



# ACCESS

Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of  
Sexually Transmitted Infections and Blood Borne Viruses

## **List of Internal ACCESS Projects and External Projects Supported by ACCESS Data**

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## Internal ACCESS Projects

Internal ACCESS projects utilise data collected in the ACCESS network for aims that are directly related to national surveillance for STIs and BBVs. If you would like to join one of these projects as a co-author or have an idea for your own concept sheet, please let us know. Below is a list of concept sheets approved since 2020.

### The hepatitis C cascade of care for opioid agonist therapy recipients in ACCESS participating clinics in Australia.

<b>Approval date:</b>	20 November 2023
<b>Lead:</b>	Samara Griffin (Burnet Institute)
<b>Proposed Co-Authors:</b>	Samara Griffin, Jason Asselin, Anna Wilkinson, Basil Donovan, Rebecca Guy, Wayne Dimech, Alex Thompson, Rebecca Winter, Mark Stoové, Margaret Hellard
<b>Objective(s):</b>	<p>1) To quantify the number of individuals who received an OAT prescription and proportion who remain engaged at each step of the hepatitis C cascade of care.</p> <p>2) To identify the first HCV-related testing or treatment event after OAT prescription from the possibilities of: no HCV care, HCV antibody test only, HCV antibody test and HCV RNA test, HCV RNA test only, and HCV treatment with no preceding observed tests.</p> <p>3) Among people prescribed OAT, who commenced the cascade with an observed HCV Ab test, and were retained in all stages of the cascade to DAA prescription, to quantify average time between stages and the overall average total time, further describe by year of first testing positive.</p> <p>4) To compare the cascade (time-to-treat and proportions at each step) among people who were on OAT throughout their progression of the cascade (contemporary OAT) compared to people with an OAT script at some point in the study period (OAT ever).</p>
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved



## Assessment of characteristics of gay and bisexual men in national datasets and the National HIV Registry

<b>Approval date:</b>	06 February 2024
<b>Lead:</b>	Dr James MacGibbon (UNSW)
<b>Proposed Co-Authors:</b>	Prof Martin Holt, Dr Benjamin Bavinton, Dr Timothy Broady, Dr James MacGibbon, Curtis Chan, A/Prof Limin Mao, Prof Eric Chow
<b>Objective(s):</b>	<p>The research questions that this study seeks to address are:</p> <ol style="list-style-type: none"> <li>1. What are the similarities and differences between gay and bisexual men (GBM) recruited in behavioural surveillance (the GCPS) with GBM diagnosed with HIV (recorded in the Registry), GBM who attend clinical services such as general practice clinics, hospitals, public sexual health clinics and community-led health services (ACCESS), and a representative sample of GBM in Australia (ASHR)?</li> <li>2. How should behavioural surveillance of GBM (the GCPS) be adjusted to better engage GBM at risk of HIV and the broader population of GBM?</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

## Protocol paper: Adapting ACCESS to monitor the mpox epidemic

<b>Approval date:</b>	06 January 2024
<b>Lead:</b>	Michael Traeger (Burnet Institute)
<b>Proposed Co-Authors:</b>	Michael Traeger, Jason Asselin, Htein Linn Aung, Allison Carter, Thi Nguyen, Victoria Polkinghorne, Nyssa Watson, Douglas Boyle, Christopher Fairley, Eric Chow, Janet Towns, [Sydney SHC site PI], Nick Medland, Basil Donovan, Margaret Hellard, Rebecca Guy, Mark Stoové
<b>Objective(s):</b>	<ul style="list-style-type: none"> <li>• Describe the steps taken to adapt the ACCESS system to capture mpox (clinic engagement, GHRANITE xml updating, extract fields, new coding)</li> <li>• Describe high-level data on mpox captured by ACCESS (number of diagnoses, number of vaccinations and number of people tested).</li> <li>• Estimate coverage of the above, e.g. the proportion of all cases notified to the NNDSS to the number captured in ACCESS</li> </ul>



	<ul style="list-style-type: none"> <li>• Discuss the attributes of ACCESS which allowed for timely adaption for new diseases of interest (e.g. high coverage of priority populations, automated extraction, remote extraction)</li> </ul>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Sustained viral suppression among Australian people living with HIV in the era of U=U

<b>Approval date:</b>	06 February 2024
<b>Lead:</b>	Htein Linn Aung (Kirby Institute)
<b>Proposed Co-Authors:</b>	Htein Linn Aung, Richard Gray, Jason Asselin, Eric Chow, Brendan Quinn, Darren Russell, Rick Varma, John Rule, Mark Stooove, Basal Donovan, Margaret Hellard, Rebecca Guy
<b>Objective(s):</b>	<ul style="list-style-type: none"> <li>• To determine the proportion of PLHIV with sustained viral suppression in Australia defined as, HIV vial load count &lt;200 copies/ml (considered to be the clinical threshold for viral suppression) in all the tests during the past three years</li> <li>• To determine viral load level among individuals with inconsistent viral suppression.</li> <li>• To identify structural (clinic type and location) and individual-level factors (behavioural and demographic) relating to inconsistent viral suppression.</li> <li>• To conduct an epidemiological assessment to determine whether calculating sustained viral suppression rate over 3 years for individuals differs significantly from the population viral suppression percentage based on the results from the last viral load test.</li> </ul>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Evaluating the application of a machine learning model developed to identify people who inject drugs within a national sentinel surveillance system

<b>Approval date:</b>	06 February 2024
<b>Lead:</b>	Carol El-Hayek (Burnet Institute)





<b>Proposed Co-Authors:</b>	Carol El-Hayek, Thi Nguyen, Victoria Polkinghorne, Jason Asselin, Htein Linn Aung, Basil Donavan, Anna Wilkinson, Jane Hocking, Douglas Boyle, Mark Stoove, Rebecca Guy, ... Adam Dunn and Margaret Hellard
<b>Objective(s):</b>	This analysis aims to answer the following questions: 1. Does the machine learning model identify more people who inject drugs than would otherwise have been identified if we only used expert-driven rules? 2. How do we best use it in ACCESS to control the balance between true and false positive classifications to maximise our confidence in its predictions. 3. How do the newly identified people who inject drugs differ to those identified using the expert-driven rules? 4. Has the model helped us to gain new insights for BBV/STI surveillance among people who inject drugs.
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Metrics for a modelling study of the impact of doxyPEP on STIs among MSM

<b>Approval date:</b>	14 February 2024
<b>Lead:</b>	Michael Traeger & Lei Zhang (Burnet Institute)
<b>Proposed Co-Authors:</b>	Lei Zhang, Hoa Lai, Jason Ong, Michael Traeger ACCESS executive
<b>Objective(s):</b>	Research questions of the modelling study: 1) What is the long-term impact on prevalence and incidence of bacterial sexually transmitted infections (chlamydia, gonorrhoea, syphilis) when doxyPEP is implemented among different groups of men who have sex with men attending sexual health services in Australia? (e.g. PrEP users, people living with HIV, people diagnosed with a recent STI)  2) What is the long-term impact on prevalence and incidence of bacterial sexually transmitted infections (chlamydia, gonorrhoea, syphilis) when a meningococcal vaccination (~30% effective) + doxyPEP is implemented among different groups of men who have sex with men attending services for STI testing in Australia?



