

Tracking the Progress 2021:
**National Aboriginal and
Torres Strait Islander
BBV and STI Strategy**



UNSW
SYDNEY



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

The years for comparison in this report are from the end of 2016 to the end of 2020 unless focus is given to the impact of the COVID-19 epidemic, where the years for comparison are 2016 to 2019, and 2019 and 2020. For indicators relating to hepatitis C and where data are available, the years for comparison are from the end of 2015 to the end of 2019 and from the end of 2019 to the end of 2020.

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

Acknowledgement is 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 Institute data site.

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Tracking the Progress 2021: 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.

The COVID-19 pandemic has resulted in restrictions of access to healthcare, including testing and treatment. These restrictions likely impacted on progress against many indicators between 2019 and 2020. For this reason, the years for comparison in this report are from 2016 to 2019, and 2019 to 2020. For hepatitis C and where data are available, the years for comparison are from 2015 to 2019, and 2019 to 2020.

Target 1

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

- Between 2016 and 2020, among Aboriginal and Torres Strait Islander children aged 12 months, the target of 95% hepatitis B vaccination coverage was reached in 2017 and 2018 but not in 2016, 2019, or 2020, with a coverage rate of 93.2% reported in 2020. Among Aboriginal and Torres Strait Islander children aged 24 months, hepatitis B vaccination coverage of 95% was reached for all years 2016 to 2020 with a coverage rate of 97.3% reported in 2020.

Target 2

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Achieve and maintain HPV adolescent vaccination coverage of 80%

- Among Aboriginal and Torres Strait Islander females aged 15 years, the HPV vaccination coverage rate remained stable between 2016 and 2020 and was 75.0% in 2020. Among Aboriginal and Torres Strait Islander males aged 15 years, the HPV vaccination coverage rate increased from 65.8% in 2015 to 72.4% in 2018, and then declined to 65.4% in 2020. The target of 80% coverage has yet to be met for both males and females.

Target 3

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

Part A: Notification Rates

Infectious syphilis

- Among Aboriginal and Torres Strait Islander people, there were considerable increases in infectious syphilis notification rates among all reported age groups between 2016 and 2019, followed by decreases among all age groups between 2019 and 2020.
- Between 2016 and 2019, among Aboriginal and Torres Strait Islander people aged 20 to 24 years, the infectious syphilis notification rate increased by 87% from 126.9 to 237.6 per 100 000 population, followed by a 20% decline to 188.9 per 100 000 in 2020.
- Between 2016 and 2019, notification rates increased by 81% among Aboriginal and Torres Strait Islander people aged 15 to 19 years (from 139.3 to 252.6 per 100 000), 80% among those aged 30 to 39 years (from 128.7 to 231.3 per 100 000), 74% among those over 40 years (from 49.0 to 85.5 per 100 000) and 28% among those aged 25 to 29 years (from 186.8 to 239.4 per 100 000).
- In 2020, by age group, infectious syphilis notification rates were 235.1 per 100 000 among those aged 15 to 19 years, 189.9 per 100 000 among those aged 20 to 24 years, 187.2 among those aged 25 to 29 years, 196.8 among those aged 30 to 39 years and 71.5 among those aged over 40 years. Breakdowns by age as well as by sex are available on the [Kirby Institute data site](#).
- By remoteness classification, between 2016 and 2019, infectious syphilis notification rates increased among Aboriginal and Torres Strait Islander people residing in major cities by 136% (from 24.4 to 57.6 per 100 000), regional areas by 39% (from 79.4 to 110.3 per 100 000) and remote areas by 90% (from 156.0 to 296.8 per 100 000).
- In 2020, the infectious syphilis notification rate in major cities increased further to 66.6 per 100 000, a 173% increase since 2016.
- Between 2019 and 2020, infectious syphilis notification rates decreased by 36% in regional areas (from 110.3 to 70.3 per 100 000) and 10% in remote areas (from 296.8 to 266.1 per 100 000). Increased effort is needed to reduce infectious syphilis notification rates among Aboriginal and Torres Strait Islander peoples.

