



Aboriginal Health Council of South Australia Inc.

**Sexual Health Project Coordinator
(SHPC)**



How it came about

Funding was obtained from SA Health to develop a comprehensive report identifying the existing Sexual Health programs operating in the Aboriginal Community Controlled Health Services namely Port Lincoln, Port Augusta, Yalata, Oak Valley, Ceduna and Port Augusta.

The Needs Assessment contains various recommended strategies to improve STI management in those communities including the development of the coordinators position to oversee the implementation of the those strategies. The position is currently funded through SA Health.

Ultimately, the program ensures that communities have access to adequate sexual health services.





Objectives of the Needs Assessment

1. To assess the extent of sexual health programs provided by each participating health service.
2. To determine the number, type of staff & estimated percentage of time spent providing sexual health services
3. To determine the type & extent of capacity building needs to provide comprehensive sexual health services of each participating health service
4. To provide information regarding the number & type of staff consulted for the needs assessment.





Issues and Barriers

Level of Staff Education & Expertise

The levels of experience and education of those providing sexual health services at each health facility varied.

The Need for Support & Coordination

Staff at each health service requested a higher level of support in order to deliver sexual health services. This support was expressed in terms of having a person available to staff to clarify information and the expectations of health service providers.

Lack of Community Education / Promotion

There were no community educational or promotional activities undertaken to increase awareness of the STI Screening Program.

Stigma & Shame

Staff expressed their experiences have been that the stigma and shame associated with STIs has resulted in difficulties with the location and follow-up of clients requiring testing and treatment.





Coordinators Role

Commencing in March 2009. To provide assistance and support to ACCHSs in SA in developing strategies for the control of sexually transmitted infections and blood-borne viruses.

- All participating ACCHSs adequately prepared for the 2009 STI screening program;
- Appropriate health promotion materials available for all ACCHSs;
- All ACCHSs have appropriate Standing Treatment Orders for STIs, with access to treatment as required;
- ACCHS staff have adequate education in STI diagnosis and management, and other aspects of STI control;





Role cont.

- **The 2009 STI screening program successfully completed;**
- **A report on the 2009 STI screening program prepared and disseminated;**
- **STI data collection using currently available electronic patient information systems reviewed, and appropriate recommendations implemented;**
- **The current status of surveillance and control of syphilis, hepatitis B and C, and HIV in ACCHSs, has been reviewed, with recommendations for improvements as required.**





The Screening Program

Secured individual support of the participating member services earlier this year to undertake the planning and development of the Screening Program, which was rolled out in April 2009.

The six week screening and treatment program also offered information and education on Sexually Transmitted Infections.

Total of eight participating services offered this program to their communities during the screening period.

A number of positive cases were treated during the screening program.





Aboriginal Health Council of SA

- Ceduna/Koonibba Aboriginal Health Service
- Maralinga Tjarutja Health Service
- Nganampa Health Council
- Nunkuwarrin Yunti of SA Inc**
- Nunyara Wellbeing Centre Inc
- Pangula Mannamurna Inc**
- Pika Wiya Health Service Inc
- Port Lincoln Aboriginal Health Service
- Tullawon Health Service
- Umoona Tjutagku Health Service

** not participating





How the Screening Program will work

HEALTH PROMOTION....

EDUCATION....

**OPPORTUNISTIC SCREENING, CLINIC
APPOINTMENT FOR SCREENING PROGRAM....**





Continued

SERVICE PLANNING....



AIM....



OUTCOME....





Why Screen?

- OPPORTUNISTIC
- PREVALENCE
- FOLLOW UP
- TREATMENT
- INFECTION REDUCTION
- AGE GROUPS
- REVIEW
- DECREASE INFECTION TRANSMISSION





Working Together

- Establish collaborative partnerships
- to provide support, promotional resources and advice on STI/BBV
- Assist to get the message out to communities
- Developing and implementing a successful STI/BBV Screening Program
- Provide 'on the ground' support





Monitoring of its success

- Successful completion of the 2009 STI screening program
- Report on the program
- Review and present recommendations
- Maintain contact with services





2009 Screening Program Focus





Chlamydia





Gonorrhoea





Trichomonas







How will we test for these STI's



Males:

Urine Specimen only

for urine PCR tests for
Gonorrhoea, Chlamydia and
Trichomonas.





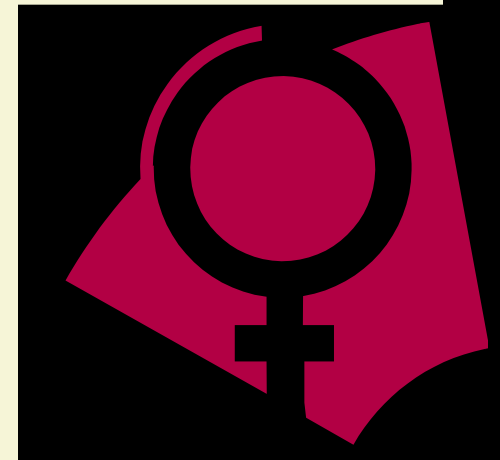
How will we test for these STI's

Females:

Self-collected Low Vaginal Swabs


(white-top swabs for PCR Gonorrhoea, Chlamydia and Trichomonas; blue-top swab for MC&S).

