

Epidemiology of sexually transmitted infections on the Anangu Pitjantjatjara Yankunytjatjara Lands: results of a comprehensive control program — a postscript

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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.

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1 Huang R-L, Torzillo PJ, Hammond VA, et al. Epidemiology of sexually transmitted infections on the Anangu Pitjantjatjara Yankunytjatjara Lands: results of a comprehensive control program. *Med J Aust* 2008; 189: 442-445.

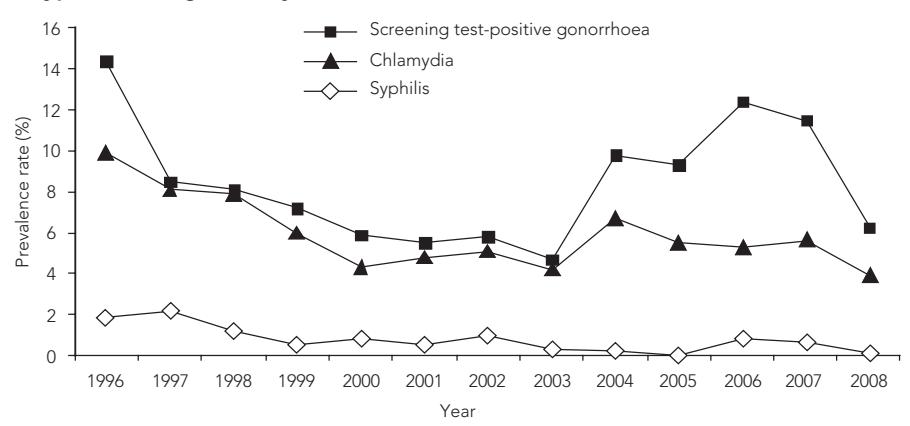
2 Miller PJ, Torzillo PJ, Hateley W. Impact of improved diagnosis and treatment on prevalence of gonorrhoea and chlamydial infection in remote aboriginal communities on Anangu Pitjantjatjara Lands. *Med J Aust* 1999; 170: 429-432.

3 Choudery B, Risley CL, Ghani AC, et al. Identification of individuals with gonorrhoea within sexual networks: a population-based study. *Lancet* 2006; 368: 139-146.

4 Sarafian SK, Knapp JS. Molecular epidemiology of gonorrhoea. *Clin Microbiol Rev* 1989; 2 Suppl: S49-S55.

5 Bowden FJ, Fethers K. "Let's not talk about sex": reconsidering the public health approach to sexually transmissible infections in remote Indigenous populations in Australia. *Med J Aust* 2008; 188: 182-184. □

Age-adjusted prevalence rates of chlamydial infection, gonorrhoea and syphilis among 14–40-year-olds on the APY Lands, 1996–2008



APY = Anangu Pitjantjatjara Yankunytjatjara.