 15 to 19 years, the chlamydia notification rate has declined by 8%, from 5564 notifications per 100 000 population in 2015 to 5093 notifications per 100 000 population in 2018. For all other age groups, the chlamydia notification rate increased from 8% (for those aged 20 to 24 years) to 13% (for those aged 30 to 39 years). In 2018, among Aboriginal and Torres Strait Islander people aged 20 to 24 years, 25 to 29 years, 30 to 39 years and those aged over 40 years, the notification rate was 5010 per 100 000, 2811 per 100 000, 1398 per 100 000 and 248 per 100 000 respectively. Breakdowns by age as well as by sex are available on the [Kirby data site](#).
- By remoteness classification, chlamydia notification rates have remained stable among people living in major cities, regional areas, and remote areas. In 2018, the notification rate was 727.6 per 100 000 for people living in major cities, 1252.2 per 100 000 people for people living in regional areas and 1838.4 per 100 000 for people living in remote areas. More work is needed to reduce chlamydia notification rates among Aboriginal and Torres Strait Islander peoples.

Target 3c

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Reduce the incidence and prevalence of gonorrhoea, with a focus on young people and areas of highest disease burden

- The gonorrhoea notification rate among Aboriginal and Torres Strait Islander people increased for every age group between 2015 and 2018 apart from those aged 15 to 19 years where the rate remained stable. Among those aged 30 to 39 years the gonorrhoea notification rate increased by 33% from 868 notifications per 100 000 population in 2015 to 1291 notifications per 100 000 population in 2018. For Aboriginal and Torres Strait Islander people aged 20 to 24 years, 25 to 29 years and over 40 years, the notification rate increased by 16%, 27% and 24% respectively. Breakdowns by age as well as sex are available on the [Kirby data site](#).
- By remoteness classification, between 2015 and 2018, gonorrhoea notification rates increased among Aboriginal and Torres Strait Islander people residing in major cities, regional and remote areas. Among those living in major cities, the notification rate increased by 186% from 93.9 per 100 000 population to 268.6 per 100 000 population. Among those living in regional areas the notification rate increased by 38% from 346.4 per 100 000 population in 2015 to 478.1 per 100 000 population in 2018. Among those living in remote areas the notification rate increased by 12% from 1535.5 per 100 000 population in 2015 to 1712.7 per 100 000 population in 2018. More work is needed to reduce gonorrhoea notification rates among Aboriginal and Torres Strait Islander peoples.

Condom use

- The Goanna Survey is an Australia-wide sexual health survey of young Aboriginal and Torres Strait Islander people. The first Goanna Survey, published in 2014, included more than 1300 participants aged between 16 and 29 years living in urban, regional, and remote areas of Australia. In 2014, 38% of survey participants reported consistent condom use with their sexual partners over the previous 12 months. Also in 2014, 54% of participants reported condom use at their last sexual encounter.

BBV and STI knowledge

- Of participants in the Goanna Survey responding to knowledge questions about STI and BBV, the median score was 10 out of 12 correct answers in 2014 (8–11 IQR).

Target 4

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Increase STI testing coverage with a focus on areas of highest need

- In 2014, 58% of people aged between 16 and 29 years participating in the Goanna Survey reported ever having an STI test. Also in 2014, 44% of Goanna Survey participants reported having an STI test in the previous 12 months. Greater effort is required to increase the testing coverage among Aboriginal and Torres Strait Islander peoples.

Target 5

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Eliminate congenital syphilis

- Between 2014 and 2018 the number of congenital syphilis notifications among Aboriginal and Torres Strait Islander people fluctuated, ranging between one and five notification over the five years with four notifications in 2018. Among Aboriginal and Torres Strait Islander people, the number of congenital syphilis notifications per 100 000 live births also fluctuated, between 7.6 and 34.8 notifications per 100 000 live births with a rate of 26.0 per 100 000 live births in 2018. In 2018 the notifications rate among Aboriginal and Torres Strait Islander children was twenty times that of non-Indigenous children (26.0 per 100 000 live births versus 1.3 per 100 000 live births respectively).
- Among Aboriginal and Torres Strait Islander women of reproductive age (15 to 44 years), the infectious syphilis notification rate steadily increased from 51.5 per 100 000 women in 2014 to 179.2 per 100 000 women in 2018, an increase of almost 250%. By comparison, the infectious syphilis notification rate among non-Indigenous women increased by more than 500% in the same period (from 0.9 per 100 000 notifications per 100 000 women in 2014 to 5.7 notifications per 100 000 women in 2018). More work is required to eliminate congenital syphilis among Aboriginal and Torres Strait Islander children.

