

Tracking the Progress 2021:  
**National Sexually  
Transmissible Infections  
Strategy**



**UNSW**  
SYDNEY



**UNSW**  
Kirby Institute

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.

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 Sexually Transmissible Infections Strategy. The full list of contributors can be found on the Acknowledgement page of the Kirby Institute data site.

© The Kirby Institute for infection and immunity in society 2022

ISSN 2653-2158 (Online)

The Kirby Institute for infection and immunity in society.  
UNSW Sydney, Sydney NSW 2052

Suggested citation:

The Kirby Institute. Tracking the Progress 2021: National Sexually Transmissible Infections Strategy.

Telephone: 02 9385 0900 Facsimile: 02 6100 2860 International prefix: 61 2  
Email: [info@kirby.unsw.edu.au](mailto:info@kirby.unsw.edu.au)

# Tracking the Progress 2021: National Sexually Transmissible Infections Strategy

The goals of the Fourth National Sexually Transmissible Infections Strategy are to:

1. Reduce transmission of, and morbidity and mortality associated with STI in Australia
2. Eliminate the negative impact of stigma, discrimination and legal and human rights issues on people's health
3. Minimise the personal and social impact of STI

**The National Sexually Transmissible Infections Strategy has five 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.

# Target 1

access full  
data here



## Achieve and maintain HPV adolescent vaccination coverage of 80%

- From 2019, HPV adolescent vaccine course completion is defined as the receipt of two vaccine doses if dose two is given at least five months after dose one. The definition of course completion is also met if three doses are given when dose two was given less than five months after dose one. The proportion of 15-year-old females registered in the Australian Immunisation Register receiving at least two HPV vaccine doses met the target for all reported years apart from 2019 when the proportion was 79.8%. In 2020, the proportion of females receiving at least two doses was 80.5%. In the same period, the proportion of 15-year-old males registered in the Australian Immunisation Register receiving at least two HPV vaccine doses fluctuated between 75.7% and 79.3% and was 77.6% in 2020. The target for 15-year-old males has yet to be met.

# Target 2

access full  
data here



## Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis

### Part A: Notifications and testing

#### Gonorrhoea

- Between 2016 and 2019, the gonorrhoea notification rate increased by 40% from 101.0 to 141.2 notifications per 100 000 population. Between 2019 and 2020 the gonorrhoea notification rate declined by 16% from 141.2 to 119.3 per 100,000. Similar trends were seen among males and females and in 2020, notification rates were 465.5 and 73.0 per 100 000, respectively. Declines in 2020 are likely attributable in part to the impact of COVID-19 restrictions on social activity, healthcare access and testing, and travel.
- Among people aged 15 to 29 years, the proportion of gonorrhoea tests yielding a positive test result between 2016 and 2020 fluctuated between 2.3% and 2.7% and was 2.6% in 2020. In this age group, similar trends were seen among males and females and in 2020, the proportion of gonorrhoea tests yielding a positive test result was 6.3% and 1.3%, respectively.
- Among female sex workers attending clinics participating in the ACCESS project, the incidence of gonorrhoea increased from 6.5 new infections per 100 person-years in 2016 to 11.7 per 100 person-years in 2018, and then declined to 9.5 per 100 person-years in 2020.
- Between 2016 and 2020, among gay and bisexual men attending clinics participating in the ACCESS project, the incidence of gonorrhoea increased by 15% from 27.3 to 31.4 infections per 100 person-years.

# Target 2

access full  
data here



## Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis

### Part A: Notifications and testing

#### *Chlamydia*

- Between 2016 and 2019 the chlamydia notification rate increased by 9% from 398.9 to 424.5 notifications per 100 000 population and then declined by 15% between 2019 and 2020 to 367.9 per 100 000. Similar trends were seen among males and females and in 2020 notification rates were 340.5 and 397.3 per 100 000, respectively. Declines in 2020 are likely attributable in part to the impact of COVID-19 restrictions on social activity, healthcare access and testing, and travel.
- Between 2016 and 2020, among people aged 15 to 29 years, the proportion of chlamydia tests yielding a positive test result fluctuated between 12.2% and 13.1% and was 12.2% in 2020.
- Among female sex workers attending clinics participating in the ACCESS project, the incidence of chlamydia increased by 27% between 2016 and 2020 from 10.6 to 13.5 new infections per 100 person-years.
- Among gay and bisexual men attending clinics participating in the ACCESS project, the incidence of chlamydia increased by 27% between 2016 and 2020 from 26.1 to 33.2 new infections per 100 person-years.

#### *Infectious syphilis*

- Between 2016 and 2019 the infectious syphilis notification rate increased by 63% from 14.7 to 24.0 notifications per 100 000 population and then declined in 2020 by 12% to 21.2 per 100 000. In the same period, similar trends were seen among males and females and in 2020, notification rates were 34.7 and 7.8 per 100 000, respectively. Declines in 2020 are likely attributable in part to the impact of COVID-19 restrictions on social activity, healthcare access and testing, and travel.
- Between 2016 and 2019, among female sex workers attending clinics participating in the ACCESS project, the incidence of infectious syphilis remained steady and was 0.3 infections per 100 person-years in 2019. Between 2019 and 2020 incidence of infectious syphilis more than doubled from 0.3 to 0.7 infections per 100 person-years.
- Among gay and bisexual men attending clinics participating in the ACCESS project, the incidence of infectious syphilis increased by 54% from 4.6 to 7.1 per 100 000 person-years.

