



The epidemiology of STIs among young Indigenous people in NZ and Australia
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Population Maori and Aboriginal and Torres Strait Islander people

In the 2013 Census, 598,605 people identified as being part of the Māori ethnic group, accounting for 14.9% of the New Zealand population

Australia's Aboriginal and Torres Strait Islander population has reached 669,900 (or 3 per cent of the total population),

The median age of Māori is 23.9 years compared to 36.9 years

The median age of the Aboriginal and Torres Strait Islander population at 30 June 2011 was 21.8 years, compared to 37.6 years for the non-Indigenous population.

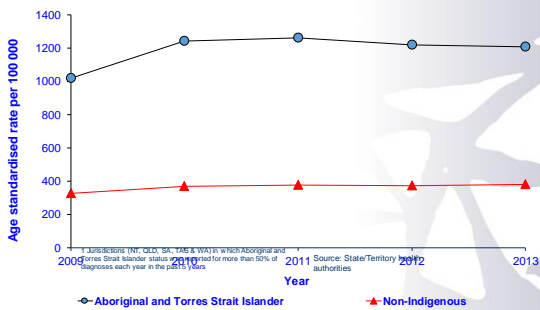
Fertility rates

- The total fertility rate was 2.2 births per woman in 2010;
- Māori women had a total fertility rate of 2.8 births per woman in 2010 and Māori women aged 20–24 had the highest fertility rate (156 births per 1,000 women).
- Total fertility rate 1.88 per women vs 2.34 among Aboriginal and Torres Strait Islander women
- ~75% of Aboriginal and Torres Strait Islander mothers were < 30 years when they had their babies, compared with less than 50% of non-Indigenous mothers.
- Around 18 in 100 Indigenous mothers were teenagers, compared with 3 in 100 for non-Indigenous mothers

Nationally notifiable data

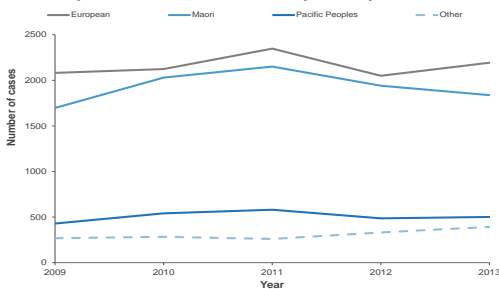
- The chlamydia notification rate for the Aboriginal and Torres Strait Islander population of 1 341 per 100 000 in 2014
- Overall Chlamydia rate in NZ was 633 per 100,000 vs 389 per 100,000 in Australia
- Maori comprised (37.3%, 1838 cases) diagnosed in SHC and (37.0%, 974 cases) in FPCs