Target 6

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Reduce the number of newly acquired hepatitis C infections by 60%

- Among people aged under 25 years, the age group most at risk of acquiring hepatitis C, there was a 43% reduction in the rate of newly acquired hepatitis C notifications among Aboriginal and Torres Strait Islander people between 2015 and 2018 (from 94.7 to 53.9 notifications per 100 000 population). In the same period, among all people of all ages, there was a 26% reduction in the rate of newly acquired hepatitis C notifications from 36.5 to 27.1 notifications per 100 000 population. Although these reductions are encouraging, increased effort is required to meet the target of a 60% reduction in the rate of newly acquired hepatitis C infections. Breakdowns by age as well as sex are available on the [Kirby data site](#).
- The Australian Needle and Syringe Program Survey (ANSPS) provides serial point prevalence estimates of HIV and hepatitis C antibody prevalence, hepatitis C RNA prevalence, and monitors sexual and injecting behaviour among people who inject drugs in Australia. Among Aboriginal and Torres Strait Islander participants in the ANSPS, the proportion of people with evidence of past or current hepatitis C infection has declined a relative 23% from 69.9% in 2015 to 53.5% in 2018. By comparison, the proportion of participants with evidence of current hepatitis C infection declined by a relative 51% from 50.7% to 24.6%
- *The data for **Indicator 6e: Proportion of Indigenous people entering custodial settings with evidence of past or current hepatitis C** infection are currently in development and will be presented in future reporting.*

Target 7

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data here



Increase the use of sterile injecting equipment for every injecting episode

- Among Aboriginal and Torres Strait Islander participants in the 2018 ANSPS, 68% of participants reported using a new needle and syringe for all injection in the previous month, a relative decline of 8% from 74% reporting the same in 2014. Concordantly, there was a 4% relative increase in the proportion of participants who reported using another person's used needle and syringe in the previous month from 22% in 2014 to 30% in 2018. Increased effort is required to increase the use of sterile injecting equipment among Aboriginal and Torres Strait Islander people.

Target 8

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Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated direct acting antiviral treatment to 65%

*Data relating to **Indicator 8a: Estimated proportion of Indigenous people with chronic hepatitis C who have been diagnosed** was not available at the time of reporting. Estimates of the numbers of people living with hepatitis C can be generated using numbers of people newly diagnosed (given here as notification rates), numbers of tests resulting in a positive result, and the numbers of people receiving treatment. These estimates are in development and will be presented in future reporting. In lieu of the availability of these data, data relating to other indicators for the same target are presented below.*

- Notification rates: Between 2015 and 2018, the hepatitis notification rate remained stable among Aboriginal and Torres Strait Islander males, females and overall. In 2018 the hepatitis C notification rate was 102.5 per 100 000 females, 248.2 per 100 000 males and 174.4 overall.
- Testing: Of Aboriginal and Torres Strait Islander ANSPS participants, the proportion who reported having a hepatitis C test in the previous 12 months remained stable between 2014 and 2018 and was 57% in 2018. In the same period, the proportion of participants who reported ever having had a hepatitis C test also remained stable and was 81% in 2018.
- Among young people participating in the 2013 Goanna Survey, 42% of participants reported ever having had a hepatitis C test. In the same survey, 32% of participants reported having a hepatitis C test in the previous 12 months.
- Treatment: Of Aboriginal and Torres Strait Islander people participating in the ANSPS in 2018, 46% of participants, reported ever having had hepatitis C antiviral treatment, compared with 10% in 2014, an increase of 36%. By comparison, 33% of respondents reported having had antiviral treatment in the previous 12 months, a considerable increase on the 1% reported in 2014. The significant increase in the proportion of participants reporting ever having had antiviral treatment relates to the widespread availability of direct-acting antiviral treatment, subsidised in 2016.
- *The data relating to **Indicator 8i: Proportion of Indigenous people entering custodial settings who reported having any hepatitis C antiviral treatment** and **Indicator 8j: Proportion of young (16–29 years) Indigenous people who reported having had hepatitis C antiviral treatment** are currently in development and will be presented in future reporting.*

Target 9

Reduce hepatitis C attributable mortality by 30%

Methods to produce the data to report on this indicator are in development. These data will be presented in future reporting.

