Centre for Clinical Research Excellence in Aboriginal Health:
Sexually transmitted and bloodborne viral infections
• NHMRC $2.5M (2009-2013)

• Virtual Organisation & based on a partnership between NCHECR and National Aboriginal Community Controlled Health Organisation (NACCHO)

• Focused on STIs and BBVs & Urban/ regional settings- 5 ACCHSs

• Translation of four + research studies to clinical practice and capacity building are key components of this CCRE
CCRE Investigators

Chief Investigators:
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Greg Dore

Associate Investigators:
Sid Williams, Peter Waples-Crowe, Mark Saunders
Julie Mooney Somers
Established in October 2007

Developed and signed an MOU with NACCHO - April 2008

Aims of the Program:

I. Prevention and treatment of STIs and BBVs in Aboriginal Communities
II. Building research and capacity of sector and community in STIs and BBVs
III. Translation of research to evidence based practice

Public health focus
STIs and BBVs

• Some of the highest rates of bacterial STIs, noted in the world exist in remote Aboriginal communities in Australia

• 11% of all 2007 notifications for Chlamydia were among Aboriginal people in (NT, SA, WA, VIC, TAS)

• Very little is known about STIs and BBVs in urban and regional settings

• 57% of all gonorrhoea notifications 2007 were among Aboriginal people (NT, SA, WA, VIC, QLD)

• 14% of all infectious syphilis in 2007 was notified among Aboriginal people

• 11% of all HCV in Australia was notified as Aboriginal and/or TSI
Research projects

• Two kinds of research projects will be conducted under this proposal. The first will be observational and based entirely on routine medical records.

• The second kind of project will involve interventions to improve the uptake and outcome of recognised health service activities such as screening and treatment.
STIs screening uptake of testing and treatment at ACCHs

1. Measure the extent of testing and treatment for bacterial sexually transmitted infections in clients attending ACCHS

2. Identify the demographic, clinical and behavioural characteristics that are associated with positive test results, and with completed treatment and follow up

3. Determine factors in clients and clinicians that may be impeding the uptake of testing for STIs or the completion of follow up protocols

4. Assess strategies for improving uptake of testing for these infections
Testing Treatment of HBV & HCV at ACCHSs

1. Measure extent of testing for HBV/HCV infection

2. Describe patterns of specialist referral and treatment uptake, and identify predictors of treatment completion and outcome

3. Determine factors in clients and clinicians that may be impeding the uptake of referral and treatment

4. Assess strategies for improving uptake of HBV/HCV treatment
1. Measure the extent of testing and treatment for bacterial STIs during pregnancy for clients attending ACCHS.

2. Determine factors in clients and clinicians that influence the offering and uptake of testing for STIs during pregnancy.

3. Develop and evaluate best practice models for the screening and management of blood borne viral and bacterial STIs during pregnancy.
Viral STIs

1. Measure prevalence for HPV subtypes HSV types 1 & 2 in ACCHS clients

2. Identify demographic characteristics, clinical histories and morbidity associated with these infections

3. Assess strategies for reducing morbidity of these infections
Status and opportunities

- Opportunities for collaboration with other studies eg WHINURS
- Potential for expansion of studies over life of CCRE
- Opportunities to engage with other studies eg WHINURS
- Board being elected
- First planning meeting with five sites conducted June 2009
- Investigating and developing research questions