<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Comparing methods for classifying people as PrEP users in population-level trend estimates of STIs using electronic health records

<b>Approval date:</b>	06 January 2024
<b>Lead:</b>	Michael Traeger (Burnet Institute)
<b>Proposed Co-Authors:</b>	Michael Traeger, Jason Asselin, Allison Carter, Htein Linn Aung, Hamich McManus, Christopher Fairley, Sharon Chen, Basil Donovan, Rebecca Guy, Margaret Hellard, Mark Stoove  Additional ACCESS site investigators  Community representative
<b>Objective(s):</b>	<ul style="list-style-type: none"> <li>• Use electronic health record data from ACCESS clinics to compare different methods measuring trends in STI incidence among GBM using PrEP</li> <li>• Explore the impact of censoring when people are classified as PrEP users or 'PrEP-time' at different thresholds</li> <li>• For each method, compare trends in STIs among PrEP users, non-PrEP users and GBM living with HIV, over time and across each subgroup</li> </ul>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### HIV, blood borne viruses and sexually transmissible infection in culturally and linguistically diverse communities in Australia: Enhanced surveillance report 2023

<b>Approval date:</b>	30 August 2023
<b>Lead:</b>	Ela Naruka (Kirby Institute)
<b>Proposed Co-Authors:</b>	Dr Skye McGregor, Dr Hamish McManus, Dr Dorothy Machalek, Dr Laila Khawar, Dr Jennifer MacLachlan, Htein Linn Aung, state/jurisdictional health departments' representatives



	5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To identify STI/BBV testing rates and proportion positive across CALD communities/ overseas born and stratify the testing rates by age, sex, sexual orientation and testing location
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Assessing the representativeness of a national HIV sentinel surveillance system to inform system enhancement

<b>Approval date:</b>	15 August 2023
<b>Lead:</b>	Elly Layton (Burnet Institute)
<b>Proposed Co-Authors:</b>	Jason Asselin, Michael Traeger, Jonathan King, Margaret Hellard, Rebecca Guy, Basil Donovan, Alison Carter, Wayne Dimech, Mark Stoove 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Compare the sociodemographic characteristics of HIV notifications in ACCESS with the National HIV Registry over time.</li> <li>2. Compare the catchment of ACCESS sites with HIV notifications rates by geographic area over time.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Exploration of Syphilis testing patterns among women in the general population in NSW using ACCESS laboratory network data

<b>Approval date:</b>	7 July 2023
<b>Lead:</b>	Htein Linn Aung (Kirby Institute)
<b>Proposed Co-Authors:</b>	TBC 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.



<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. To identify the proportion of those who received a Chlamydia/Gonorrhoea test and also received a Syphilis test within the ACCESS pathology laboratory network in NSW</li> <li>2. To compare this proportion among different age groups of men and women</li> </ol>
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### The epidemiology of hepatitis C virus and sexually transmissible infections among women who use drugs compared to women with no history of drug use

<b>Approval date:</b>	7 July 2023
<b>Lead:</b>	Anna Wilkinson (Burnet Institute)
<b>Proposed Co-Authors:</b>	<p>Jason Asselin, Ashleigh Stewart, Rebecca Winter, Michael Traeger, Wayne Dimech, Allison Carter, Rebecca Guy, Basil Donovan, Mark Stoové, Margaret Hellard</p> <p>5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.</p>
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. To describe the testing patterns for hepatitis C virus and sexually transmissible infections (syphilis, chlamydia, and gonorrhoea) among women, stratified by a history of injecting drug use, history of opioid agonist therapy (OAT) prescription, and no history of drug use, attending ACCESS clinics 2010–2022</li> <li>2. Quantify the incidence of primary infection and reinfection of hepatitis C virus and sexually transmissible infections (syphilis, chlamydia, and gonorrhoea) among women, stratified by a history of injecting drug use, history of opioid agonist therapy prescription, and no history of drug use, attending ACCESS clinics 2010–2022</li> <li>3. Estimate the association between a history of OAT prescription (Yes, No) and self-reported injecting drug use (Yes, No) and incident primary and subsequent infections (hepatitis C, syphilis, chlamydia, and gonorrhoea, and coinfections) among women attending ACCESS clinics 2010–2022</li> <li>4. Determine the cascade of care for hepatitis C virus and sexually transmissible infections (syphilis, chlamydia, and gonorrhoea) among women, stratified by a history of injecting drug use, history of opioid agonist therapy prescription, and no history of drug use, attending ACCESS clinics 2010–2022</li> </ol>



<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### The estimated annual health system cost of Chlamydia, Gonorrhoea, and Syphilis in Australia

<b>Approval date:</b>	5 July 2023
<b>Lead:</b>	Caroline Watts (Kirby Institute)
<b>Proposed Co-Authors:</b>	Virginia Wiseman, Rebecca Guy, Jane Hocking, Basil Donovan 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To obtain data on the number of persons, tests and positivity for chlamydia, gonorrhoea, and syphilis testing conducted in 2018 in sexual health clinics, hospitals, community health services by population F, M (including category GBM) and age group 16 -25 years, 26-35 years, 36-45 years, and 46-55 years
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Rates of hepatitis B susceptibility and subsequent vaccination in clinical services participating in the ACCESS project.

<b>Approval date:</b>	31 May 2023
<b>Lead:</b>	Virginia Pilcher (Burnet Institute)
<b>Proposed Co-Authors:</b>	Jason Asselin, Victoria Polkinghorne, Anna Wilkinson, Jessica Howell, Mark Stoové, Wayne Dimech, Basil Donovan, Rebecca Guy, Margaret Hellard 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>Describe the characteristics of patients aged 16 and over who were tested for hepatitis B at an ACCESS clinic and found to be susceptible to hepatitis B infection (not infected and not immune)</li> <li>Quantify the number and proportion of hepatitis B susceptible patients subsequently prescribed or administered hepatitis B vaccination</li> </ol>



	3. Assess for differences in demographics, risk factors, patient location and clinic type between susceptible patients who were vaccinated and those who weren't.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Quantifying increase in unnecessary antimicrobial consumption in GBMSM in Australia

