Epidemiology of sexually transmitted infections on the Anangu Pitjantjatjara Yankunytjatjara Lands: results of a comprehensive control program — a postscript
Rae-Lin Huang, Paul J Torzillo and Adrienne C Kirby

To the Editor: In the preceding article (page 442), we report on a substantial rise in prevalence rates of gonorrhoea in a population in remote Central Australia.1 This rise occurred in the context of a sustained major reduction in sexually transmitted infections (STIs) in the region, achieved by a comprehensive program of STI control, described in the article1 and previously.2

We found that the gonorrhoea outbreak was not due to penicillin resistance of the causative organism, and we hypothesise that it was due to the introduction and dominance of a more infectious clone.3,4 This rise in gonorrhoea in a region widely acknowledged to have the most successful STI control program in the country prompted several commentators to argue that both this program, and screening as a measure for STI control in remote Indigenous communities, had failed, and to advocate a range of other approaches.5

We recently completed the analysis of the 2008 annual population-wide STI screen, which achieved a 78% participation rate among eligible participants. These data strongly suggest that the gonorrhoea outbreak seen over the previous 4 years has been controlled (Box). Furthermore, the current prevalence rates are among the lowest seen in the past decade. These findings suggest that a comprehensive STI control program, such as that delivered by the Nganampa Health Council, can not only reduce STI rates, but also control outbreaks, provided the program is sustained.

During most of the past decade, the prevalence of syphilis remained below 1%, of chlamydial infection below 6%, and of screening test-positive gonorrhoea below 8%, as measured during the annual population-wide screens.

This program should be replicable in other regions, if appropriate resources and expertise are applied, thus providing an opportunity to improve an important area of Indigenous health using current public health knowledge.

Rae-Lin Huang, STI Control and HIV Prevention Medical Officer1
Paul J Torzillo, Medical Director1
Adrienne C Kirby, Biostatistician2
1 Nganampa Health Council, Alice Springs, NT.
2 NHMRC Clinical Trials Centre, University of Sydney, Sydney, NSW.
raelin.huang@palya.org.au