

Tracking the Progress 2020:
**National Aboriginal and
Torres Strait Islander
BBV and STI Strategy**



UNSW
SYDNEY



UNSW
Kirby Institute

Unless otherwise specified, this summary relates to Aboriginal and Torres Strait Islander peoples.

The years for comparison are 2015 to 2019 unless otherwise specified.

Sources of data are provided in the data dashboard on the Kirby data site.

Acknowledgement is given to the many contributors helping report progress against the National Aboriginal and Torres Strait Islander BBV and STI Strategy. The full list of contributors can be found on the Acknowledgement page of the Kirby data site.

© The Kirby Institute for infection and immunity in society 2021

ISSN 2653-2158 (Online)

This publication is available at Internet address
<http://www.kirby.unsw.edu.au>

The Kirby Institute for infection and immunity in society.
UNSW Sydney, Sydney NSW 2052

Suggested citation:

The Kirby Institute. Tracking the Progress 2020: National Aboriginal and Torres Strait Islander BBV and STI Strategy.

Telephone: 02 9385 0900 Facsimile: 02 6100 2860 International prefix: 61 2
Email: info@kirby.unsw.edu.au

Tracking the Progress 2020: National Aboriginal and Torres Strait Islander BBV and STI Strategy

The goals of the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy are to:

1. Reduce the transmission of blood-borne viruses (BBV) and sexually transmissible infections (STI) among Aboriginal and Torres Strait Islander people;
2. Close the gap in BBV and STI incidence, prevalence, testing and treatment rates between Aboriginal and Torres Strait Islander and non-Indigenous populations;
3. Reduce morbidity and mortality related to BBV and STI;
4. Minimise the personal and social impact of BBV and STI;
5. Minimise the negative impact of stigma, racism, discrimination, and legal and human rights issues on Aboriginal and Torres Strait Islander people's health.

The National Aboriginal and Torres Strait Islander BBV and STI Strategy has 14 targets that provide specific focus for the efforts made towards achieving the goals of this Strategy. Each target has corresponding indicators that measure progress towards attaining the target. The full list of the targets and their indicators are listed in Appendix i.

Target 1

access full
data here



Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months of age

- For the years 2015 to 2019, among Aboriginal and Torres Strait Islander children aged 12 months, the target of 95% hepatitis B vaccination coverage was reached in 2017 and 2018 but not in 2019 with a coverage rate of 93.1% reported in 2019. Among Aboriginal and Torres Strait Islander children aged 24 months, hepatitis B vaccination coverage of 95% was reached for all years 2015 to 2019 with a coverage rate of 97.1% reported in 2019.

Target 2

access full
data here



Achieve and maintain HPV adolescent vaccination coverage of 80%

- Among Aboriginal and Torres Strait Islander people aged 15 years, the human papillomavirus vaccination coverage rate remained stable between 2016 and 2019. In 2019 the coverage rate was 76.3% for females and 69.9% for males. The target of 80% coverage has yet to be met for both males and females.

Target 3

access full
data here



Reduce the incidence and prevalence of STI, with a focus on young people and areas of highest disease burden

Part A: Notification Rates

Infectious syphilis

Current trends in infectious syphilis are strongly influenced by the ongoing outbreak of infectious syphilis across northern and central Australia. The number of diagnosed cases of infectious syphilis are also sharply increasing in urban areas across Australia.

- Among Aboriginal and Torres Strait Islander people, there were considerable increases in infectious syphilis notification rates among all reported age groups between 2015 and 2019. In this period, among Aboriginal and Torres Strait Islander people aged 30 to 39 years, there was a 145% increase in the notification rate from 92.6 to 226.4 per 100 000 population. Also, during this period, notification rates increased by 219% among Aboriginal and Torres Strait Islander people aged 40 years and older (from 25.7 to 82.0 per 100 000 population), 101% among those aged 25 to 29 years (from 116.9 to 235.1 per 100 000 population), 45.7% among those aged 20 to 24 years (from 163.1 to 237.6 per 100 000) and 90% among those aged 15 to 19 years (from 139.0 to 251.5 per 100 000 population). Breakdowns by age as well as by sex are available on the [Kirby Institute data site](#).
- By remoteness classification, between 2015 and 2019, infectious syphilis notification rates have increased among Aboriginal and Torres Strait Islander people residing in major cities by 197% (from 8.8 to 55.8 per 100 000 population), regional areas by 119% (from 48.7 to 106.5 per 100 000 population) and remote areas by 103% (from 145.5 to 295.4 per 100 000 population). Increased effort is needed to reduce infectious syphilis notification rates among Aboriginal and Torres Strait Islander peoples.

