Sexually transmissible infections and bloodborne viruses in Aboriginal and Torres Strait Islander populations

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Nationally there are higher rates of sexually transmissible infections (STIs) and bloodborne viruses diagnosed in Aboriginal and Torres Strait Islander people than in other Australians. These infections are a major source of morbidity:[1] untreated chlamydia, gonorrhoea and syphilis can cause infertility, pelvic inflammatory disease, premature delivery and neonatal and post-partum infections, while hepatitis B and C can lead to liver cirrhosis and liver cancer. Untreated STIs can facilitate the transmission of human immunodeficiency virus (HIV), a lifelong infection with numerous health consequences. These infections are largely preventable and easily diagnosed; many STIs are easily cured.

Epidemiology

In the period 2005–2009, the age-standardised rates of chlamydia and syphilis notifications in Aboriginal and Torres Strait Islander people were 3.5 and 4 times higher, respectively, than rates in the non-Aboriginal population (excluding NSW and ACT where Aboriginal status was reported for 50% or less of diagnoses). In Aboriginal and Torres Strait Islander people, rates of STIs were significantly higher in rural and remote areas, which may reflect targeted STI screening programs in discrete Aboriginal communities. While rates of HIV diagnosis were similar in Aboriginal and non-Aboriginal populations, a higher proportion of the infections in Aboriginal Australians was a result of injecting drug use (21.3% compared to 2.8%). Rates of diagnosis of hepatitis B and C were three times higher in Aboriginal and Torres Strait Islander people than in other Australians. Rates of HIV and hepatitis B and C were higher in urban areas, which may reflect where people were tested.[2]

There is a need to improve the completeness and accuracy of reporting Aboriginal status in national data sets. With data missing from both regional and urban areas, there is the potential to underestimate the prevalence and morbidity associated with STIs and bloodborne viruses.[1]

Challenges

Aboriginal and Torres Strait Islander people may be more vulnerable to STIs and bloodborne viruses because they: live in high prevalence populations; are over-represented in custodial settings (with increased risk of contracting hepatitis C); and have a higher proportion of young people than in the general population (the median age in NSW is 21 years compared to 37 in the non-Aboriginal population).[3] Many STIs and bloodborne viruses are asymptomatic so many of those with the infection may not seek medical care and consequently can pose a potential risk to others. Stigma and shame are associated with these infections further reducing the desire to seek medical care. Gaps in the workforce mean that some communities may lack access to culturally appropriate primary health-care services.[1]

Strategies

The objectives of the *Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010–2013* include: decreasing the proportion of hepatitis C and HIV infections attributed to injecting drug use; increasing systematic testing and treatment of sexually active people aged 15–30 years; and improving young people's knowledge of STIs and bloodborne viruses. Needle and syringe programs and drug treatment services are recommended as well as the use of peer educators in delaying or preventing the onset of drug use and encouraging injecting drug users to be tested and treated for bloodborne viruses. Hepatitis B vaccination is recommended for all Aboriginal and Torres Strait Islander children at birth as well as a dose of immune globulin for infants whose mothers are hepatitis B positive.[1] Collaboration between Aboriginal and Torres Strait Islander communities and a range of government and non-government services including sexual health, mental health, drug and alcohol and Justice Health can improve the path to prevention, detection and referral for treatment and support.

References

1. Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010–2013. Canberra: Commonwealth of Australia; 2010.
2. National Centre in HIV Epidemiology and Clinical Research. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2010. Sydney: National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales; 2010.
3. NSW Department of Health Centre for Epidemiology and Research. The health of the people of New South Wales – Report of the Chief Health Officer. Summary Report, 2010. Sydney: NSW Department of Health; 2010.

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