If reluctant - request a urine specimen





STI Screening Program Guidelines



Aboriginal Health Council
of South Australia Inc.

'Our health, our choice, our way'

2009 STI SCREENING PROGRAM
(extended 2010/11)

1. All ACHC's in South Australia are encouraged to participate in the 2009 STI screening program, although the decision lies with each health service. ACHC's will provide support and advice, through the Public Health Medical Officer and the Sexual Health Coordinator. Aboriginal Health Council has its own program and protocol.
2. The screening program will be conducted between Tuesday April 14th (after the Easter weekend) and Friday May 21st 2009. Individual health services may adjust these dates if they wish.
3. The STIs screened will be Chlamydia, gonorrhoea and Trichomonas.
4. This program will provide local opportunities for all health assessments, and where possible this should be done. It will also provide an opportunity to address other sexual health issues and STIs.
5. Make sure to provide a urine specimen only for urine PCR tests for gonorrhoea, Chlamydia and Trichomonas.
6. Females should be requested to provide self-collected swabs, while the swabs for PCR gonorrhoea, Chlamydia and Trichomonas (the top swab for MGC). Any woman who is reluctant to provide swabs should be requested to provide a urine specimen.
7. Efforts should be made to ensure that community members are aware of the planned screening program prior to its commencement.
8. The target age-group should be decided by each health service, but should include at least those aged 15-35. If the health service staff decides to do so, it can increase the upper age (e.g. to 40, or 45).
9. If younger children are screened (e.g. those aged 13, 14 or 15) signed permission from their parents or carers should be obtained.
10. A list of the target population should be obtained from the health service database. Each health service should ensure a system is in place to keep track of who has been screened, whether results have been received, and whether the appropriate message has occurred.
11. Supplies which will need to be obtained include urine specimen containers, swabs, pre-printed M/S request forms, dryclean tubes, swabs, probe, probe, swabs, swabs, swabs and test kits.

12. For those health services who request it, pre-printed (M/S) forms will be available, with David Cunningham as the requesting doctor. The forms do not need to be signed. Results will be sent back to the health service, sent to David to assist with data collection and quality assurance. Some health services will generate request forms using CompuShare.
13. When people are asked to provide a urine specimen, it should be recommended that they are an uninfected person. For both blood and urine, and the handling of the specimen, should be as discussed as possible, with gender separation maintained as much as possible.
14. Ideally, the collection should be made with the first void of the day, but practical considerations may make this procedure. A first void specimen (and a mid-stream specimen) is preferred.
15. Urinalysis should be performed on each urine specimen (if possible). If there is blood, protein, haematuria or nitrites, request MGC as well as PCR.
16. If the patient has symptoms suggestive of STI, or has lived with the partner in the same with a suspicion of STI, treat with a 28 day penicillin, azithromycin and probenecid.
17. Urine specimens should be refrigerated as soon as possible after collection.
18. Anybody who is found to have an STI should have a full STI screen advised (syphilis, HIV, hepatitis B and C), and should be discussed for contact tracing. Contact tracing is not necessary for Trichomonas.
19. Anybody diagnosed with chlamydia should be treated with a 28 day penicillin, azithromycin and probenecid.
20. Anybody diagnosed with gonorrhoea, or combined gonorrhoea/Chlamydia, should be treated with 250mg ceftriaxone IM and azithromycin. Before going forward, a specimen should be collected from the patient to be sent to the laboratory with a request for "gonorrhoea culture and sensitivity". The best specimen is a swab (cervical swab for men, vaginal swab for women) but if necessary a urine specimen will suffice. Urine specimens should be transported to the lab to arrive within 24 hours if at all possible.
21. Any person diagnosed with Trichomonas should be treated with 7 days of oral.
22. Anybody who has been treated as a contact should be requested to provide a specimen to confirm the diagnosis, and given the treatment for the condition if previously diagnosed in the contact. If the contact had received appropriate treatment, a specimen should be sent for gonorrhoea culture and sensitivity, as in para 20 above.
23. Any diagnosed and treated cases should be re-tested four weeks after treatment, to confirm successful treatment (and exclude reinfection).





Treatment Medications

**ZAP pack
(amoxicillin, azithromycin & Probenecid).**

Full STI screen & contact tracing

**Re-test 4 weeks after treatment, to confirm
treatment success (and exclude re-infection).**





Further Information Services

The Second Story

Marie Stopes Foundation



Family GP

SHine SA

ABORIGINAL COMMUNITY CONTROLLED HEALTH
SERVICE





Thank you

