

First Nations Molecular Point of Care Testing Program



International Centre for Point-of-Care Testing

Reach and impact of a national community-led molecular point-of-care testing program for sexually transmitted infections in regional and remote Australia

Louise M. Causer¹ and *Joshua Riessen², Amit Saha¹, Kelly Andrewartha³, Kirsty Smith¹, Sarah Betts², Annie Tangey^{1,4}, Sean O'Connor⁵, Mel Fernando¹, Lauren Cooney¹, Susan Matthews³, Lorraine Anderson⁶, Mark Shephard³, Rebecca Guy¹ on behalf of the TTANGO3 and First Nations Molecular Point-of-Care Testing Programs

¹ The Kirby Institute, UNSW Sydney, New South Wales, ² Aboriginal Health Council of South Australia, Adelaide, South Australia, ³ Flinders University International Centre for Point of Care Testing, Bedford Park, South Australia, ⁴ Ngaanyatjarra Health Service, Warburton, Western Australia, ⁵ Townsville Public Health Unit, Townsville Hospital Health Service, Queensland Health, Townsville, Queensland, ⁶ Kimberley Aboriginal Medical Services, Broome, Western Australia

Introduction

- Equitable access to high quality health services is viewed as a human right
- Aboriginal and Torres Strait Islander peoples face barriers in accessing appropriate health care, leading to poorer health outcomes
- Young Aboriginal and Torres Strait Islander peoples living in regional and remote Australia experience the highest burden of sexually transmitted infections (STIs) and their sequelae
- Delays in diagnosis and treatment of STIs occur frequently in remote communities
 - Large distances to laboratories
 - Mobile population
 - Limited workforce capacity
- STI point-of-care testing (POCT)
 - Test, diagnose and treat on same day
 - Initiate contact tracing more promptly
 - Prevent onward transmission and reinfection