<b>Approval date:</b>	30 April 2023
<b>Lead:</b>	Arthur Wong (Kirby Institute)
<b>Proposed Co-Authors:</b>	Nicholas Medland, Tanya Applegate, Prital Patel, Rebecca Guy 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>To quantify the change in antimicrobial consumption (AMC) among Australian GBMSM over time after the implementation of PrEP &amp; recommended 3-monthly bacterial STI testing.</li> <li>To measure the distribution of the change in AMC among Australian GBMSM according to clinical characteristics:           <ul style="list-style-type: none"> <li>Frequency of asymptomatic STI screening (3-monthly or less than 3-monthly)</li> <li>Symptomatic vs asymptomatic presentations (estimate quantity of AMC attributable to asymptomatic screening vs. symptomatic presentations)</li> <li>PrEP use</li> <li>HIV status</li> </ul> </li> </ol>
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### HDV prevalence and testing patterns among Australians with hepatitis B: A longitudinal analysis of the ACCESS primary care clinic dataset

<b>Approval date:</b>	23 May 2023
<b>Lead:</b>	Jessica Howell (Burnet Institute)



<b>Proposed Co-Authors:</b>	Jason Asselin, Victoria Polkinghorne, Anna Wilkinson, Margaret Hellard. Mark Stoove 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Describe the HDV testing patterns over time in people in the ACCESS surveillance primary care clinics and pathology networks between 01/01/2009 and 31/12/2024, including:             <ol style="list-style-type: none"> <li>a. the proportion of people tested for anti-HDV antibody who are HBsAg positive; and</li> <li>b. the proportion of people who are anti-HDV antibody positive who have an HDV RNA test within A) 3 months and B) 6 months of anti-HDV antibody test.</li> </ol> </li> <li>2. Describe the patterns of HCV infection among people tested, including:             <ol style="list-style-type: none"> <li>a. the proportion of people tested for anti-HDV antibody who have a positive result;</li> <li>b. the proportion of people who are anti-HDV antibody positive who are HDV RNA positive (active HDV infection).</li> </ol> </li> </ol>
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Exploring the availability and completeness of domestic violence data in sexual health clinics in Australia

<b>Approval date:</b>	18 April 2023
<b>Lead:</b>	Allison Carter (Kirby Institute)
<b>Proposed Co-Authors:</b>	5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	The objective of this analysis is to explore the availability and completeness of domestic violence data in sexual health clinics in Australia.
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved



## Updating the epidemiology of HIV and sexually transmissible infections among transgender men and women in Australia

<b>Approval date:</b>	18 April 2023
<b>Lead:</b>	Denton Callander (Kirby Institute)
<b>Proposed Co-Authors:</b>	Denton Callander, Teddy Cook, Basil Donovan, Andy Wanyama (MSF), Vincent Cornelisse, Martin Holt, Rebecca Guy 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Update the epidemiology of HIV and other STIs among trans men and women attending sexual health clinics in Australia</li> <li>2. Expand epidemiological knowledge of HIV and STIs among trans men and women among those attending general practice clinics and community-based testing services in Australia</li> <li>3. Assess HIV and STI testing among trans men and women, including test uptake, repeat testing, and comprehensive testing</li> <li>4. Investigate changes to HIV and STI epidemiology over time among trans men and women in Australia, including annual incidence and positivity</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

## Recovery in PrEP prescribing and HIV testing among gay and bisexual men in Victoria and NSW post COVID-19 social restrictions

<b>Approval date:</b>	30 March 2023
<b>Lead:</b>	Michael Traeger (Burnet Institute)
<b>Proposed Co-Authors:</b>	Michael Traeger, Jason Asselin, Htein Aung, Nathan Ryder, Mark Stoové, Margaret Hellard, Basil Donovan, Rebecca Guy, 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Explore impact of COVID-19 lockdowns on PrEP prescribing and recovery in PrEP prescribing post-COVID among GBM</li> <li>2. Explore impact of COVID-19 lockdowns on HIV testing and recovery in HIV testing post-COVID among GBM</li> <li>3. Compare declines and recovery in HIV testing among PrEP users and non-PrEP users</li> </ol>





<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Exploration of doxycycline data in ACCESS to develop surveillance indicators for doxycycline prophylaxis

<b>Approval date:</b>	22 February 2023
<b>Lead:</b>	Michael Traeger (Burnet Institute)
<b>Proposed Co-Authors:</b>	5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Explore current fields extracted related to doxycycline prescription</li> <li>2. Explore utility of diagnosis and consultation reason to determine doxycycline used for bacterial STI treatment</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Uptake of HIV prevention among gay, bisexual and other men who have sex with men (GBMSM) in NSW: uptake of HIV prevention strategies among sub-populations of GBMSM attending ACCESS NSW clinics according to country of birth, area of residence and age

<b>Approval date:</b>	13 February 2023
<b>Lead:</b>	Phillip Keen (Kirby Institute)
<b>Proposed Co-Authors:</b>	5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To assess changes in the uptake of HIV prevention strategies (HIV testing, PrEP use, HIV treatment and viral suppression among HIV-positive men) among GBMSM attending ACCESS NSW clinics during and following the Covid-19 pandemic.



<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Estimating the impact of targeted doxycycline PEP prescribing based on STI history on STI diagnoses among MSM

<b>Approval date:</b>	24 November 2022
<b>Lead:</b>	Michael Traeger (Burnet Institute)
<b>Proposed Co-Authors:</b>	Bridget Haire, Yasmin Mowat, Julia Marcus 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Use an empiric retrospective study design to estimate the proportion of STI diagnoses which could be prevented based on prescription of DoxyPEP following specific indicators based on STI diagnosis history and PrEP/HIV status</li> <li>2. Compare the efficiency and population-level impact of different DoxyPEP prescribing scenarios to inform guidelines</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Assessing HIV, syphilis and hepatitis B testing coverage in pregnancy in the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance (ACCESS) laboratory dataset

<b>Approval date:</b>	22 November 2022
<b>Lead:</b>	Laila Khawar (Kirby Institute)
<b>Proposed Co-Authors:</b>	Dr Skye McGregor, Dr Hamish McManus, Dr Belinda Hengel, Prof Donna Mak, Mr Jason Asselin, Dr Htein Linn Aung, Dr Anna Wilkinson, Mr Wayne Dimech, Prof Basil Donovan, Prof Rebecca Guy 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	Using the WHO reporting requirement, this study aims to:



	<ol style="list-style-type: none"> <li>1. Identify, collect and analyse data on the proportion of pregnant women in the ACCESS laboratory network that received an antenatal test for all (syphilis, hepatitis B, and HIV), or any one of these, or a combination of these tests.</li> <li>2. Analyse the proportion of pregnant women who received these tests by key demographic factors, such as age groups, region of residence</li> <li>3. Evaluate the algorithm used to correctly identify pregnant women among all women of childbearing age in the ACCESS laboratory data</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### The development and evaluation of a machine learning model to identify people who inject drugs for sentinel surveillance of hepatitis C