Target 3

access full
data here



Reduce the incidence and prevalence of STI, with a focus on young people and areas of highest disease burden

Part A: Notification Rates

Chlamydia

- Among Aboriginal and Torres Strait Islander people aged 15 to 19 years, the chlamydia notification rate declined by 16% between 2015 to 2019, from 5563.6 notifications per 100 000 population to 4664.9 notifications per 100 000 population. In the same period, for those aged 25 to 29 years, 30 to 39 years, and those over 40 the notification rate increased by 13%, 23% and 20% respectively. For those aged over 20 to 24 years, the notification rate remained stable and was 4674.8 in 2019. Breakdowns by age as well as by sex are available on the [Kirby Institute data site](#).
- By remoteness classification, chlamydia notification rates have remained stable among people living in regional areas, and remote areas. In 2019, the notification rate was 1206.2 per 100 000 people for people living in regional areas and 1873.9 per 100 000 for people living in remote areas. Between 2015 and 2019, among people living in major cities, the chlamydia notification rate increased by 22% from 1814.3 to 1873.9 notifications per 100 000 people. Increased access to testing and treatment is needed to reduce chlamydia notification rates among Aboriginal and Torres Strait Islander peoples.

Gonorrhoea

- The gonorrhoea notification rate among Aboriginal and Torres Strait Islander people increased for every age group between 2015 and 2018 apart from those aged 15 to 19 years and then reduced for all aged groups in 2019. In this five-year period, for those aged 30 to 39 years, 25 to 29 years and over 40 years, the gonorrhoea notification rate increased by 19%, 14% and 7% to be 1029.1, 1467.6 and 187.1, respectively. Conversely, for those aged, 15 to 19 years, the gonorrhoea notification rate declined by 17% from 2048.4 in 2015 to 1700.4 in 2019. Among those aged 20 to 24 years, the gonorrhoea notification rate remained stable and was 1761.3 in 2019. Breakdowns by age as well as sex are available on the [Kirby Institute data site](#).
- By remoteness classification, between 2015 and 2019, despite an increase in 2018, gonorrhoea notification rates decreased among Aboriginal and Torres Strait Islander people residing in remote areas by 14% from 1535.5 to 1326.9 notifications per 100 000 population. Among those living in major cities and regional areas, the gonorrhoea notification rate increased by 214% and 14% to be 294.5 and 405.0, respectively. Increases to targeted testing and treatment are needed to reduce gonorrhoea notification rates among Aboriginal and Torres Strait Islander peoples.

Target 3

access full
data here



Reduce the incidence and prevalence of STI, with a focus on young people and areas of highest disease burden

Part B: Knowledge and risk behaviours

Condom use

- The Goanna Survey is an Australia-wide sexual health survey of young Aboriginal and Torres Strait Islander people. The first Goanna Survey, published in 2014, included more than 1300 participants aged between 16 and 29 years living in urban, regional, and remote areas of Australia. In 2014, 38% of survey participants reported consistent condom use with their sexual partners over the previous 12 months. Also in 2014, 54% of participants reported condom use at their last sexual encounter.

BBV and STI knowledge

- Of participants in the Goanna Survey responding to knowledge questions about STI and BBV, the median score was 10 out of 12 correct answers in 2014 (8-11 IQR).

Target 4

access full
data here



Increase STI testing coverage with a focus on areas of highest need

- In 2014, 58% of people aged between 16 and 29 years participating in the Goanna Survey reported ever having an STI test. Also in 2014, 44% of Goanna Survey participants reported having an STI test in the previous 12 months. Greater effort is required to increase the testing coverage among Aboriginal and Torres Strait Islander peoples.

Target 5

access full
data here



Eliminate congenital syphilis

- Between 2015 and 2019 the number of congenital syphilis notifications among Aboriginal and Torres Strait Islander people fluctuated, ranging between one and five notifications over the five years with one notification in 2019. Among Aboriginal and Torres Strait Islander people, the number of congenital syphilis notifications per 100 000 live births also fluctuated, between 6.5 and 34.8 notifications per 100 000 live births with a rate of 6.5 per 100 000 live births in 2019. In 2019 the notification rate among Aboriginal and Torres Strait Islander children was nearly four times that of non-Indigenous children (6.5 per 100 000 live births versus 1.7 per 100 000 live births, respectively).
- Among Aboriginal and Torres Strait Islander women of reproductive age (15 to 44 years), the infectious syphilis notification rate steadily increased from 94.6 per 100 000 women in 2015 to 227.8 per 100 000 women in 2019, an increase of over 140%. By comparison, the infectious syphilis notification rate among non-Indigenous women increased by almost 400% in the same period (from 1.6 per 100 000 notifications per 100 000 women in 2015 to 7.8 notifications per 100 000 women in 2019). More work is required to eliminate congenital syphilis among Aboriginal and Torres Strait Islander children.