Aim

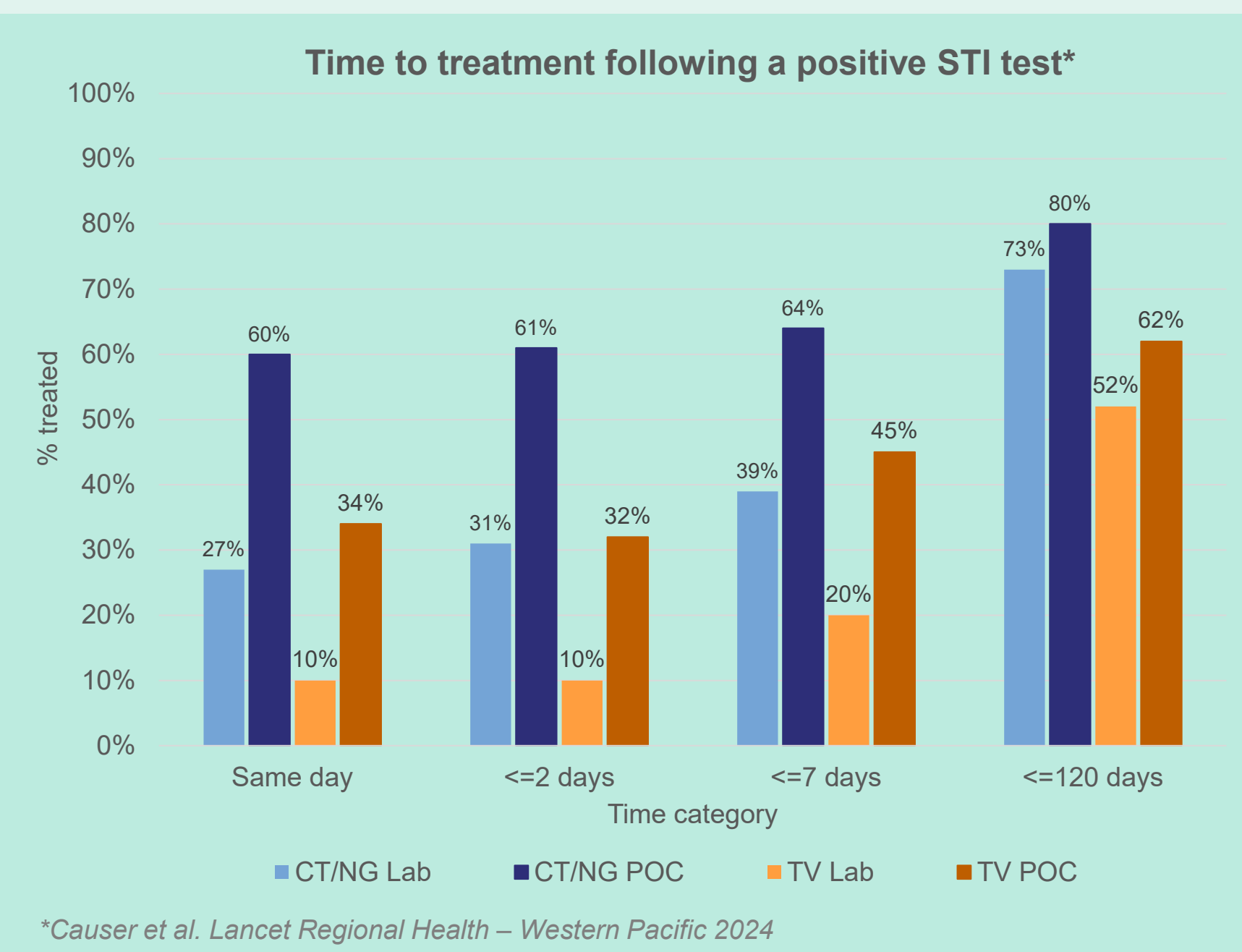
To determine reach & impact of STI POCT

Methods

Period: January 2020 – December 2023

Using deidentified program data, we describe

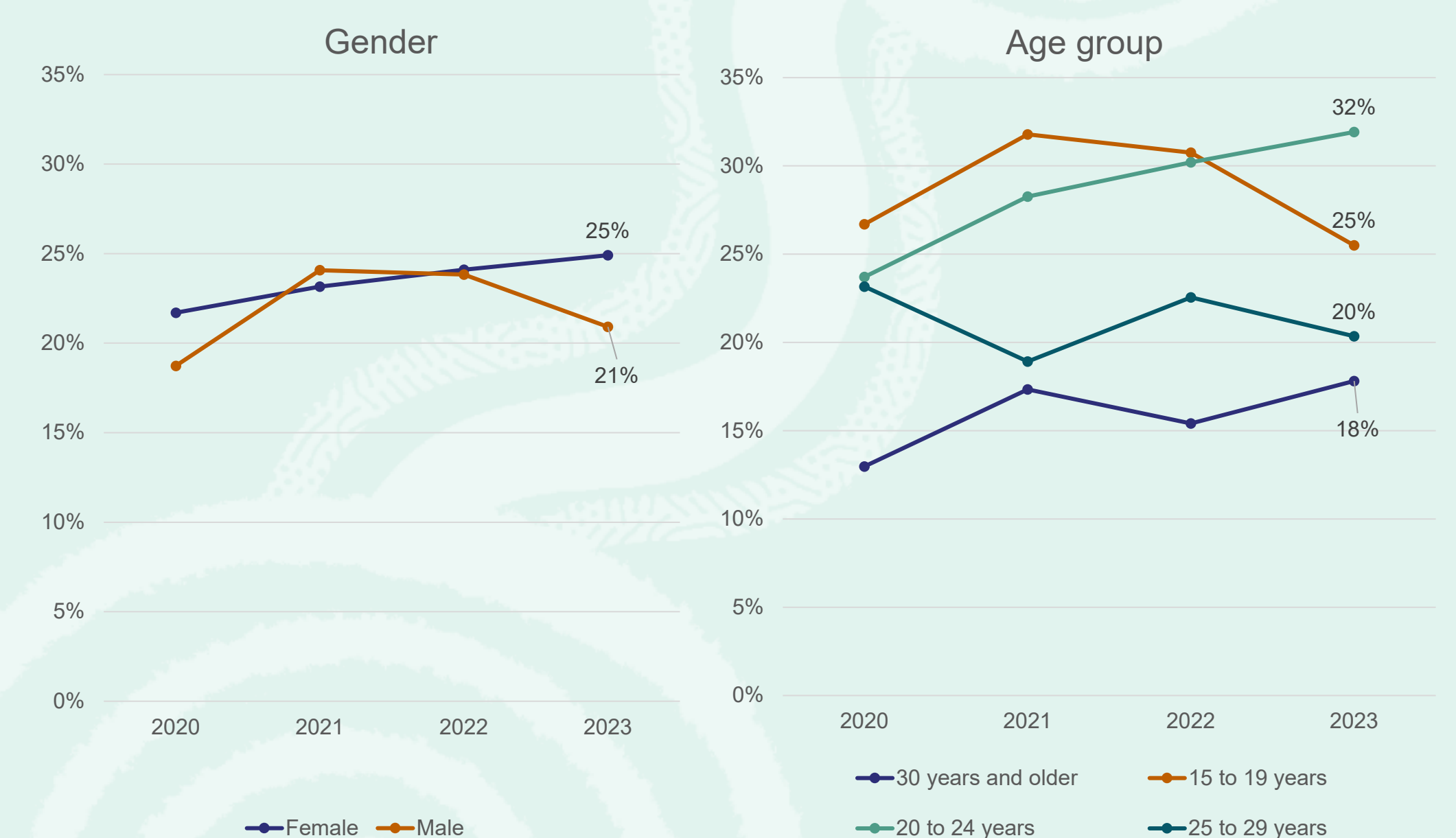
- Target population
- Testing numbers
- Test positivity
- Estimate infectious days averted