<b>Approval date:</b>	22 November 2022
<b>Lead:</b>	Carol El-Hayek (Burnet Institute)
<b>Proposed Co-Authors:</b>	Thi Nguyen, Shifeng Liu, Margaret Hellard, Adam Dunn 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<p>The objectives for this project are to develop and evaluate a data driven solution to an existing problem through the following steps:</p> <ol style="list-style-type: none"> <li>1. Generate a well performing machine learning model to label records of PWID</li> <li>2. Assess the performance of the algorithm using standard validation methods</li> <li>3. Determine whether the algorithm improves hepatitis C indicators in ACCESS</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Exploration and refinement of current data extraction and processing systems to enable ACCESS to monitor Monkeypox epidemiology in Australia

<b>Approval date:</b>	21 October 2022
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<b>Lead:</b>	Jason Asselin (Burnet Institute)
<b>Proposed Co-Authors:</b>	Co-authorship team is to be determined. 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	This project will extract and prepare Monkeypox test, diagnosis, treatment and vaccination data for surveillance and research activities. Its objectives are: <ol style="list-style-type: none"> <li>1. To explore whether current ACCESS XML extract required monkeypox testing and vaccination data.</li> <li>2. To explore what will be required to incorporate monkeypox testing and vaccination data into the current data processing systems for ACCESS.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### NSW is approaching virtual elimination of HIV transmission among gay and bisexual men in inner Sydney

<b>Approval date:</b>	21 October 2022
<b>Lead:</b>	Phillip Keen (Kirby Institute)
<b>Proposed Co-Authors:</b>	Phillip Keen and Steven Nigro (co-lead), Htein Linn Aung, Prital Patel, Curtis Chan, Martin Holt, Ben Bavinton, Anna McNulty, Rebecca Guy, James MacGibbon, Tim Broady, Limin Mao, [other PRISM Investigators and Steering Committee members to be confirmed] Valerie Delpech and Andrew Grulich (co-senior), on behalf of the HIV PRISM Partnership. 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. To assess changes in HIV notifications among MSM in NSW between 2013-2021, compared to the baseline (average between 2008-2012): (i) overall, and (ii) by area of residence according to gay population concentration.</li> <li>2. To assess changes in HIV prevention indicators (HIV testing among high risk GBM and HIV treatment and viral suppression among HIV-positive GBM) between 2008-2021, and use of PrEP between 2015-2021 among high risk GBM attending ACCESS NSW clinics.</li> <li>3. To assess changes in HIV prevention indicators among GBM who participated in the Sydney Gay Community Periodic Surveys (HIV testing</li> </ol>



	among GBM who reported condomless anal intercourse with casual partners (CLAIC), and HIV treatment and viral suppression among HIV-positive men) between 2008-2021, and use of PrEP between 2015-2021 among GBM who reported CLAIC.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Approved

### Assessing BBV/STI test uptake and positivity trends within Culturally and Linguistically Diverse (CALD) Populations in Australia

<b>Approval date:</b>	21 July 2022
<b>Lead:</b>	Judith Dean (School of Public Health, University of Queensland)
<b>Proposed Co-Authors:</b>	Amalie Dyda, Joseph Debattista, Zhihong Gu, Rebecca Guy, Htein Linn Aung. 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	1. To identify STI/BBV testing rates and proportion positive across CALD communities. 2. To examine if STI/BBV infection and testing rates vary by variables such as age, gender, traveler status, year of arrival in Australia, sexual orientation, behaviour/risk, geographical location, and testing location.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Uptake of HIV prevention among gay, bisexual and other men who have sex with men (GBMSM) in NSW: overview of disparities in uptake of HIV prevention strategies among sub-populations of GBMSM according to country of birth, area of residence and age

<b>Approval date:</b>	11 July 2022
<b>Lead:</b>	Phillip Keen (Kirby Institute)
<b>Proposed Co-Authors:</b>	Phillip Keen, Htein Linn Aung, Prital Patel, Curtis Chan, Martin Holt, Ben Bavinton, Anna McNulty, Rebecca Guy, Andrew Grulich, Eric Chow (Melbourne Sexual Health Centre), Michael Traeger, Anna McNulty (Sydney Sexual Health Centre).



	5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To assess changes in the uptake of HIV prevention strategies (HIV testing, PrEP use, HIV treatment and viral suppression among HIV-positive men) among GBMSM attending ACCESS NSW clinics during the Covid-19 pandemic.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Completed 2022

### Syphilis diagnosis and care cascades for key populations (Aboriginal and Torres Strait Islanders; MSM; heterosexual males and females) in Australia

<b>Approval date:</b>	11 July 2022
<b>Lead:</b>	Richard Gray (Kirby Institute)
<b>Proposed Co-Authors:</b>	Richard T. Gray, Belinda Hengel, Skye McGregor, Jonathan King, Hamish McMannus, Rebecca Guy, Nicolas Legrand, Michael Traeger, Jason Asselin (ACCESS), James Ward, Claire Bradley, Htein Linn Aung (ACCESS), Lewis Marshall (Fremantle Hospital South Terrace Clinic), David Templeton (Sydney Local Health District/RPA Sexual Health), Sarah Martin (Canberra Health Services), Charlotte Bell (Royal Adelaide Hospital), Christopher Fairley (Melbourne Sexual Health Centre )
<b>Objective(s):</b>	To produce estimates for national diagnosis and treatment cascades for infectious syphilis in MSM, Aboriginal and/or Torres Strait Islander peoples, and heterosexual males and females.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Syphilis infection in the MSM community in the inner geographical area of Sydney 2006-2018

<b>Approval date:</b>	16 June 2022
<b>Lead:</b>	Penelope Fotheringham (University of Newcastle)



<b>Proposed Co-Authors:</b>	Dr Jason Ong (Melbourne Sexual health Centre), Dr Emma Quinn (SLHD PHU), Mr Andrew Ingleton (SLHD PHU), Ms Alma Nurkic (SESLHD PHU), Prof Mark Ferson (SESLHD PHU), Dr Leena Gupta (SLHD PHU), Prof David Templeton (RPA Sexual Health)  5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To analyse syphilis infections diagnosed within the ACCESS network within SLHD/SESLHD with a reliable denominator of syphilis test numbers, which are not available for PHU notification data.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Chlamydia trends among young women in Australia, 2009-2021

<b>Approval date:</b>	24 May 2022
<b>Lead:</b>	Stephanie Munari (Burnet Institute/University of Melbourne)
<b>Proposed Co-Authors:</b>	Jane Goller, Jason Asselin, Kit Fairley, Jane Hocking, Mark Stooze, Margaret Hellard, Basil Donovan, Rebecca Guy, Allison Carter, Lewis Marshall, Louise Owen, Charlotte Bell  5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	1. To assess and update the evidence of chlamydia infection incidence, testing, retesting and reinfection rates among 16–29-year-old women offered a chlamydia test between 2009 and 2021 in Australia.  2. Among the proportion who tested positive during this time, to identify sub-population/s who might be at particular risk of acquiring a chlamydia infection and reinfections.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Hepatitis C primary incidence and reinfection incidence among gay and bisexual men before and after the availability of direct-acting antivirals in Australia