Target 6

access full
data here



Reduce the number of newly acquired hepatitis C infections by 60%

- Among Aboriginal and Torres Strait Islander people aged under 25 years, the age group most at risk of acquiring hepatitis C, there was a 16% increase in the rate of newly acquired hepatitis C notifications between 2015 and 2019 (from 94.7 to 173.6 notifications per 100 000 population). In the same period, among all people of all ages, there was a 14% increase in the rate of newly acquired hepatitis C notifications from 36.5 to 41.7 notifications per 100 000 population. Increased effort is required to meet the target of a 60% reduction in the rate of newly acquired hepatitis C infections. Breakdowns by age as well as sex are available on the [Kirby Institute data site](#).
- The Australian Needle and Syringe Program Survey (ANSPS) provides serial point prevalence estimates of HIV and hepatitis C antibody prevalence, hepatitis C RNA prevalence, and monitors sexual and injecting behaviour among people who inject drugs in Australia. Among Aboriginal and Torres Strait Islander participants in the ANSPS, the proportion of people with evidence of past or current hepatitis C infection has declined by 18% from 69.9% in 2015 to 51.5% in 2019. By comparison, the proportion of participants with evidence of current hepatitis C infection declined by 26% from 50.7% to 24.7%.
- *The data for **Indicator 6e: Proportion of Indigenous people entering custodial settings with evidence of past or current hepatitis C infection** are currently in development and will be presented in future reporting.*

Target 7

access full
data here



Increase the use of sterile injecting equipment for every injecting episode

- Among Aboriginal and Torres Strait Islander participants in the ANSPS, 70.1% of participants reported using a new needle and syringe for all injection in the previous month, a decline of 3% from 73.0% in 2019. By comparison the proportion of participants who reported using another person's used needle and syringe in the previous month remained stable and was 24.8% in 2019. Increased effort is required to increase the use of sterile injecting equipment among Aboriginal and Torres Strait Islander people.

Target 8

access full
data here



Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated direct acting antiviral treatment to 65%

*Data relating to **Indicator 8a: Estimated proportion of Indigenous people with chronic hepatitis C who have been diagnosed** was not available at the time of reporting. Estimates of the numbers of people living with hepatitis C can be generated using numbers of people newly diagnosed (given here as notification rates), numbers of tests resulting in a positive result, and the numbers of people receiving treatment. These estimates are in development and will be presented in future reporting. In lieu of the availability of these data, data relating to other indicators for the same target are presented below*

- Notification rates: Between 2015 and 2019, the hepatitis C notification rate increased among Aboriginal and Torres Strait Islander males and overall, by 19% and 15%, respectively. Among females, the hepatitis C notification rate remained stable. In 2019 the hepatitis C notification rate was 114.5 per 100 000 females, 282.2 per 100 000 males and 198.6 overall.
- Testing: Of Aboriginal and Torres Strait Islander ANSPS participants, the proportion who reported having a hepatitis C test in the previous 12 months remained stable between 2015 and 2019 and was 59% in 2019. In the same period, the proportion of participants who reported ever having had a hepatitis C test also remained stable and was 79% in 2019.
- Among young people participating in the 2013 Goanna Survey, 42% of participants reported ever having had a hepatitis C test. In the same survey, 32% of participants reported having a hepatitis C test in the previous 12 months.
- Treatment: Of Aboriginal and Torres Strait Islander people participating in the ANSPS in 2019, 59% of participants, reported ever having had hepatitis C antiviral treatment, compared with 10% in 2015, an increase of 39%. By comparison, 39% of respondents reported having had antiviral treatment in the previous 12 months, a considerable increase on the 1% reported in 2015. The significant increase in the proportion of participants reporting ever having had antiviral treatment relates to the widespread availability of direct-acting antiviral treatment, subsidised from 2016.
- *The data relating to **Indicator 8i: Proportion of Indigenous people entering custodial settings who reported having any hepatitis C antiviral treatment** and **Indicator 8j: Proportion of young (16-29 years) Indigenous people who reported having had hepatitis C antiviral treatment** are currently in development and will be presented in future reporting.*

Target 9

Reduce hepatitis C attributable mortality by 30%

Methods to produce the data to report on this indicator are in development. These data will be presented in future reporting.