Target 10

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Increase the proportion of people living with hepatitis B who are diagnosed to 80%, receiving care to 50%, and on antiviral treatment to 20%

*While modelled estimates of the total number of Indigenous people living with chronic hepatitis B, in care and receiving treatment are not currently available, investigation is underway to source appropriate datasets to inform future estimates. In lieu of these estimates, hepatitis C notification rates for Aboriginal and Torres Strait Islander people are presented in this section. Data relating to **Indicator 10b: Proportion of Indigenous people entering custodial settings with evidence of past or present hepatitis B infection** also relate to this indicator and will be presented in future reporting.*

- Among, Aboriginal and Torres Strait Islander people, the hepatitis B notification rate declined by 45%, 60 and 50% between 2015 and 2018 for males and females as well as overall, respectively. In 2018 the notification rates were 32.9 per 100 000 males, 18.5 per 100 000 females and 24.5 per 100 000 overall.

Target 11

Reduce hepatitis B attributable mortality by 30%

Methods to produce the data to report on this target are in development. These data will be published on the Kirby data site as they become available.

Target 12

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Reduce the incidence of HIV transmissions

- Between 2014 and 2018 the HIV notification rate among Aboriginal and Torres Strait Islander people fluctuated between 4.2 and 6.3 notifications per 100 000 population. In 2018, the HIV notification rate was 4.3 notifications per 100 000 population. In the same period, the notification rate fluctuated between 6.4 and 11.6 notifications per 100 000 males with a notification rate of 7.7 per 100 000 males in 2018. For females, the notification rate also fluctuated, between 1.0 and 2.5 notifications per 100 000, with a notification rate of 1.0 per 100 000 in 2018. These trends should be interpreted with caution due to small numbers of notifications.
- Between 2010/11 and 2018/2019, the proportions of HIV notifications classified by attributable exposure remained stable among Aboriginal and Torres Strait Islander people. In 2018/2019, 52% of notifications were attributed to male-to-male sex, 14% were attributed to male-to-male sex and injecting drug use, 21% were attributed to heterosexual sex, 9% were attributed to injecting drug use and 5% were attributed to other exposures. Detailed breakdowns by year grouping are available on the [Kirby Institute's data site](#).
- Of notifications in 2018/2019, 60% of those with an exposure classification of injection drug use had evidence of newly acquired infection. Of those with an exposure classification of male-to-male sex and male-to-male sex with injection drug use, heterosexual sex, and other exposures, 37%, 25%, 8% and 0% had evidence of newly acquired infection, respectively. Further breakdown by year grouping are available on the [Kirby data site](#). Due to small numbers these proportions should be interpreted with caution.
- Between 2014 and 2018, the HIV notification rate among Aboriginal and Torres Strait Islander people fluctuated for major cities, regional areas and remote areas. In 2018, the HIV notification rate was 5.4 per 100 000 people living in major cities, 2.6 per 100 000 people living in regional areas and 0.8 per 100 000 people living in remote areas.

Target 13

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Achieve the 95–95–95 HIV diagnosis and treatment targets

- Between 2015 and 2018, the proportion of Aboriginal and Torres Strait Islander people living with HIV who were diagnosed increased from 86% to 92%. Although progress is being made more work is required to reach the target of 95%, including greater access to the increasing range of HIV testing options. Modelled estimates are being developed to measure the progress towards reaching the targets of 95% of those diagnosed being in care and 95% of those in care to have suppressed viral load. As these data become available, they will be presented on the Kirby Institute's data site.
- Of Aboriginal and Torres Strait Islander participants in the ANSPS, the proportion who reporting testing for HIV in the previous twelve months remained steady between 59% and 56%. In 2018, the proportion reporting testing for HIV was 56%.
- Of young people participating in the GOANNA Survey, 42% reported ever having an HIV test in 2013.
- Between 2010/2011 and 2018/2019 the proportion of Aboriginal and Torres Strait Islander people with a late HIV diagnosis fluctuated between 27% and 38% and was 27% in 2018/2019.
- Among Aboriginal and Torres Strait Islander participants of the ANSPS, the HIV prevalence increased from 2% in 2014 to 4% in 2018. These numbers must be interpreted with caution due to small numbers.
- Greater effort is required to meet the 95–95–95 HIV diagnosis and treatment targets.
- *Data relating to **Indicator 13f: Prevalence of HIV among Indigenous people in custodial settings** were unavailable and will be presented in future reporting.*

Target 14

Reduce the reported experience of stigma among Aboriginal and Torres Strait Islander people with BBV and STI, and the expression of stigma, in relation to BBV and STI status.

Methods to produce the data to report on this target are in development. These data will be published on the Kirby data site as they become available.