# Target 2

access full  
data here



## Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis

### Part B: Knowledge and risk behaviours

- Among participants of the 2018 National Survey of Australian Secondary Students and Sexual Health (SASSH):
  - 94.5% of students knew that someone could still pass on a sexually transmissible infection without having any obvious symptoms, up from 89.4% of participants in 2013.
  - 72.8% of participants were aware that chlamydia affects both men and women, up from 60.7% of students in 2013.
  - 53.6% of participants were aware that chlamydia can lead to infertility amongst women, down from 57.4% in 2013.
  - 40.9% of participants knew that once a person caught genital herpes, they will always have the virus, down from 46.7% in 2013.
  - A higher proportion of female students answered STI knowledge questions correctly than their male peers.
  - Overall, the highest levels of knowledge regarding STIs were demonstrated about the potentially asymptomatic nature of many infections, and lower levels of knowledge were seen in relation to chlamydia and herpes. Further detail on responses by gender is available on the [Kirby Institute data site](#).
- The proportion of all sexually active respondents to the 2018 SASSH survey reporting always using a condom when they had sex in the last 12 months was 38.5%, a decrease from 46.3% in 2013. The proportion reporting condom use at last sex was 57.4% in 2018, a slight decline from 58.8% in 2013. Reported condom use was higher among males than females in all years. In 2018, almost a fifth (19.1%) of participants reported three or more sexual partners in the past year, a decrease from 26.4% in 2013. Full breakdowns of reported risky behaviours by sex are available on the [Kirby Institute data site](#).
- Among participants of the Gay Community Periodic Survey (GCPS), the proportion who reported consistent condom use with casual sexual partners in the previous 12 months decreased steadily from 39.9% in 2016 to 22.0% in 2020.

# Target 3

access full  
data here



## Increase STI testing coverage in priority populations

- Chlamydia and gonorrhoea are tested for concurrently in Australia using duplex testing. The proportion of 15- to 29-year-olds consulting with a general practitioner and receiving at least one chlamydia/gonorrhoea test from their general practitioner in the previous 12 months remained steady between 2016 and 2019 and was 14.7% in 2019. Between 2019 and 2020, this proportion increased from 14.7% to 16.8%. Among the same age group, similar trends were seen among both males and females, and in 2020, the proportion receiving at least one chlamydia/gonorrhoea test from their general practitioner in the previous 12 months was 9.8% and 22.4%, respectively. Despite the higher proportion of young people getting tested for chlamydia at their general practice, the overall lower number of tests conducted in 2020 suggests that the number of people seeking health care at their general practice declined in 2020.
- Between 2016 and 2020, among gay and bisexual men attending clinics participating in the ACCESS project, the proportion receiving a chlamydia, gonorrhoea and syphilis test in the previous 12 months declined steadily from 85.7% to 78.2%.
- In the same period, among sex workers attending participating clinics in the ACCESS project, the proportion receiving a chlamydia, gonorrhoea and syphilis test in the previous 12 months declined from 87.1% in 2016 to 73.8% in 2019 and then further declined to 67.8% in 2020.
- Among participants in the GCPS, the proportion who reported having had comprehensive STI testing in the previous 12 months increased steadily from 43.8% in 2016 to 57.1% in 2020.

# Target 4

access full  
data here



## Eliminate congenital syphilis

- Between 2016 and 2020 the number of congenital syphilis notifications increased more than eight-fold from two to 17 notifications. Translated to notification rate (the number of congenital syphilis notifications per number of live births), in the same period, the congenital syphilis notification rate increased more than nine-fold from 0.6 to 5.6 notifications per 100 000 live births.
- Among women of reproductive age (15 to 44 years), the infectious syphilis notification rate more than doubled from 7.7 notifications per 100 000 women in 2016 to 16.5 notifications per 100 000 women in 2019. Between 2019 and 2020, the notification rate among women in this age group remained stable and was 16.1 per 100 000 in 2020.
- The large increase in the number of congenital syphilis cases between 2019 and 2020, despite little change in the notification rate, may mean there are large numbers of undiagnosed cases of infectious syphilis among women of reproductive age.