Target 10

access full
data here



Increase the proportion of people living with hepatitis B who are diagnosed to 80%, receiving care to 50%, and on antiviral treatment to 20%

*While modelled estimates of the total number of Indigenous people living with chronic hepatitis B, in care and receiving treatment are not currently available, investigation is underway to source appropriate datasets to inform future estimates. In lieu of these estimates, hepatitis C notification rates for Aboriginal and Torres Strait Islander people are presented in this section. Data relating to **Indicator 10b: Proportion of Indigenous people entering custodial settings with evidence of past or present hepatitis B infection** also relate to this indicator and will be presented in future reporting.*

- Among, Aboriginal and Torres Strait Islander people, the hepatitis B notification rate declined between 2015 and 2019 for males and females as well as overall by 46%, 61% and 54%, respectively. In 2019 the hepatitis B notification rates were 32.2 per 100 000 males, 17.8 per 100 000 females and 24.5 overall.

Target 11

Reduce hepatitis B attributable mortality by 30%

Methods to produce the data to report on this target are in development. These data will be presented in future reporting.

Target 12

access full
data here



Reduce the incidence of HIV transmissions

- Between 2015 and 2019 the HIV notification rate among Aboriginal and Torres Strait Islander people declined 44% from 5.9 to 3.3 notifications per 100 000 population. In the same period, the HIV notification rate declined by 52% from 10.8 to 5.2 notifications per 100 000 males. For females, the notification rate fluctuated, between 1.0 and 2.1 notifications per 100 000, with a notification rate of 3.3 per 100 000 in 2019. These trends should be interpreted with caution due to small numbers of notifications.
- Between 2010/11 and 2018/2019, the proportions of HIV notifications classified by attributable exposure remained stable among Aboriginal and Torres Strait Islander people. In 2018/2019 52% of notifications were attributed to male-to-male sex, 14% were attributed to male-to-male sex and injecting drug use, 21% were attributed to heterosexual sex, 9% were attributed to injecting drug use and 5% were attributed to other exposures. Detailed breakdowns by year grouping are available on the [Kirby Institute's data site](#).
- Of notifications in 2018/2019, 60% of those with an exposure classification of injection drug use had evidence of newly acquired infection. Of those with an exposure classification of male-to-male sex and male-to-male sex with injection drug use, heterosexual sex, and other exposures, 37%, 25%, 8% and 0% had evidence of newly acquired infection, respectively. Further breakdown by year grouping are available on the Kirby data site. Due to small numbers these proportions should be interpreted with caution.
- Between 2015 and 2019, the HIV notification rate among Aboriginal and Torres Strait Islander people declined by 24%, 48% and 89% for those living in major cities, regional areas and remote areas, respectively. In 2019, the HIV notification rate was 4.2 per 100 000 people living in major cities, 2.6 per 100 000 people living in regional areas and 0.9 per 100 000 people living in remote areas.

Target 13

access full
data here



Achieve the 95–95–95 HIV diagnosis and treatment targets

- Between 2015 and 2019, the proportion of Aboriginal and Torres Strait Islander people living with HIV who were diagnosed increased from 86% to 91%. Although progress is being made more work is required to reach the target of 95%, including greater access to the increasing range of HIV testing options. Modelled estimates are being developed to measure the progress towards reaching the targets of 95% of those diagnosed being in care and 95% of those in care to have suppressed viral load. As these data become available, they will be presented on the Kirby Institute's data site.
- Of Aboriginal and Torres Strait Islander participants in the ANSPS, the proportion who reporting testing for HIV in the previous twelve months remained steady between 51% and 56%. In 2019, the proportion reporting testing for HIV was 51%.
- Of young people participating in the GOANNA Survey, 42% reported ever having an HIV test in 2013.
- Between 2010/2011 and 2018/2019 the proportion of Aboriginal and Torres Strait Islander people with a late HIV diagnosis fluctuated between 27% and 38% and was 27% in 2018/2019.
- Among Aboriginal and Torres Strait Islander participants of the ANSPS, the HIV prevalence increased from 2.2% in 2015 to 3.6% in 2019. These numbers must be interpreted with caution due to small numbers.
- Greater effort is required to meet the 95–95–95 HIV diagnosis and treatment targets.
- *Data relating to **Indicator 13f: Prevalence of HIV among Indigenous people in custodial settings** were unavailable and will be presented in future reporting.*

Target 14

Reduce the reported experience of stigma among Aboriginal and Torres Strait Islander people with BBV and STI, and the expression of stigma, in relation to BBV and STI status.