<b>Approval date:</b>	23 May 2022
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<b>Lead:</b>	Brendan Harney (Burnet Institute)
<b>Proposed Co-Authors:</b>	Rachel Sacks-Davis, Jason Asselin, Michael Traegar, Richard Keane (or other nominated by Living Positive Victoria), Christopher Fairley, Gail Matthews, Mark Stoove, Margaret Hellard, Joseph Doyle, Mark Bloch, Robert Finlayson. 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To examine hepatitis C testing among GBM attending sexual health and primary care clinics from 2012-2020.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Monitoring of Naloxone prescribing in Australian using sentinel surveillance of primary care clinics; an ecological study from 2012 to 2021

<b>Approval date:</b>	3 May 2022
<b>Lead:</b>	Joshua Dawe (Burnet Institute)
<b>Proposed Co-Authors:</b>	Michael Curtis, Anna Wilkinson, Jason Asselin, Paul Dietze, Suzanne Nielsen, Margaret Hellard, Mark Stoové 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	1. Quantify the number of individuals prescribed Naloxone monthly, quarterly and annually at participating ACCESS sites from 1st January 2012 to 31st December 2021 by age and sex. 2. Describe patterns of Naloxone prescribing by individual characteristics, over time, by key policy/practice changes and by state.
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Changing pattern of sexually transmissible infections and HIV diagnosed in public sexual health services compared with other locations in New South Wales, 2015–20

<b>Approval date:</b>	3 May 2022
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<b>Lead:</b>	Dr Chris Bourne (Centre for Population Health, NSW Health & SSHC)
<b>Proposed Co-Authors:</b>	Nathan Ryder, Stephen Nigro, Elenor Kerr, Htein Linn Aung, Jason Asselin 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	1. To understand the changing pattern of STI HIV diagnosis in NSW PFSHC 2. To compare the STI&HIV diagnoses in metropolitan Sydney in 2019 with similar data from New York City, Amsterdam and Seattle
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### **Pharyngeal chlamydia: temporal trends, risk factors and association with anogenital infections among men who have sex with men attending Australian Sexual Health Clinics**

<b>Approval date:</b>	22 November 2021
<b>Lead:</b>	David Templeton (RPA Sexual Health, Sydney Local Health District)
<b>Proposed Co-Authors:</b>	David Atefi, Linda Garton, Kit Fairley, Anna McNulty, Rebecca Guy, Carole Khaw, Lewis Marshall, Alison Rutherford, Justin McKee 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	1. Describe temporal trends in pharyngeal CT positivity 2. Examine temporal trends in the proportion of “isolated” pharyngeal CT infection over a time period including “pre-PrEP” and following the introduction of PrEP 3. Examine risk factors for pharyngeal CT infection
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### **The population-level effect of national PrEP policy on HIV incidence among men who have sex with men: A multi-country analysis**

<b>Approval date:</b>	17 October 2021
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<b>Lead:</b>	Daniela van Santen (Burnet Institute)
<b>Proposed Co-Authors:</b>	Michael Traeger, Mark Stoové, Margaret Hellard, Anders Boyd, Maria Prins, Liza Coyer, Elske Hoornenborg 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To evaluate the population-level effect of PrEP using a quasi-experimental study design by comparing HIV incidence between major cities or jurisdictions in Netherlands and Australia, before and after PrEP was implemented using surveillance data from sexual health clinics .
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Ensuring accuracy in the collection of syphilis screening and management data in Australian sentinel surveillance systems

<b>Approval date:</b>	7 October 2021
<b>Lead:</b>	Clare Bradley (University of Queensland)
<b>Proposed Co-Authors:</b>	Jason Asselin, Belinda Hengel, Kate Lewis, members of the ATLAS Executive (University of Queensland), members of the ACCESS Executive 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	The collaboration will seek to answer the following research questions: <ol style="list-style-type: none"> <li>1. Are the source data tables/fields used to collect syphilis data the same in both the ATLAS and ACCESS networks?</li> <li>2. Are the terms used to identify syphilis testing and positivity the same in both the ATLAS and ACCESS networks?</li> <li>3. How are the two surveillance networks identifying syphilis treatment?</li> <li>4. How does the ACCESS syphilis interpretation algorithm for identifying infectious syphilis from pathology results perform on ATLAS data?</li> <li>5. Can staging be determined accurately by the surveillance networks?</li> <li>6. How comprehensive is the surveillance of syphilis by the ATLAS and ACCESS networks and can these data be used to produce accurate cascades of care?</li> </ol>



<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Identifying the reason for HCV testing in electronic medical record data

<b>Approval date:</b>	1 October 2021
<b>Lead:</b>	Anna Wilkinson (Burnet Institute)
<b>Proposed Co-Authors:</b>	Anna Wilkinson, Jason Asselin, Michael Traeger, Thi Nguyen, Victoria Polkinghorne, Long Nguyen, Alisa Pedrana, Mark Stoové, Margaret Hellard 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Determine that data that is available in ACCESS that could be used to assign patients to HCV risk populations.</li> <li>2. Using all available data from Objective 1, classify patients undergoing BBV testing into risk populations and test the performance of this classification using internal validation (splitting ACCCESS datasets into training and test datasets) when additional indicators are added incrementally, such as adding age, sex, test outcomes etc.</li> <li>3. Compare HCV indicators (test uptake, positivity, yield, incidence) across derived risk populations.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Using ACCESS sexual health clinic sentinel surveillance to monitor hepatitis C incidence, prevalence, testing patterns and cascades of care in Aboriginal and Torres Strait Islander people, 2012 - 2020

<b>Approval date:</b>	10 August 2021
<b>Lead:</b>	Lakshmi Manoharan (Burnet Institute)
<b>Proposed Co-Authors:</b>	Lakshmi Manoharan, Anna Wilkinson, Jason Asselin, Troy Combo, Michael Traeger, Margaret Hellard, Rebecca Guy, Wayne Dimech, Basil Donovan, Carol El-Hayek, Mark Stoové 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.