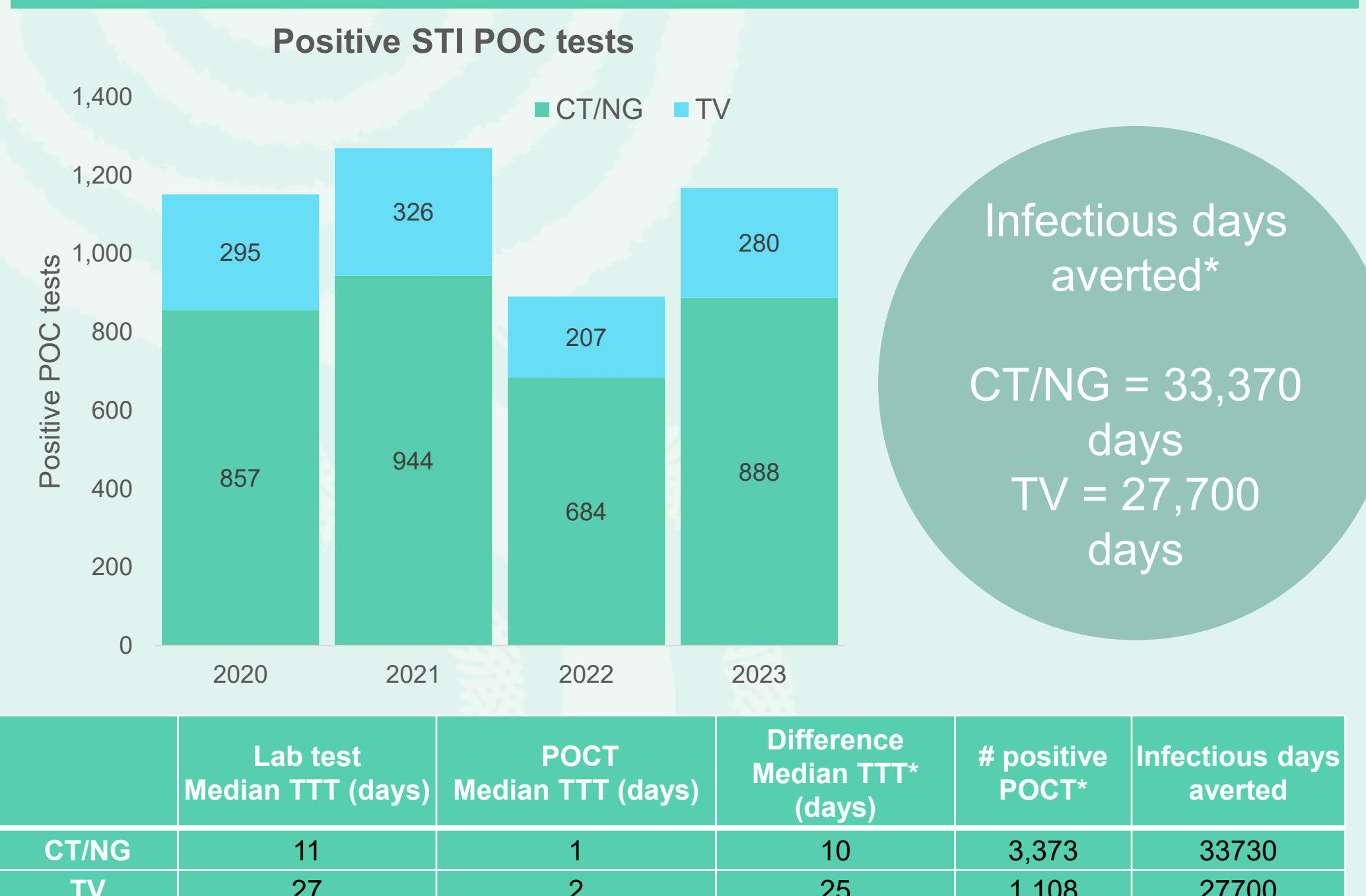
Target population



Positivity