Methods to produce the data to report on this target are in development. These data will be published on the Kirby data site as they become available.

Appendix i

National Aboriginal and Torres Strait Islander BBV and STI Strategy

Indicator	Data source
Target 1 Achieve and maintain hepatitis B childhood vaccination coverage of 95% at 12 and 24 months.	
1a Coverage of hepatitis B vaccination of Indigenous children at 12 and 24 months of age.	Australian Immunisation Register (AIR)
Target 2 Achieve and maintain HPV adolescent vaccination coverage of 80%.	
2a HPV two dose vaccination coverage for Indigenous males and females aged 15 years of age.	Australian Immunisation Register (AIR)
Target 3 Reduce the incidence and prevalence of infectious syphilis, with a particular focus on areas of highest disease burden.	
3a Annual rate of infectious syphilis notifications in Indigenous people by age and sex.	National Notifiable Diseases Surveillance System (NNDSS)
3b Annual rate of chlamydia notifications in Indigenous people by age and sex.	National Notifiable Diseases Surveillance System (NNDSS)
3c Annual rate of gonorrhoea notifications in Indigenous people by age and sex.	National Notifiable Diseases Surveillance System (NNDSS)
3d Annual rate of infectious syphilis notifications in Indigenous people by remoteness area.	National Notifiable Diseases Surveillance System (NNDSS)
3e Annual rate of chlamydia notifications in Indigenous people by remoteness area.	National Notifiable Diseases Surveillance System (NNDSS)
3f Annual rate of gonorrhoea notifications in Indigenous people by remoteness area.	National Notifiable Diseases Surveillance System (NNDSS)
3g Proportion of young (16–29 years) Indigenous people giving correct answers to knowledge questions on BBV and STI.	The Goanna Survey 2
3h Proportion of young (16–29 years) Indigenous people reporting consistent condom use with sexual partners.	The Goanna Survey 2
3i Proportion of young Indigenous people (16–29 year olds) who reported using a condom during their last sexual encounter.	The Goanna Survey 2

Appendix i

National Aboriginal and Torres Strait Islander BBV and STI Strategy		
Indicator		Data source
Target 4	Increase STI testing coverage with a focus on areas of highest need.	
4a	Proportion of young (16–29 years) Indigenous people who reported ever having an STI test.	The Goanna Survey 2
4b	Proportion of young (16–29 years) Indigenous people who reported having an STI test in the last 12 months.	The Goanna Survey 2
Target 5	Eliminate congenital syphilis.	
5a	Number of Indigenous congenital syphilis notifications.	National Notifiable Diseases Surveillance System (NNDSS)
5b	Annual notification rate of congenital syphilis per 100 000 live Indigenous births.	National Notifiable Diseases Surveillance System (NNDSS)
5c	Annual notification rate of infectious syphilis in Indigenous women of reproductive age (15–44 years of age).	National Notifiable Diseases Surveillance System (NNDSS)
Target 6	Reduce the number of newly acquired hepatitis C infections by 60%.	
6a	Annual rate of newly acquired hepatitis C notifications in Indigenous people.	National Notifiable Diseases Surveillance System (NNDSS)
6b	Annual rate of newly acquired hepatitis C notifications in Indigenous people aged <25 years.	National Notifiable Diseases Surveillance System (NNDSS)
6c	Proportion of Indigenous people who inject drugs with evidence of past or current hepatitis C infection (HCV antibody).	Australian Needle Syringe Program Survey
6d	Proportion of Indigenous people who inject drugs with evidence of a current hepatitis C infection (HCV RNA).	Australian Needle Syringe Program Survey
6e	Proportion of Indigenous people entering custodial settings with evidence of past or current hepatitis C infection.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
Target 7	Increase the use of sterile injecting equipment for every injecting episode.	
7a	Proportion of Indigenous people who inject drugs who report using a new needle and syringe for all injections in the previous month.	Australian Needle Syringe Program Survey
7b	Proportion of Indigenous people who inject drugs who report re-using another person's used needle and syringe in the previous month.	Australian Needle Syringe Program Survey