Notification rates of chlamydia infection by Aboriginal & TSI status & year



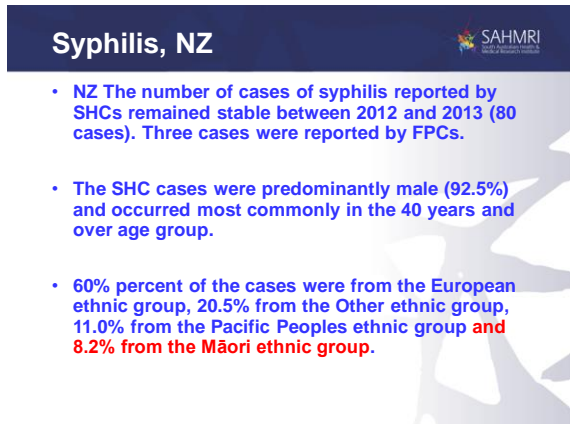
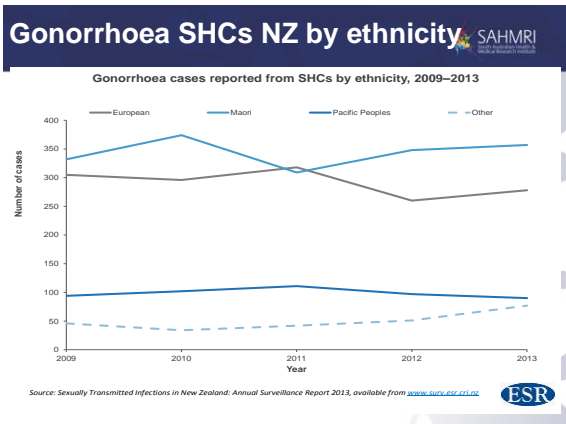
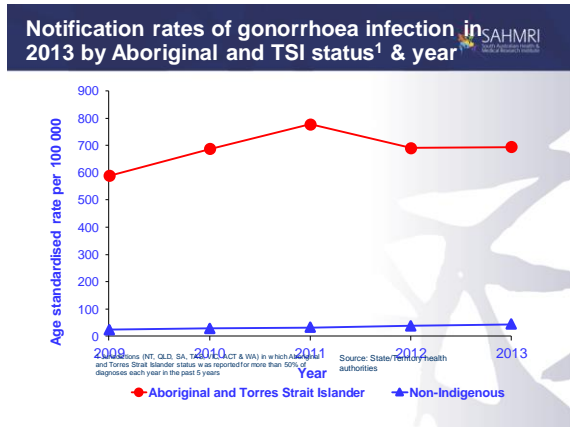
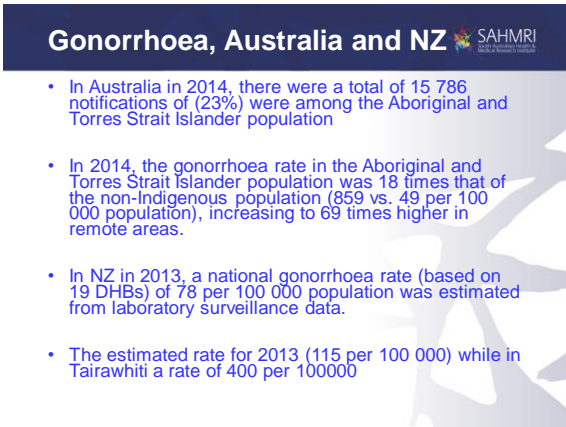
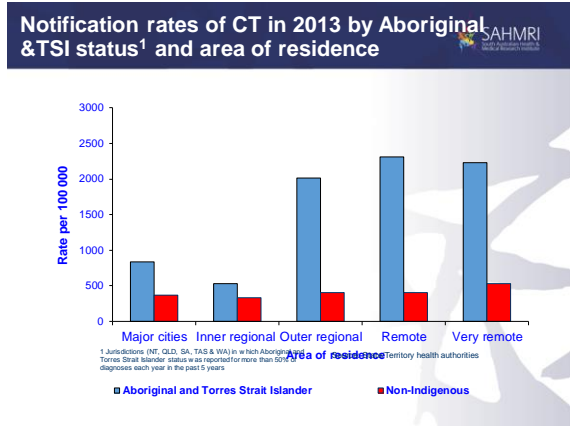
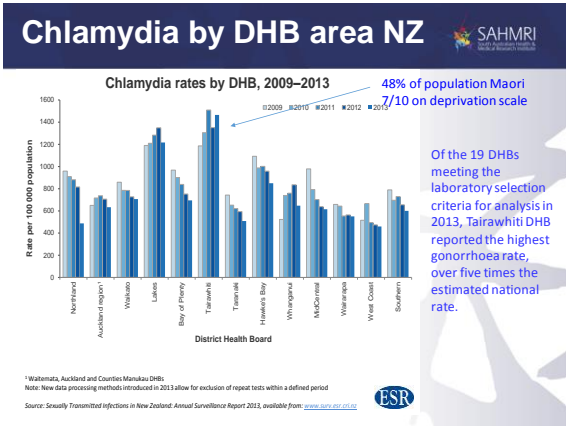
Chlamydia cases by ethnicity 2009-2013, NZ

Chlamydia case numbers from SHCs by ethnicity, 2009–2013



Source: Sexually Transmitted Infections in New Zealand: Annual Surveillance Report 2013, available from www.nzuv.govt.nz





Syphilis

Issue: Infectious syphilis outbreak MJA paper 2010

NT, QLD and WA infectious syphilis notifications higher than rest of Australia in 2010

3+ neonatal deaths (QLD)

6 congenital cases

Epidemiology of syphilis in Australia: moving toward elimination of infectious syphilis from remote Aboriginal and Torres Strait Islander communities?