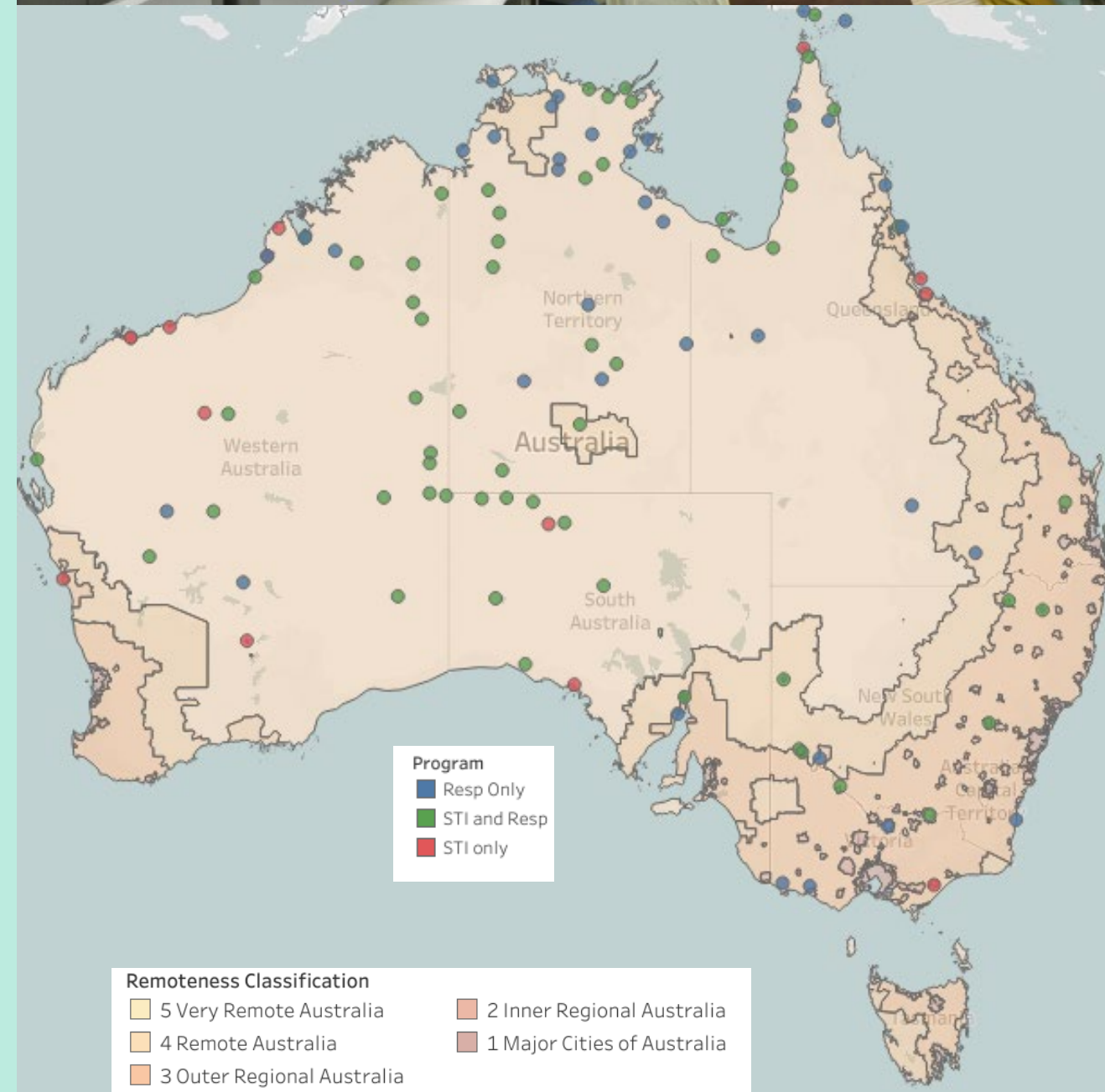
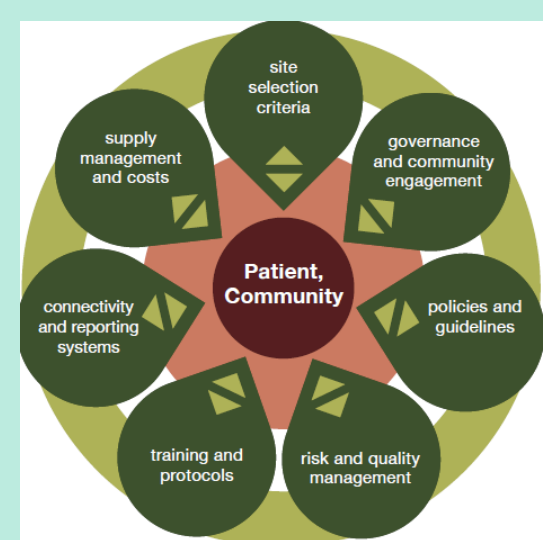