Appendix i

National Aboriginal and Torres Strait Islander BBV and STI Strategy

Indicator	Data source
Target 8 Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated direct acting antiviral treatment to 65%.	
8a Estimated proportion of Indigenous people with chronic hepatitis C who have been diagnosed.	Not yet reported
8b Annual rate of hepatitis C notifications (newly acquired and unspecified) in Indigenous people.	National Notifiable Diseases Surveillance System (NNDSS)
8c Proportion of Indigenous people accessing needle and syringe programs (people who inject drugs) who reported having a hepatitis C test in the previous 12 months.	Australian Needle Syringe Program Survey
8d Proportion of Indigenous people accessing needle and syringe programs (people who inject drugs) who report ever having a hepatitis C test.	Australian Needle Syringe Program Survey
8e Proportion of young (16–29 years) Indigenous people who reported ever having a hepatitis C test	The Goanna Survey 2
8f Proportion of young (16–29 years) Indigenous people who reported having a hepatitis C test in the last 12 months.	The Goanna Survey 2
8g Proportion of Indigenous people who inject drugs who reported ever having had hepatitis C antiviral treatment.	Australian Needle and Syringe Program Survey
8h Proportion of Indigenous people who inject drugs who reported having had hepatitis C antiviral treatment in the last 12 months.	Australian Needle and Syringe Program Survey
8i Proportion of Indigenous people entering custodial settings who reported having any hepatitis C antiviral treatment.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
8j Proportion of young (16–29 years) Indigenous people who reported having had hepatitis C antiviral treatment.	Not yet reported

Appendix i

National Aboriginal and Torres Strait Islander BBV and STI Strategy		
Indicator		Data source
Target 9	Reduce hepatitis C attributable mortality by 65%.	
9a	Estimated number of Indigenous people with decompensated cirrhosis, hepatocellular carcinoma and liver related deaths.	Not yet reported
Target 10	Increase the proportion of people living with hepatitis B who are diagnosed to 80%; receiving care to 50%; and on antiviral treatment to 20%.	
10a	Annual rate of hepatitis B notifications (newly acquired and unspecified) in Indigenous people.	National Notifiable Diseases Surveillance System (NNDSS)
10b	Proportion of Indigenous people entering custodial settings with evidence of past or present hepatitis B infection.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
Target 11	Reduce hepatitis B attributable mortality by 30%.	
11a	Estimated number of deaths in Indigenous people due to chronic hepatitis B related to decompensated cirrhosis and hepatocellular carcinoma.	Not yet reported
Target 12	Reduce the incidence of HIV transmissions.	
12a	Annual notification rate of HIV in Indigenous people.	State and territory health authorities
12b	Number of HIV notifications in Indigenous people by exposure category.	State and territory health authorities
12c	Proportion of new HIV diagnoses among Indigenous people who had evidence of recent HIV infection by exposure category	State and territory health authorities
12d	Annual rate of HIV notifications in Indigenous people by remoteness area.	State and territory health authorities
12e	Incidence of HIV in Indigenous people who inject drugs attending needle and syringe programs.	Not yet reported
12f	Proportion of young (16–29 years) Indigenous people who reported that they were HIV positive.	The Goanna Survey 2
12g	Proportion of young Indigenous people (16–29 year olds) who reported using condoms consistently with sexual partners in the previous 12 months.	The Goanna Survey 2
12h	Proportion of young Indigenous people (16–29 year olds) who reported using a condom during their last sexual encounter.	The Goanna Survey 2

Appendix i

National Aboriginal and Torres Strait Islander BBV and STI Strategy

Indicator	Data source
Target 13 Achieve the 95–95–95 HIV diagnosis and treatment targets:	
13a Proportion of Indigenous people living with HIV who are diagnosed.	State and territory health authorities
13b Proportion of Indigenous people who inject drugs accessing needle and syringe programs who have been tested for HIV in the previous 12 months.	Australian Needle Syringe Program Survey
13c Proportion of young (16–29 years) Indigenous people who reported ever having a HIV test	The Goanna Survey 2
13d Proportion of new HIV diagnoses in Indigenous people with a late diagnosis of HIV (CD4 count<350 cell/ μ L).	State and territory health authorities
13e Prevalence of HIV among Indigenous people who inject drugs attending needle and syringe programs.	Australian Needle Syringe Program Survey
13f Prevalence of HIV among Indigenous people in custodial settings.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
Target 14 Reduce the reported experience of stigma among Aboriginal and Torres Strait Islander people with BBV and STI, and the expression of stigma, in relation to BBV and STI status.	
14a An indicator to monitor this target is currently unavailable. Options will be explored to develop an indicator that informs strategies and activities in a meaningful way.	Not yet reported