<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Describe patterns of HCV testing and measure and compare the incidence and prevalence of HCV in Aboriginal and Torres Strait Islander people before and after the introduction of DAAs in sexual health clinics in the ACCESS network</li> <li>2. Estimate the cascade of care by: HCV never tested, HCV ever tested, HCV recently tested, HCV antibody positive, HCV PCR positive, HCV treatment prescribed, post treatment testing – cured/SVR12</li> <li>3. Describe patterns of HCV testing by subgroups (sex, age) to provide some insight into current HCV screening patterns in Aboriginal and Torres Strait Islander people.</li> <li>4. Explore demographic, behavioural, and clinical characteristics associated with incident HCV, treatment and cure</li> </ol>
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

**Description, data completeness and quality assessment of health care site population characteristics and HBV-related testing, treatment, and vaccination, to inform the development of ACCESS indicators for HBV**

<b>Approval date:</b>	10 August 2021
<b>Lead:</b>	Stephanie Main (Burnet Institute)
<b>Proposed Co-Authors:</b>	Proposed author list is yet to be confirmed. 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Describe population characteristics, including country of birth, sex, Aboriginal and Torres Strait islander status, MSM identity, HIV status and age, of those attending primary care clinics across Australia, and those who have received any form of HBV test. For the purposes of understanding ACCESS sites for monitoring HBV.</li> <li>2. Assess the HBV assays available in datasets collated by ACCESS, by primary care clinics and sexual health clinics.</li> <li>3. Determine the total number of each assay conducted annually, and the proportion positive of each assay annually.</li> <li>4. Determine the total number of vaccinations conducted annually and data quality and completeness for this</li> <li>5. Determine data quality and completeness for HBV treatment, and if these are distinguishable against HIV treatment</li> </ol>



	6. Assess the accuracy of current data processing procedures that assign an interpreted result for HBV.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

#### Ancillary health benefits of enrolment in the PrEPX study

<b>Approval date:</b>	10 August 2021
<b>Lead:</b>	Michael Traeger (Burnet Institute)
<b>Proposed Co-Authors:</b>	Michael Traeger, Edwina Wright, Mark Stoové, Jason Asselin, Margaret Hellard, Norm Roth, Jeff Willcox, BK Tee 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. To assess the feasibility of using ACCESS data from PrEPX clinics to assess ancillary health benefits associated with participating in a PrEP study.</li> <li>2. To assess the completeness of diagnosis data at PrEPX ACCESS clinics.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress



## Exploring the development of a training dataset for use in the development of machine learning risk prediction models to identify people who inject drugs (PWID) within ACCESS

<b>Approval date:</b>	10 August 2021
<b>Lead:</b>	Carol El-Hayek (Burnet Institute)
<b>Proposed Co-Authors:</b>	Author list has yet to be determined. 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To identify ACCESS data that are suitable for use in a training dataset for the development of machine learning models that can identify people who inject drugs (PWID).
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Completed 2022

## Evaluation of the EC partnership community program in Victorian ACCESS clinics

<b>Approval date:</b>	10 August 2021
<b>Lead:</b>	Michael Traeger (Burnet Institute)
<b>Proposed Co-Authors:</b>	Alisa Pedrana, Michael Traeger, Anna Wilkinson, Tim Spelman, Jason Asselin, Joseph Doyle, Mark Stoové, Margaret Hellard 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	1. Explore the impact of EC nurse support on HCV related outcomes at Victorian ACCESS / EC sites 2. Estimate the contribution of EC to Victorian treatment targets and incidence and prevalence reductions
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress



## HIV and Renal Disease in Aboriginal & Torres Strait Islander People in Australia, 2007-2020

<b>Approval date:</b>	22 February 2021
<b>Lead:</b>	A/Prof Catherine O'Connor (Kirby Institute)
<b>Proposed Co-Authors:</b>	A/Prof David Gracey, Prof James Ward, Dr Doug Drak, Dr Hamish McManus, Dr Jason Sines 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Primary objective: To describe the rate of loss of renal function amongst Aboriginal people with HIV in Australia and compare to other HIV infected people.</li> <li>2. Secondary Objective: To describe the relative contribution of risk factors for renal disease to the rate of decline of renal function amongst HIV infected Aboriginal people.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

## Renal effects of Pre-exposure Prophylaxis (PrEP) with Truvada amongst HIV-negative Aboriginal people

<b>Approval date:</b>	22 February 2021
<b>Lead:</b>	A/Prof Catherine O'Connor (Kirby Institute)
<b>Proposed Co-Authors:</b>	A/Prof David Gracey, Prof James Ward, Dr Doug Drak, Dr Hamish McManus, Dr Jason Sines, Dr Mark Stooove 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.



<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Primary objective: To describe the rate of loss of renal function amongst Aboriginal and Torres Strait Islander HIV-uninfected patients receiving PrEP with tenofovir disoproxil fumerate enrolled in the ACCESS database.</li> <li>2. Secondary Objective: To describe the relative contribution of risk factors, including tenofovir, for renal disease and the rate of decline of renal function amongst Aboriginal and Torres Strait Islander non-HIV-infected patients. Other risk factors include diabetes, hypertension, and proteinuria. Their contribution to an individual's risk of developing adverse renal effects with tenofovir will be examined according to an individual's burden of renal risk factors.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Trends in syphilis testing and incidence among GBM in Australia

<b>Approval date:</b>	1 December 2020
<b>Lead:</b>	Michael Traeger (Burnet Institute)
<b>Proposed Co-Authors:</b>	<p>Caroline Taunton, Jason Asselin, Carol El-Hayek, Margaret Hellard, Mark Stoové, Allison Carter, Rebecca Guy, Tobias Vickers, Prital Patel, Basil Donovan</p> <p>5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.</p>
<b>Objective(s):</b>	<p>To describe recent trends in:</p> <ol style="list-style-type: none"> <li>1. The GBM patient caseload at high-caseload GP clinics and sexual health centres</li> <li>2. The annual syphilis testing rate among HIV-positive and HIV-negative GBM</li> <li>3. The annual infectious syphilis positivity rate among HIV-positive and HIV-negative GBM</li> <li>4. The annual infectious syphilis re-infection rate among HIV-positive and HIV-negative GBM, and</li> <li>5. The annual incidence rate of syphilis infection, disaggregated by HIV and PrEP status and by disease stage (primary, secondary, early latent)</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress





**Monitoring population-level STI incidence and prevalence among PrEP users and non-PrEP users and adherence to STI testing guidelines following wide-scale PrEP implementation**

<b>Approval date:</b>	10 December 2020
<b>Lead:</b>	Michael Traeger (Burnet Institute)
<b>Proposed Co-Authors:</b>	Michael Traeger, Jason Asselin, Carol El-Hayek, Long Nguyen, Edwina Wright, Margaret Hellard, Mark Stoové, Allison Carter, Rebecca Guy, Christopher Fairly, Hamish McManus, Andrew Grulich, Tobias Vickers, Prital Patel  5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Measure STI testing rates among PrEP users and calculate the proportion of PrEP users adhering to STI testing guidelines, exploring changes over time</li> <li>2. Identify characteristics associated with adherence to STI testing guidelines</li> <li>3. Explore longitudinal changes in STI incidence and prevalence among GBM using PrEP from before PrEP implementation, during PrEP studies and after the PBS listing</li> <li>4. Measure the effect of wide-scale PrEP uptake on STI incidence among GBM using PrEP</li> <li>5. Estimate the causal effect of starting PrEP on STI incidence using a target trial approach</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	Completed 2022

**Instituting hepatitis C testing and treatment in a regional needle and syringe program**

<b>Approval date:</b>	20 July 2020
<b>Lead:</b>	Amanda Wade (Burnet Institute)
<b>Proposed Co-Authors:</b>	Christine Roder, Craig Harvey, Margaret Wardrop, Lekan Ogunleye, Michael Traeger  5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.