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Common issues – antenatal care

A higher proportion of Maori and Pacific women were screened compared to other groups and younger women were screened more compared to older women. Of those women screened, 8.2% had chlamydia, 2.2% had trichomonas and 0.2% had gonorrhoea. There were higher rates of chlamydia and trichomonas seen in both Maori and Pacific women in comparison to European and Asian women.

Ekeroma AJ¹, et al. Screening for sexually transmitted infections in pregnancy at Middlemore Hospital, 2009. NZ Med J. 2012 Aug 10;125(1359):23-9.

Prospective intervention program in a cohort of women attending Townsville Aboriginal and Islander Health Services (TAIHS) for shared antenatal care between 1 January 2000 and 31 December 2003. Of the 456 women, 403 (88.4%) were screened for chlamydia, gonorrhoea and trichomonas and 432 (94.7%) were screened for syphilis. A total of 92 cases of STI (20.2%, 95% CI 16.5-23.9) were of chlamydia detected, with 21 concurrent infection(s). The overall prevalence was 14.4%, gonorrhoea 6.1%, trichomoniasis 7.2% and infectious syphilis 2.5%.

Panaretto KS¹, Lee HM, Mitchell MR, Larkins SL, Manassis V, Buettner PC, Watson D. Prevalence of sexually transmitted infections in pregnant urban Aboriginal and Torres Strait Islander women in northern Australia. Aust N Z J Obstet Gynaecol. 2006 Jun;46(3):217-24.

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Equity in health care

Cases without documented treatment were more likely to be women (8.2% versus 2.1%, P = 0.037) and more likely to be Māori than non-Māori (13.6% versus 4.8%, P = 0.036). Overall, the most notable issue was the lack of effective partner notification across all demographic variables. Ongoing efforts are required to ensure equitable access to timely treatment and to ensure that more effective partner notification strategies are implemented.

Morgan J¹, Donnell A, Bell A. Is everyone treated equally? Management of genital Chlamydia trachomatis infection in New Zealand. Int J STD AIDS. 2010 Aug;21(8):595-600. doi: 10.1258/ijsa.2010.010213.

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NG resistance a concern in both countries

- 204 cases of gonorrhoea were identified during the study period; 50% of the diagnosed cases were in people aged less than 26 years. Gonococcal infection was strongly associated with being of either Māori or Pacific ethnicity (p<0.001).
- The incidence of gonorrhoea in the Auckland population is steadily rising, with the **main risk factors being age under 25 and being of Māori or Pacific ethnicity.**

Azariah S¹, Perkins N. Risk factors and characteristics of patients with gonorrhoea presenting to Auckland Sexual Health Service, New Zealand. N Z Med J. 2007 Apr 13;120(1252):U2491.

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Number and rate of HIV Diagnosis Indigenous Peoples 1999-2008

Country	Australia	NZ	Canada
Non-Indigenous -number of diagnoses	7589	929	5838
-age standardised rate*	26	13	24
Indigenous -number of diagnoses	185	129	1799
-age Standardised rate*	31	23	178

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Rates of HIV by Exposure Category-1999-2008 Indigenous Rates per 100,000*

Exposure Category	Australia	Canada	NZ
MSM	31.4	35.6	30.8
Heterosexual (F)	12.5	55.2	3.8
Heterosexual (M)	7.2	49.3	3.2
IDU (F)	4.8	112.6	0.0
IDU (M)	8.4	107.7	0.65

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Shea B, Aspin C, Ward J, Archibald C, Dickson N, McDonald A, Penhale M, Masching R, McAllister S, Smith L, Halvorsen I, Kaldor J, Anderson N. HIV Diagnosis in Indigenous peoples: a comparison of Australia, Canada and New Zealand International Health. 2011; 110:100-106.

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Issues common to both populations

- Young populations
- High birthing rates
- Over representation in STI data
- HIV risk
- NG resistance risk
- Poverty, social deprivation
- Remoteness
- Solutions are required tailored to communities and populations
- Potency of interventions need to be stronger multi-layered