# Target 5

access full  
data here



## Minimise the reported experience and expression of stigma in relation to STI

- Among the participants of **The 2018 National Debrief Survey** aged between 15 to 29 years:
  - 63% reported that they had never behaved negatively towards people with an STI while 8% reported that had sometimes or often behaved negatively towards someone with an STI. 28% reported they had done so rarely.
  - 12% reported that they would expect to never experience stigma if they had an STI while 62% reported that would sometimes, often or always expect to experience stigma. 26% reported they would expect to rarely experience stigma if they had an STI.
  - 50% reported that they had never experienced stigma or discrimination due to their STI while 27% reported that had sometimes, often or always experience stigma or discrimination. 23% reported that they had rarely experienced stigma or discrimination due to their STI.
- As reported in the **Annual Report of Trends in Behaviour 2019 HIV and STIs in Australia**:
  - Among surveyed health care workers, 75% reported never expressing negative behaviour towards people because of a STI. Conversely, 7% of health care workers reported they had sometimes, often, or always expressed negative behaviour towards people because of an STI, while 18% reported that they had done so rarely.
  - Also, among surveyed health care workers, 57% reported never witnessing negative behaviour towards people because of an STI. Conversely, 24% of health care workers reported they had sometimes, often, or always witnessed negative behaviour towards people because of an STI while 19% reported that they had witnessed such behaviour rarely.



# Appendix

## Sexually Transmissible Infections Strategy

	Indicator	Data source
<b>Target 1</b>	<b>Achieve and maintain human papillomavirus adolescent vaccination coverage of 80%.</b>	
	<b>1a</b> HPV two dose vaccination coverage for males and females aged 15 years of age.	Australian Immunisation Register (AIR)
<b>Target 2</b>	<b>Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis.</b>	
	<b>2a</b> Annual rate of gonorrhoea notifications.	National Notifiable Diseases Surveillance System (NNDSS)
	<b>2b</b> Annual rate of chlamydia notifications.	National Notifiable Diseases Surveillance System (NNDSS)
	<b>2c</b> Annual rate of infectious syphilis notifications.	National Notifiable Diseases Surveillance System (NNDSS)
	<b>2d</b> Incidence of STIs in sex workers attending a sexual health clinic.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
	<b>2e</b> Incidence of STIs in gay and bisexual men attending a health service.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
	<b>2f</b> Proportion of chlamydia tests that yield a positive result in the 15-29 year age group.	Medicare, National Notifiable Diseases Surveillance System (NNDSS)
	<b>2g</b> Proportion of gonorrhoea tests that yield a positive result in the 15-29 year age group.	Medicare, National Notifiable Diseases Surveillance System (NNDSS)
	<b>2h</b> Proportion of secondary school students giving the correct answer to STI knowledge and behaviour questions.	National Survey of Australian Secondary Students and Sexual Health
	<b>2i</b> Proportion of secondary school students reporting certain risky sexual behaviours.	National Survey of Australian Secondary Students and Sexual Health
	<b>2j</b> Proportion of young people (15-29 year olds) giving the correct answer to STI knowledge questions.	The Debrief Survey
	<b>2k</b> Proportion of young people (15-29 year olds) reporting consistent condom use with sexual partners in the previous 12 months.	The Debrief Survey
	<b>2l</b> Proportion of gay and bisexual men who reported consistent condom use with casual sexual partners in the previous 12 months.	Gay Community Periodic Surveys

# Appendix

## Sexually Transmissible Infections Strategy

	Indicator	Data source
<b>Target 3</b>	<b>Increase STI testing coverage in priority populations.</b>	
<b>3a</b>	Proportion of 15-29 year olds receiving at least one chlamydia test in the previous 12 months.	Medicare
<b>3b</b>	Proportion of 15-29 year olds receiving at least one gonorrhoea test in the previous 12 months.	Medicare
<b>3c</b>	Proportion of gay and bisexual men who report having had an STI test in the previous 12 months.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
<b>3d</b>	Proportion of gay and bisexual men attending a health clinic receiving a chlamydia, gonorrhoea and infectious syphilis test at least once in the previous 12 months.	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
<b>3e</b>	Proportion of gay men who report having had comprehensive STI testing in the previous 12 months.	Gay Community Periodic Surveys
<b>3f</b>	Proportion of sex workers attending a health clinic receiving a chlamydia, gonorrhoea or infectious syphilis test in the previous 12 months	ACCESS (Australian Collaboration for Coordinated Enhanced Sentinel Surveillance)
<b>3g</b>	Proportion of young people (15-29 years) who reported having sex and have had an STI and/or HIV test in the previous 12 months.	The Debrief Survey
<b>Target 4</b>	<b>Eliminate congenital syphilis.</b>	
<b>4a</b>	Number of congenital syphilis notifications.	National Notifiable Diseases Surveillance System (NNDSS)
<b>4b</b>	Notification rate of congenital syphilis per 100 000 live births.	National Notifiable Diseases Surveillance System (NNDSS)
<b>4c</b>	Annual notification rate of infectious syphilis in women of reproductive age (15-44 years of age).	National Notifiable Diseases Surveillance System (NNDSS)
<b>Target 5</b>	<b>Minimise the reported experience and expression of stigma in relation to STI.</b>	
<b>5a</b>	Proportion of young people reporting negative behaviour towards people with an STI.	The Debrief Survey
<b>5b</b>	Proportion of people who report that they would expect to experience stigma if they had an STI.	The Debrief Survey
<b>5c</b>	Proportion of young people who report that they experienced stigma or discrimination due to their STI.	Annual Report of Trends in Behaviour
<b>5d</b>	Proportion of health care workers reporting or witnessing negative behaviour towards people with an STI.	Annual Report of Trends in Behaviour