Appendix i

National Aboriginal and Torres Strait Islander BBV and STI Strategy

| Indicator | Data source |
|---|--|
| Target 1 Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months. | |
| 1a Coverage of hepatitis B vaccination of Indigenous children at 12 and 24 months of age. | Australian Immunisation Register (AIR) |
| Target 2 Achieve and maintain HPV adolescent vaccination coverage of 80%. | |
| 2a HPV two dose vaccination coverage for Indigenous males and females aged 15 years of age. | Australian Immunisation Register (AIR) |
| Target 3 Reduce the incidence and prevalence of infectious syphilis, with a particular focus on areas of highest disease burden. | |
| 3a Annual rate of infectious syphilis notifications in Indigenous people by age and sex. | National Notifiable Diseases Surveillance System (NNDSS) |
| 3b Annual rate of chlamydia notifications in Indigenous people by age and sex. | National Notifiable Diseases Surveillance System (NNDSS) |
| 3c Annual rate of gonorrhoea notifications in Indigenous people by age and sex. | National Notifiable Diseases Surveillance System (NNDSS) |
| 3d Annual rate of infectious syphilis notifications in Indigenous people by remoteness area. | National Notifiable Diseases Surveillance System (NNDSS) |
| 3e Annual rate of chlamydia notifications in Indigenous people by remoteness area. | National Notifiable Diseases Surveillance System (NNDSS) |
| 3f Annual rate of gonorrhoea notifications in Indigenous people by remoteness area. | National Notifiable Diseases Surveillance System (NNDSS) |
| 3g Proportion of young (16–29 years) Indigenous people giving correct answers to knowledge questions on BBV and STI. | The Goanna Survey 2 |
| 3h Proportion of young (16–29 years) Indigenous people reporting consistent condom use with sexual partners. | The Goanna Survey 2 |
| 3i Proportion of young Indigenous people (16–29 year olds) who reported using a condom during their last sexual encounter. | The Goanna Survey 2 |

Appendix i

| National Aboriginal and Torres Strait Islander BBV and STI Strategy | | |
|---|--|--|
| Indicator | | Data source |
| Target 4 | Increase STI testing coverage with a focus on areas of highest need. | |
| 4a | Proportion of young (16–29 years) Indigenous people who reported ever having an STI test. | The Goanna Survey 2 |
| 4b | Proportion of young (16–29 years) Indigenous people who reported having an STI test in the last 12 months. | The Goanna Survey 2 |
| Target 5 | Eliminate congenital syphilis. | |
| 5a | Number of Indigenous congenital syphilis notifications. | National Notifiable Diseases Surveillance System (NNDSS) |
| 5b | Annual notification rate of congenital syphilis per 100 000 live Indigenous births. | National Notifiable Diseases Surveillance System (NNDSS) |
| 5c | Annual notification rate of infectious syphilis in Indigenous women of reproductive age (15–44 years of age). | National Notifiable Diseases Surveillance System (NNDSS) |
| Target 6 | Reduce the number of newly acquired hepatitis C infections by 60%. | |
| 6a | Annual rate of newly acquired hepatitis C notifications in Indigenous people. | National Notifiable Diseases Surveillance System (NNDSS) |
| 6b | Annual rate of newly acquired hepatitis C notifications in Indigenous people aged <25 years. | National Notifiable Diseases Surveillance System (NNDSS) |
| 6c | Proportion of Indigenous people who inject drugs with evidence of past or current hepatitis C infection (HCV antibody). | Australian Needle and Syringe Program Survey |
| 6d | Proportion of Indigenous people who inject drugs with evidence of a current hepatitis C infection (HCV RNA). | Australian Needle and Syringe Program Survey |
| 6e | Proportion of Indigenous people entering custodial settings with evidence of past or current hepatitis C infection. | National Prison Entrants' Blood Borne Virus Survey (NPEBBVS) |
| Target 7 | Increase the use of sterile injecting equipment for every injecting episode. | |
| 7a | Proportion of Indigenous people who inject drugs who report using a new needle and syringe for all injections in the previous month. | Australian Needle and Syringe Program Survey |
| 7b | Proportion of Indigenous people who inject drugs who report re-using another person's used needle and syringe in the previous month. | Australian Needle and Syringe Program Survey |

