Australian Collaboration for Coordinated Enhanced Sentinel Surveillance

ACCESS

## Enhancing surveillance data to monitor Australia's progress towards elimination of STIs and BBVs

Australia is at the forefront of global efforts to end HIV, and eliminate hepatitis B and hepatitis C, while also striving to reduce the impact of other sexually transmissible infections (STIs). This ambitious goal is supported by substantial political and financial commitment nationwide, reflecting the country's comprehensive approach to public health.

Achieving these objectives requires timely and robust surveillance data to assess progress towards goals, identify gaps, and inform targeted interventions. Recognising this need, ACCESS started in 2008, funded by the Australian Government. ACCESS has evolved into a vital sentinel surveillance system that evaluates and informs health policy, assesses interventions, and monitors population health outcomes of  $\ensuremath{\mathsf{BBVs}}$  and  $\ensuremath{\mathsf{STIs}}$  .

Today, ACCESS collates de-identified patient-level data, including crucial testing information, from over 120 health services and pathology laboratories across every state and territory. This comprehensive network encompasses primary care clinics, sexual health clinics, and community health centres, capturing a wide range of healthcare interactions. By providing insights into testing patterns, diagnosis rates, treatment uptake, and care cascades, ACCESS plays an essential role in Australia's strategy to end HIV, eliminate hepatitis B and hepatitis C, effectively manage STIs, and ensure that no affected populations are left behind in these efforts.

#### How does ACCESS work?

ACCESS automatically extracts de-identified patient data from participating services using customised health extraction software called GRHANITE<sup>™</sup>. Developed at the University of Melbourne, the software employs industryleading cryptography to ensure the secure extraction and transmission of all data. GRHANITE<sup>™</sup> has been used to securely extract de-identified data from hundreds of Australian health services. Patients are only ever identified using a unique signature code, which is irreversible outside the service. This means that no identifying details such as name or date of birth ever leave a participating service. Extracted data are stored in an encrypted format on a secure server at the Burnet Institute and ACCESS only reports aggregate information to further ensure patient anonymity.

# Participating in ACCESS

Participating ACCESS sites are required to install GRHANITE<sup>™</sup> on a system within their service. Because the software is tailored to the individual database of a participating site, some upfront work may be required to properly configure the extractions. Once the system has been established, however, ACCESS employs automated data extraction processes that require little ongoing effort from participating sites. Sites are encouraged to nominate a site investigator to be involved with data interpretation and article authorship. Site investigators are also welcome to propose analyses of the ACCESS database either specific to their service or across the whole network with analytical support available as needed.

#### What does ACCESS provide?

ACCESS provides twice yearly site reports for participating clinical services on key STI and BBV indicators. ACCESS Analytics is an interactive online dashboard for sites to view indicators on HIV, hepatitis C and hepatitis B, syphilis, gonorrhoea and chlamydia. Each visualisation can be disaggregated by priority population and stratified by sex and age group. ACCESS welcomes feedback from sites for continuous improvement and additional indicators for ACCESS Analytics.



## What does ACCESS collect?

From electronic patient records, ACCESS automatically extracts data from the domains in the table below. Not all variables will be available at every service or relevant to every service type.

Domain	Indicators (health services)	Indicators (pathology laboratories)
Visit and service details	<ul> <li>Service or clinic name and location</li> <li>Service date</li> <li>Reason for attendance</li> </ul>	<ul> <li>Laboratory name and location</li> <li>Date of consultation</li> <li>Requesting doctor</li> <li>Clinic name and postcode</li> </ul>
Patient details	<ul> <li>Unique patient identifier</li> <li>Sex at birth, Gender, Sexuality</li> <li>Age</li> <li>Aboriginal or Torres Strait Islander status</li> <li>Home postcode</li> <li>Country of birth</li> <li>Traveller or recent arrival in Australia</li> <li>Preferred language</li> </ul>	<ul> <li>Sex</li> <li>Postcode</li> <li>Year of birth</li> <li>Age at time of testing</li> <li>Patient ID at requesting clinic</li> </ul>
Pathology and diagnoses	<ul> <li>Test(s) requested</li> <li>Test results</li> <li>Recorded clinical diagnosis</li> </ul>	<ul> <li>Specimen identification number</li> <li>Laboratory of origin</li> <li>Tests requested (STIs and BBVs)</li> <li>Test results (STIs and BBVs)</li> <li>Specimen type</li> <li>Specimen site</li> </ul>
Vaccination details	<ul><li>Vaccination status</li><li>Dose</li></ul>	
Treatment	<ul><li>Treatments</li><li>Prescriptions issued</li></ul>	
Sexual behaviours and drug use	<ul> <li>Gender(s) of sexual partners</li> <li>Number of sexual partners</li> <li>Condom use</li> <li>Sex overseas</li> <li>Sex with a sex worker</li> <li>Sex work</li> <li>Drug use</li> </ul>	











### **More Information**

If you are interested in ACCESS and would like more information, please contact the study coordinator or visit our website



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