<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>To record the number of people tested for hepatitis C in the needle and syringe program (NSP), and the number that engaged in hepatitis C treatment at Drug and Alcohol services (DAS) or elsewhere.</li> <li>To measure the effect that the NSP HCV program had on the number of people tested and treated for hepatitis C by the GP opioid substitution providers that work in the same DAS facility as the NSP.</li> </ol>
<b>ACCESS service type(s)</b>	Barwon Health Drug and Alcohol Service <input type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Completed 2021

**Using primary care sentinel surveillance data to estimate the proportion of OST recipients receiving a hepatitis C antibody test within one year of their index OST prescription date in Victoria, Australia, 2012 to 2020.**

<b>Approval date:</b>	3 July 2020
<b>Lead:</b>	Joshua Dawe (Burnet Institute)
<b>Proposed Co-Authors:</b>	Anna Wilkinson, Jason Asselin, Michael Traeger, Michael Curtis, Mark Stoové, Margaret Hellard  5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>Identify the proportion of individuals who were prescribed OST that received an HCV antibody test within the first year of their index OST prescription.</li> <li>Quantify the number of HCV AB among individuals who were prescribed OST that are positive (positivity).</li> <li>Identify clinical and demographic factors independently associated with not receiving a HCV AB tests within 365 days of first observed OST script compared with receiving a HCV AB test.</li> <li>Ascertain whether the proportion of OST recipients who received HCV AB test within 365 days of first observed OST script has changed over time. Test for the trend in the proportion of individuals with a test within 12 months between 2012 and 2019.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Completed 2022



## Defining high incidence subgroups for bacterial sexually transmitted infections in gay and bisexual men – in preparation for clinical trials

<b>Approval date:</b>	19 June 2020
<b>Lead:</b>	Fengyi Jin (Kirby Institute)
<b>Proposed Co-Authors:</b>	Prital Patel, Hamish McManus, Rebecca Guy, Andrew Grulich, Prital Patel 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To determine subgroups of GBM, as characterised by the range of risk factors and other correlates identified through the study, who experience higher rates of bacterial sexually transmitted infections, to inform the design of clinical trials or interventions that aim to reduce the risk of STIs in the GBM population.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

## An Evaluation of ACCESS: Australia’s Enhanced Sentinel Surveillance System for Sexually Transmitted Infections

<b>Approval date:</b>	19 June 2020
<b>Lead:</b>	Caroline Taunton (Burnet Institute)
<b>Proposed Co-Authors:</b>	Carol El-Hayek, Margaret Hellard, Mark Stooze, Rebecca Guy, Basil Donovan, Emma Field 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	This evaluation of ACCESS is being undertaken in order to: <ol style="list-style-type: none"> <li>1. provide an updated overview of how ACCESS operates</li> <li>2. provide a formal forum for stakeholders to feedback on the usefulness of ACCESS as it relates to STIs, and the strengths and weaknesses of the surveillance system attributes</li> <li>3. assess the extent to which recommendations made in the 2010 evaluation have been implemented</li> <li>4. generate a suite of updated recommendations that will enhance the effectiveness, efficiency and overall usefulness of the STI surveillance system.</li> </ol>



<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	Completed 2022

### Recent trends in the epidemiology of infectious syphilis among GBM in Melbourne, Australia

<b>Approval date:</b>	19 June 2020
<b>Lead:</b>	Caroline Taunton (Burnet Institute)
<b>Proposed Co-Authors:</b>	Carol El-Hayek, Emma Field, Michael Traeger 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Describe RNA testing patterns among those with HCV post DAA treatment</li> <li>2. Describe characteristics of those who received an electronic script for HCV treatment after March 2016 who didn't return to a primary health site within the ACCESS PHC Network for a follow-up testing.</li> <li>3. Explore efficacy of DAA therapies within those treated in the ACCESS network.</li> <li>4. Explore characteristics (demographics, testing history, OST uptake) associated with treatment uptake in those RNA positive.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Completed 2021

### Virologic rebound among people living with HIV who started ART between 2012 and 2019: Survival analysis

<b>Approval date:</b>	26 May 2020
<b>Lead:</b>	Tafireyi Marukutira (Burnet Institute)
<b>Proposed Co-Authors:</b>	Proposed co-authors are to be confirmed. 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.



<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>To assess the incidence of first virologic rebound among newly diagnosed people living with HIV who started ART between 2012 and 2019</li> <li>To determine the correlates of first virologic rebound</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Opiate antagonist therapy prescribing in Victorian primary care clinics

<b>Approval date:</b>	26 May 2020
<b>Lead:</b>	Michael Curtis (Burnet Institute)
<b>Proposed Co-Authors:</b>	<p>Anna Wilkinson, Paul Dietze, Margaret Hellard, Rebecca Guy, Wayne Dimech, Basil Donovan, Carol El-Hayek, Mark Stoové</p> <p>5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.</p>
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>Quantify the number of individuals prescribed OAT annually at participating Victorian ACCESS sites from 1<sup>st</sup> January 2009 to 31<sup>st</sup> December 2019 by age and sex.</li> <li>Describe patterns of OAT prescribing including average number of scripts received, dose received and total time on OAT for all individuals.</li> <li>Explore factors relating to length of treatment episode including demographic information, OAT dose and clinic.</li> <li>Describe breaks in OAT prescribing including number of disruptions and length in disruptions, using a medication possession ratio for patients who continue non-OST related visits at participating ACCESS clinics.</li> <li>Describe concurrent testing patterns among Victorian OAT recipients for STI, HIV and hepatitis viruses.</li> <li>Describe prescribing practices of medications which may increase the risk of fatal opioid overdose among OAT recipients in Victoria.</li> </ol>
<b>ACCESS service type(s)</b>	<p>National GP, Hospital, Comm, DA Services</p> <input checked="" type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress



### Defining study population for an Ideas Grant application around new diagnostic tool for gonorrhoea

<b>Approval date:</b>	26 May 2020
<b>Lead:</b>	Prital Patel (Kirby Institute)
<b>Proposed Co-Authors:</b>	Prital Patel, Tanya Applegate 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. To investigate whether contacts visiting clinics have a higher anatomical site-specific positivity rate compared to baseline positivity reported in the PrEP-X study.</li> <li>2. To understand how anatomical site-specific positivity differs in those who report symptoms vs those who do not</li> <li>3. To understand the proportion of contacts who report being symptomatic vs those who do not.</li> </ol>
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Women living with HIV a comparison between the Australian HIV Observational Database (AHOD) and the ACCESS database.