Target 3

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

Part A: Notification Rates

Chlamydia

- Among Aboriginal and Torres Strait Islander people aged 15 to 19 years, the chlamydia notification rate declined by 16% between 2016 and 2019, from 5531.0 to 4252.3 notifications per 100 000. In the same period, for those aged 30 to 39 years, and those over 40 the notification rate increased by 13%, and 31% respectively. For those aged 20 to 24 years and 25 to 29 years the chlamydia notification rate was stable between 2016 and 2019. There were declines among all age groups between 2019 and 2020.
- In 2020 among those aged 15 to 19 years, 20 to 24 years, 25 to 29 years, 30 to 39 years and over 40 years, the chlamydia notification rate was 4252.3, 4264.4, 2599.9, 1422.5, and 262.3 per 100 000, respectively. Breakdowns by age as well as by sex are available on the [Kirby Institute data site](#).
- By remoteness classification, chlamydia notification rates remained stable among Aboriginal and Torres Strait Islander people living in regional areas and major cities between 2016 and 2020, and in 2020, were 1194.4 and 666.7 per 100 000, respectively.
- Among Aboriginal and Torres Strait Islander people living in remote areas, the chlamydia notification rate was stable between 2016 and 2019, but then declined by 14% from 1869.0 in 2019 and to 1600.2 in 2020. Increased access to testing and treatment is needed to reduce chlamydia notification rates among Aboriginal and Torres Strait Islander peoples, especially in the context of interruptions to health service access as a consequence of the COVID-19 pandemic.

Target 3

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

Part A: Notification Rates

Gonorrhoea

- Between 2016 and 2019, the gonorrhoea notification rate among Aboriginal and Torres Strait Islander people increased by 10% for those aged 20 to 24 years (from 1168.1 to 1283.4 per 100 000), 11% for those aged 25 to 29 years (from 980.5 to 1092.1 per 100 000) and 18% for those aged 30 to 39 years (from 662.5 to 781.5 per 100 000). In the same period, for those aged 15 to 19 years, the gonorrhoea notification rate declined by 20% from 1482.3 to 1180.9 per 100 000 and for those aged over 40 years the notification rate remained stable and was 140.5 per 100 000 in 2019. Between 2019 and 2020, the gonorrhoea notification rate remained stable and was 1221.0, 1240.1, 1146.4, 835.4 and 150.6 per 100 000 for those aged 15 to 19 years, 20 to 24 years, 25 to 29 years, 30 to 39 years and 40 years and older, respectively. Breakdowns by age as well as sex are available on the [Kirby Institute data site](#).
- By remoteness classification, between 2016 and 2019, gonorrhoea notification rates increased among Aboriginal and Torres Strait Islander people residing in major cities (by 79%) and regional areas (by 11%). In the same period, the gonorrhoea notification rate decreased by 14% among those living in remote areas.
- Between 2019 and 2020, the gonorrhoea notification rate remained stable among Aboriginal and Torres Strait Islander people living in regional and remote areas and was 270.1 and 1287.4 per 100 000 in 2020, respectively.
- Between 2019 and 2020, among Aboriginal and Torres Strait Islander people living in major cities, the gonorrhoea notification rate increased by 19% from 234.0 to 278.8 per 100 000. Culturally appropriate targeted testing and treatment strategies are needed to reduce gonorrhoea notification rates among Aboriginal and Torres Strait Islander peoples especially in the context of interruptions to health service access as a consequence of the COVID-19 pandemic.

Target 3

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

Part B: Knowledge and risk behaviours

Condom use

- The Goanna Survey is an Australia-wide sexual health survey of young Aboriginal and Torres Strait Islander people aged 16 to 29 years, living in urban, regional, and remote areas, and has been undertaken in 2013 (n=1300) and 2020 (n=1343). In 2020, 26% of survey participants reported consistent condom use with their sexual partners over the previous 12 months down from 38% in 2013. Also in 2020, 40% of participants reported condom use at their last sexual encounter, down from 54% in 2013.

BBV and STI knowledge

- Of participants in the Goanna Survey responding to knowledge questions about STI and BBV, the median score was 7 out of 10 correct answers in 2020 (5-8 IQR).

