Policy Paper: Urgent Need for Culturally Appropriate Strategies to Suppress Bloodborne Viruses and Sexually Transmissible Infections within Multicultural Communities in Queensland

What's the problem?

Sexually transmissible infections (STIs) and bloodborne viruses (BBVs) have gradually become a global health and economic burden. Globally, over 374 million new infections of the four most common and curable STIs – Chlamydia trachomatis, gonorrhoea, syphilis, and trichomoniasis are acquired every year (Shiferaw 2024 et al. 2024), and a significant number of these infections is detected in Australia. Additionally, hepatitis B, hepatitis C, and human immunodeficiency virus (HIV) continue to be a serious threat to the Australian public health (Australian Institute of Health and Welfare 2024).

The number of notified sexually transmissible infections in Australia has generally increased over the last decade. Chlamydia was on top of the list of commonly notified STIs in 2023, with more than 109,000 notifications, followed by gonorrhoea with more than 40,000 notifications, and infectious syphilis, with over 6,400 notifications. The same year, there were over 7,600 hepatis C notifications. While the HIV notification rates have generally declined over the past decade, the threat caused by the disease remains serious (Australian Institute of Health 2024). Currently available data indicates that there were 555 new HIV diagnoses in Australia in 2022 (Kirby Institute 2023). In 2023, Queensland alone registered 158 HIV cases (See Table 1).

Table 1: Notifiable Conditions Annual Report Data for BBV in QLD (Queensland Health 2024)

Disease	Year to date: 1 Jan - 25 Aug 2024						Annual totals				
	2024	2023	2022	2021	2020	2019	2023	2022	2021	2020	2019
Hepatitis B (Newly acquired)	23	22	18	23	40	37	28	28	35	54	58
Hepatitis B (Unspecified)	588	572	519	403	493	575	894	774	653	766	886
Hepatitis C (Newly acquired)	262	436	259	385	337	296	613	410	569	501	546
Hepatitis C (Unspecified)	945	992	908	937	1054	1169	1504	1423	1400	1609	1807
Hepatitis D	16	14	7	6	9	6	20	11	7	16	12
HIV	97	113	70	92	73	112	158	100	124	106	158

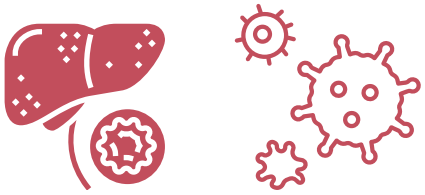
Table 2: Notifiable Conditions Annual Report Data for Sexually Transmissible Diseases in QLD (QLD Health 2024)

Disease	Year to date: 1 Jan - 25 Aug 2024						Annual totals				
	2024	2023	2022	2021	2020	2019	2023	2022	2021	2020	2019
Sexually transmissible											
Chancroid	0	0	0	0	0	0	0	0	0	0	0
Chlamydia[1]	15986	17276	15151	14843	14890	16021	26170	23708	22853	22522	24267
Donovanosis	0	0	0	0	0	0	0	0	0	0	0
Gonorrhoea[1]	5581	4903	3752	3538	4422	3777	7406	5882	5368	6357	5979
Lymphogranuloma venereum (LGV)	0	0	0	1	13	24	0	0	1	14	61
Syphilis (infectious)	902	915	702	704	676	701	1384	1093	1060	994	1133
Syphilis (late)	242	272	250	222	165	202	415	379	334	259	321
Syphilis (congenital)	3	4	1	5	1	0	5	4	6	2	0

In typically Australian (and Queensland) context, STIs and BBVs disproportionally affect people from cultural and linguistically diverse (CALD) backgrounds. For example, 72 % of people who were living with chronic hepatitis B in Australia in the period between 2018 and 2022 were either from CALD backgrounds or Aboriginal and Torres Strait Islander people. 61 percent; that is, most hepatitis B cases in Australia is found in people born overseas, particularly in hepatitis B endemic areas, with people born in North-East Asia (representing 21 per cent of people in Australia living with chronic hepatitis B), South-East Asia (17 per cent), Europe (8 per cent) and Sub-Saharan Africa (4 per cent), particularly vulnerable (Department of Health 2022). Similarly, there were 339 HIV cases previously diagnosed overseas with subsequent diagnostic testing conducted in Australia in 2022; 33% of which were in Victoria, 27% in New South Wales, and 24% in Queensland, that is, there were 183 new HIV cases detected in Queensland in 2022 and 83 of these were previously diagnosed overseas (Kirby Institute 2023).

CALD community members, particularly women with refugee background, are at higher risk of BBVs and STIs because of the legacies of the refugee journeys, which generally expose women and girls to sexual abuses (Ngendakurio 2017).

Paradoxically, migrants, asylum seekers and refugees from low- and middle-income countries who settle in high-income countries underutilise sexual and reproductive health services. This is because, evidence suggests, socio-cultural beliefs about sex and sexual health impedes sexual and reproductive health services' utilisation in these community groups due to shame and stigma associated with sex and sexual health. Besides, migrants from low- and middle-income countries often have limited knowledge about sexually transmitted infections, safe sex, and contraception (Maheen, Chalmers, Khaw & McMichael 2020). There are also low testing rates among CALD populations due to limited health seeking behaviour, lack of familiarity with health services, privacy and confidentiality concerns, and barriers associated with language, and migration status (Department of Health 2022).



That's why catering to needs of migrants, refugees and asylum seekers remains complex in nature and requires targeted and holistic approach as recommended in the 2023 National Hepatitis B Strategy, which specifically suggests a strengthened response to hepatitis B and other infectious diseases among people from culturally and linguistically diverse backgrounds to improve rates of diagnosis, links to treatment and ongoing care. That way, we can minimise the morbidity and mortality associated with chronic infectious diseases and prevent further transmissions (Department of Health 2022).

What's the ask?

ECCQ's Love Health Program (Hepatitis, HIV/AIDS and Sexual Health) has been working with CALD communities at the grassroots level for more than 20 years, providing tailored hepatitis, HIV/AIDS and sexual health education and running STIs and BBVs promotions and awareness campaigns. We also support CALD individuals living with the infections/virus to enhance their understanding of their conditions and available services. The Program team has also been actively advocating on behalf of the CALD communities on these issues at local, state, and federal levels through meetings, conferences, submissions, and consultations.

We are asking the Queensland Government to boost ECCQ's Love Health Program funding to enable the organisation to:

- Gather more detailed data on sexually transmissible infections, categorised by country of birth and language spoken at home. Such data will generate solid evidence that will help us to initiate targeted prevention programs in turn.

- Engage in more consultations with key priority CALD sub-populations to inform the tailoring of health promotion messaging and gain community members' insights on the best way to reduce stigma, foster inclusivity and improve testing, healthcare seeking behaviour, uptake and treatment.

- Improve the coordination of hepatitis and HIV/AIDS services by strengthening links between service providers including general practice; CALD and refugee services; sexual health services; etc.

- Provide ongoing training to service providers who directly work with CALD communities to raise their cultural competence.

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