Infectious days averted



First Nations Molecular POCT Program

- TTANGO (Test, Treat and GO) trial (2013-2015) showed STI POCT is feasible, acceptable, accurate & effective
- Since 2016, STI POCT for chlamydia/gonorrhoea (CT/NG), and later trichomoniasis (TV), scaled up nationally
- Integrated into rural and remote primary care; performed by Aboriginal health workers/practitioners and nurses
- First Nations governance including a First Nations POCT Leaders group and partnership with community-controlled health organisations (national and jurisdictional peaks)
- Supported by operational infrastructure including
 - Flexible competency training
 - Robust quality management
 - Real-time connectivity and reporting
- To date
 - > 75 clinics, 6 jurisdictions
 - ~50,000 patient STI POCT performed
 - 83% of clinics also offer respiratory POC testing
- Estimated reductions in pelvic inflammatory disease (40%) and preterm/low birthweight babies (30%)
- Medicare Rebate for STI POCT available from Nov 2024



Conclusions

- Young Aboriginal and Torres Strait Islander people are benefiting from STI POCT
- Increased uptake of STI POCT is needed to ensure equitable access
- STI POCT must be considered within context of a comprehensive approach to STI control
- Challenges needing to be addressed to increase uptake include
 - Workforce capacity
 - Sustainable funding

Next steps

- Expand funding for STI POC nationally
- Assess alternative workforce models including non-clinical staff
- Evaluate benefits of expanded, integrated multi-disease POCT for priority infections

Artwork Titled: Walking Together for Infectious Disease
Artist: Mel Fernando, a proud Wiradjuri/Kamilaroi/Yuwaalaraay/Euahlayi Woman from Dubbo in Western NSW, currently living and working on Birpai Country.

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For more information, please contact lcauser@kirby.unsw.edu.au or Joshua.Riessen@ahcsa.org.au