Target 4

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

- In 2020, 60% of people aged between 16 and 29 years participating in the Goanna Survey reported ever having an STI test, up from 58% in 2013. Also in 2020, 44% of Goanna Survey participants reported having an STI test in the previous 12 months, unchanged from 2013. 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 2016 and 2020 the number of congenital syphilis notifications among Aboriginal and Torres Strait Islander people fluctuated, ranging between one and eight notifications with eight notifications in 2020. Among Aboriginal and Torres Strait Islander people, the number of congenital syphilis notifications per 100 000 live births also fluctuated, between 4.6 and 36.3 notifications per 100 000 live births with a rate of 36.3 per 100 000 live births in 2020.
- Among Aboriginal and Torres Strait Islander women of reproductive age (15 to 44 years), the infectious syphilis notification rate nearly doubled from 116.4 per 100 000 women in 2016 to 231.1 per 100 000 women in 2019. Between 2019 and 2020, the infectious syphilis notification rate among Aboriginal and Torres Strait Islander women of reproductive age decreased by 15% from 231.1 to 196.5 per 100 000. By comparison, the infectious syphilis notification rate among non-Indigenous women of reproductive age in 2020 was 8.6 per 100 000. Significant 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%

- Compared with older age-groups, most hepatitis C infections among those aged 15 to 24 years are recently acquired. Therefore, trends in the rate of notifications among those aged 15 to 24 years can be a proxy for the incidence of hepatitis C infection. Among Aboriginal and Torres Strait Islander people aged between 15 to 24 years, the age group most at risk of acquiring hepatitis C, there was a 62% increase in the rate of newly acquired hepatitis C notifications between 2016 and 2019 (from 62.5 to 101.5 notifications per 100 000 population). Among this population, between 2019 and 2020, there was a 25% decline in the newly acquired hepatitis C notification rate from 101.5 to 76.0 per 100 000.
- Between 2016 and 2019, among all people of all ages, there was a 37% increase in the rate of newly acquired hepatitis C notifications from 28.1 to 38.4 notifications per 100 000 population. Among this population, between 2019 and 2020, there was a 29% decline in the newly acquired hepatitis C notification rate from 38.4 to 28.5 per 100 000. Increased effort is required to meet the target of a 60% reduction in the rate of newly acquired hepatitis C infections. Also, greater hepatitis C testing is required to capture cases that may be undiagnosed due to the decline in testing resulting from the impacts of the COVID-19 pandemic. Breakdowns by age and sex are available on the [Kirby Institute 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 from 69.9% in 2015 to 51.1% in 2020. By comparison, the proportion of participants with evidence of current hepatitis C infection declined from 50.7% in 2015 to 21.1% in 2020.
- *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

access full
data here



Increase the use of sterile injecting equipment for every injecting episode

- Among Aboriginal and Torres Strait Islander participants in the ANSPS, 69.8% of participants reported using a new needle and syringe for all injection in the previous month in 2020, a decline from 73.0% in 2015. By comparison the proportion of participants who reported using another person's used needle and syringe in the previous month remained stable and was 23.6% in 2020. Increased effort is required to increase the use of sterile injecting equipment among Aboriginal and Torres Strait Islander people.

Target 8

access full
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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 2019, the hepatitis C notification rate among Aboriginal and Torres Strait Islander people remained stable and was 199.3 per 100 000 in 2019. In the same period, among Aboriginal and Torres Strait Islander males, the hepatitis C notification rate increased by 15% from 245.8 to 282.8 per 100 000 people. Conversely, among Aboriginal and Torres Strait Islander females, the hepatitis C notification rate decreased by 16% from 137.6 to 115.3 per 100 000. Between 2019 and 2020, the hepatitis C notification rate declined among Aboriginal and Torres Strait Islander males, females and overall, and was 228.1, 104.9 and 167.3 per 100 000 in 2020, respectively.