Appendix i

National Aboriginal and Torres Strait Islander BBV and STI Strategy

| Indicator | Data source |
|---|--|
| Target 8 Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated direct acting antiviral treatment to 65%. | |
| 8a Estimated proportion of Indigenous people with chronic hepatitis C who have been diagnosed. | Not yet reported |
| 8b Annual rate of hepatitis C notifications (newly acquired and unspecified) in Indigenous people. | National Notifiable Diseases Surveillance System (NNDSS) |
| 8c Proportion of Indigenous people accessing needle and syringe programs (people who inject drugs) who reported having a hepatitis C test in the previous 12 months. | Australian Needle and Syringe Program Survey |
| 8d Proportion of Indigenous people accessing needle and syringe programs (people who inject drugs) who report ever having a hepatitis C test. | Australian Needle and Syringe Program Survey |
| 8e Proportion of young (16–29 years) Indigenous people who reported ever having a hepatitis C test | The Goanna Survey 2 |
| 8f Proportion of young (16–29 years) Indigenous people who reported having a hepatitis C test in the last 12 months. | The Goanna Survey 2 |
| 8g Proportion of Indigenous people who inject drugs who reported ever having had hepatitis C antiviral treatment. | Australian Needle and Syringe Program Survey |
| 8h Proportion of Indigenous people who inject drugs who reported having had hepatitis C antiviral treatment in the last 12 months. | Australian Needle and Syringe Program Survey |
| 8i Proportion of Indigenous people entering custodial settings who reported having any hepatitis C antiviral treatment. | National Prison Entrants' Blood Borne Virus Survey (NPEBBVS) |
| 8j Proportion of young (16–29 years) Indigenous people who reported having had hepatitis C antiviral treatment. | Not yet reported |

Appendix i

| National Aboriginal and Torres Strait Islander BBV and STI Strategy | | |
|---|--|--|
| Indicator | | Data source |
| Target 9 | Reduce hepatitis C attributable mortality by 65%. | |
| 9a | Estimated number of Indigenous people with decompensated cirrhosis, hepatocellular carcinoma and liver related deaths. | Not yet reported |
| Target 10 | Increase the proportion of people living with hepatitis B who are diagnosed to 80%; receiving care to 50%; and on antiviral treatment to 20%. | |
| 10a | Annual rate of hepatitis B notifications (newly acquired and unspecified) in Indigenous people. | National Notifiable Diseases Surveillance System (NNDSS) |
| 10b | Proportion of Indigenous people entering custodial settings with evidence of past or present hepatitis B infection. | National Prison Entrants' Blood Borne Virus Survey (NPEBBVS) |
| Target 11 | Reduce hepatitis B attributable mortality by 30%. | |
| 11a | Estimated number of deaths in Indigenous people due to chronic hepatitis B related to decompensated cirrhosis and hepatocellular carcinoma. | Not yet reported |
| Target 12 | Reduce the incidence of HIV transmissions. | |
| 12a | Annual notification rate of HIV in Indigenous people. | State and territory health authorities |
| 12b | Number of HIV notifications in Indigenous people by exposure category. | State and territory health authorities |
| 12c | Proportion of new HIV diagnoses among Indigenous people who had evidence of recent HIV infection by exposure category | State and territory health authorities |
| 12d | Annual rate of HIV notifications in Indigenous people by remoteness area. | State and territory health authorities |
| 12e | Incidence of HIV in Indigenous people who inject drugs attending needle and syringe programs. | Not yet reported |
| 12f | Proportion of young (16–29 years) Indigenous people who reported that they were HIV positive. | The Goanna Survey 2 |
| 12g | Proportion of young Indigenous people (16–29 year olds) who reported using condoms consistently with sexual partners in the previous 12 months. | The Goanna Survey 2 |
| 12h | Proportion of young Indigenous people (16–29 year olds) who reported using a condom during their last sexual encounter. | The Goanna Survey 2 |

Appendix i

National Aboriginal and Torres Strait Islander BBV and STI Strategy

| Indicator | Data source |
|---|--|
| Target 13 Achieve the 95–95–95 HIV diagnosis and treatment targets: | |
| 13a Proportion of Indigenous people living with HIV who are diagnosed. | State and territory health authorities |
| 13b Proportion of Indigenous people who inject drugs accessing needle and syringe programs who have been tested for HIV in the previous 12 months. | Australian Needle and Syringe Program Survey |
| 13c Proportion of young (16–29 years) Indigenous people who reported ever having a HIV test | The Goanna Survey 2 |
| 13d Proportion of new HIV diagnoses in Indigenous people with a late diagnosis of HIV (CD4 count<350 cell/ μ L). | State and territory health authorities |
| 13e Prevalence of HIV among Indigenous people who inject drugs attending needle and syringe programs. | Australian Needle and Syringe Program Survey |
| 13f Prevalence of HIV among Indigenous people in custodial settings. | National Prison Entrants' Blood Borne Virus Survey (NPEBBVS) |
| Target 14 Reduce the reported experience of stigma among Aboriginal and Torres Strait Islander people with BBV and STI, and the expression of stigma, in relation to BBV and STI status. | |
| 14a An indicator to monitor this target is currently unavailable. Options will be explored to develop an indicator that informs strategies and activities in a meaningful way. | Not yet reported |