Target 8

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data here



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%

- **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 2015 and 2019 and was 59% in 2019 but declined to 47% in 2020. Between 2015 and 2020, the proportion of participants who reported ever having had a hepatitis C test remained stable and was 79% in 2020.
- Among young people participating in the 2020 Goanna Survey, 32% of participants reported ever having had a hepatitis C test, down from 42% in 2013. In the same survey, 23% of participants reported having a hepatitis C test in the previous 12 months in 2020, down from 32% in 2013.
- **Treatment:** Of Aboriginal and Torres Strait Islander people participating in the ANSPS, 52% of participants reported ever having had hepatitis C antiviral treatment in 2020, down from 58% in 2019, but up from 10% in 2015. By comparison, 24% of respondents reported having had antiviral treatment in the previous 12 months in 2020, a considerable increase on the 1% reported in 2015, but down from 39% in 2019. 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 **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 Aboriginal and Torres Strait Islander 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 B 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 between 2016 and 2019 for males and females as well as overall by 31%, 45% and 37%, respectively. Between 2019 and 2020, the hepatitis notification rate increased by 16% among males (from 31.7 to 36.9 per 100 000), 36% among females (from 18.3 to 24.9 per 100 000) and 26% overall (from 24.5 to 30.9 per 100 000).

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 Institute data site as they become available.

Target 12

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data here



Reduce the incidence of HIV transmissions

- Between 2016 and 2019 the HIV notification rate among Aboriginal and Torres Strait Islander people declined by 51% from 6.3 to 3.1 notifications per 100 000 population. In the same period, the HIV notification rate declined by 55% from 11.6 to 5.2 notifications per 100 000 males. For females, the notification rate fluctuated, between 1.0 and 2.1 notifications per 100 000, and was 1.3 per 100 000 in 2019. The HIV notification rate declined among Aboriginal and Torres Strait Islander males, females and overall, between 2019 and 2020, and was 4.3, 0.6 and 2.2 per 100 000 in 2020, respectively. These trends should be interpreted with caution due to small numbers of notifications.
- Between 2011/2012 and 2019/2020, the proportions of HIV notifications classified by attributable exposure fluctuated among Aboriginal and Torres Strait Islander people due to small numbers of notifications. In 2019/2020 49% of notifications were attributed to male-to-male sex, 23% were attributed to male-to-male sex and injecting drug use, 16% were attributed to heterosexual sex, 9% were attributed to injecting drug use and 2% were attributed to other exposures. Detailed breakdowns by year grouping are available on the [Kirby Institute's data site](#).
- Of notifications in 2019/2020, 75% 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, male-to-male sex with injection drug use, heterosexual sex, and other exposures, 33%, 50%, 14% and 0% had evidence of newly acquired infection, respectively. Further breakdown by year grouping are available on the [Kirby Institute data site](#). Due to small numbers these proportions should be interpreted with caution.
- Between 2016 and 2019, the HIV notification rate among Aboriginal and Torres Strait Islander people declined by 45%, 64% and 72% for those living in major cities, regional areas and remote areas, respectively. There were further declines between 2019 and 2020 and in 2020, the HIV notification rate among Aboriginal and Torres Strait Islander people living in in regional areas and remote areas declined by 100% (from 2.6 to 0.0 per 100 000) and 38% (from 0.8 to 0.5 per 100 000), respectively. Conversely, for those living in major cities, the HIV notification rate increased by 29% from 4.2 to 5.4 per 100 000.

Target 13

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

- Between 2016 and 2020, the proportion of Aboriginal and Torres Strait Islander people living with HIV who were diagnosed increased from 88% to 95%, meeting the strategy target for the first time. 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 data site](#) and in relevant reports.
- Between 2016 and 2019, among Aboriginal and Torres Strait Islander participants in the ANSPS, the proportion who reporting testing for HIV in the previous twelve months remained steady between 51% and 56%. In 2020, the proportion reporting testing for HIV was 48%, the lowest proportion in the previous ten years.
- Of young people participating in the GOANNA Survey, 33% reported ever having an HIV test in 2020, down from 42% in 2013.
- Between 2015/2016 and 2019/2020 the proportion of Aboriginal and Torres Strait Islander people with a late HIV diagnosis declined from 28.6% to 20.0%.
- Among Aboriginal and Torres Strait Islander participants of the ANSPS, the HIV prevalence increased from 2.8% in 2016 to 3.6% in 2019, and then declined to 2.8% in 2020. 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 Institute data site as they become available.

Appendix

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

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 Syringe Program Survey
6d	Proportion of Indigenous people who inject drugs with evidence of a current hepatitis C infection (HCV RNA).	Australian Needle 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 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 Syringe Program Survey

Appendix

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 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 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

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

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 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 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