<b>Approval date:</b>	26 May 2020
<b>Lead:</b>	Kathy Petoumenos (Burnet Institute)
<b>Proposed Co-Authors:</b>	Jolie Hutchinson, Allison Carter, Tobias Vickers, Jane Costello 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To describe women living with HIV in two Australian cohorts; AHOD and ACCESS. We will present these cohorts separately in order to compare indicators common to both cohorts in order to gain insight into women living with HIV in Australia. Standard demographics, laboratory markers and key indicators such as treatment uptake and treatment response will be presented. As there is a paucity of research on women living with HIV this descriptive cohort snapshot will provide important insight into the status of women living with HIV in Australia.



<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Using primary care sentinel surveillance to monitor hepatitis C testing and positivity in Australia, 2009 to 2019

<b>Approval date:</b>	19 May 2020
<b>Lead:</b>	Anna Wilkinson (Burnet Institute)
<b>Proposed Co-Authors:</b>	<p>Margaret Hellard, Rebecca Guy, Wayne Dimech, Basil Donovan, Carol El-Hayek, Mark Stoové, Alisa Pedrana, Michael Traeger, Joe Doyle, Alex Thompson, Jess Howell</p> <p>5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.</p>
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Quantify the number of hepatitis C antibody (HCV AB) tests performed among individuals with no previous test observed in ACCESS from 2009 or those who have tested HCV antibody negative since 2009, at primary health sites within the ACCESS PHC Network assigned as specialising in the care of people who inject drugs as well as offering general health care.</li> <li>2. Quantify the number of HCV AB (described above) that are positive (test yield).</li> <li>3. Describe patterns of HCV AB testing and positivity by age and sex by sites to provide some insight into current HCV screening patterns at selected sites.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Completed 2021



## a[TEST] Evaluation Report

<b>Approval date:</b>	5 May 2020
<b>Lead:</b>	Curtis Chan (Kirby Institute)
<b>Proposed Co-Authors:</b>	Curtis Chan, Prital Patel, Karl Johnson, Matthew Vaughan, Anna McNulty, David Templeton, Phillip Read, Benjamin Bavinton 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Assess the characteristics of men who use a[TEST] services</li> <li>2. Assess the reach of a[TEST] to target populations</li> <li>3. Evaluate the impact of a[TEST] in the HIV prevention in NSW</li> <li>4. Determine positivity rates of tests (HIV, CT, SYP, NG) conducted at any a[TEST] site</li> <li>5. Determine the number of clients who have never received an HIV test prior to attending an a[TEST] clinic.</li> </ol>
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	Completed 2021

## Tracking the testing: Patterns of follow-up testing for Hepatitis C after a planned treatment commencement from 2016 to 2019.

<b>Approval date:</b>	30 April 2020
<b>Lead:</b>	Alexander Thomas (Burnet Institute)
<b>Proposed Co-Authors:</b>	Anna Wilkinson, Jason Asselin, Michael Traeger, Mark Stoové, Alisa Pedrana, Rebecca Guy, Margaret Hellard 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Describe RNA testing patterns among those with HCV post DAA treatment</li> <li>2. Describe characteristics of those who received an electronic script for HCV treatment after March 2016 who didn't return to a primary health site within the ACCESS PHC Network for a follow-up testing.</li> <li>3. Explore efficacy of DAA therapies within those treated in the ACCESS network.</li> </ol>





	4. Explore characteristics (demographics, testing history, OST uptake) associated with treatment uptake in those RNA positive.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### The impact of the COVID-19 pandemic on HIV and viral hepatitis control and elimination efforts in Australia

<b>Approval date:</b>	30 April 2020
<b>Lead:</b>	Daniela van Santen (Burnet Institute)
<b>Proposed Co-Authors:</b>	<p>Rachel Sacks-Davis, Jess Howell, Caroline van Gement, Joseph Doyle, Michael Traeger, Jason Asselin, Mark Stoové, Margaret Hellard, Rebecca Guy, Basil Donovan</p> <p>5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.</p>
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Compare progression to each cascade stage for HIV, hepatitis C and hepatitis B between 2019 (pre-COVID era) and 2020 (COVID-era)</li> <li>2. Assess socio-demographic factors affecting cascade of care progression and whether factors differ by COVID-period (2019 vs 2020)</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Changes in STI diagnosis and testing rate during the COVID-19 pandemic in Australia

<b>Approval date:</b>	30 April 2020
<b>Lead:</b>	A/Prof Eric Chow (Melbourne Sexual Health Centre)
<b>Proposed Co-Authors:</b>	<p>Dr Prital Patel, Dr Allison Carter, Professor Christopher Fairley, Dr Marjan Tabesh, Prof Mark Stoové, Prof Basil Donovan, Prof Rebecca Guy, Prof David Templeton, A/Prof Anna McNulty</p> <p>5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.</p>



<b>Objective(s):</b>	To examine the impact of coronavirus (COVID-19) pandemic to the changes in (i) STI diagnoses (ii) testing rate (iii) sexual practices among men who have sex with men and female sex workers in Australia.
<b>ACCESS service type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Trends in HIV testing frequency among MSM not taking PrEP

<b>Approval date:</b>	29 April 2020
<b>Lead:</b>	Jennifer Dittmer (Burnet Institute)
<b>Proposed Co-Authors:</b>	Michael Traeger, Jason Asselin, Kathleen Ryan, Mark Stoove, Carol El-Hayek, Anna Wilkinson, Tafireyi Marukutira 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	To describe trends in HIV testing and retesting rates among Australian GBM not prescribed PrEP.
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Investigation of the impacts of syphilis screening on diagnosis and trend of the epidemic in Australian MSM

<b>Approval date:</b>	29 April 2020
<b>Lead:</b>	Lei Zhang (Melbourne Sexual Health Centre)
<b>Proposed Co-Authors:</b>	Professor Christopher Fairley, A/Prof Marcus Chen, A/Prof Eric Chow, Prof Basil Donovan, Dr Denton Callander, Rebecca Guy, A/Prof Lei Zhang, Mark Stoove 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.



<b>Objective(s):</b>	To examine how syphilis screening alters the epidemic and determine the most effective strategy for screening in Australian MSM, the following objectives are addressed: <ol style="list-style-type: none"> <li>1. To determine whether increasing syphilis diagnoses are due to increasing screening or expanding epidemic.</li> <li>2. To address the inequality of provision of syphilis screening in high-load specialised clinics versus other clinics (low-load and general practice clinics). At the moment, most diagnoses of syphilis are made in a few specialised high-load clinics (e.g. MSHC), but in comparison, other clinics form a much larger network. By 'decentralising' syphilis screening to low-load and GP clinics, we aim to address impact of increasing coverage/frequency in MSM.</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress

### Assessing trends of late diagnosis of HIV and the effect of late diagnosis on time to viral suppression

<b>Approval date:</b>	3 March 2020
<b>Lead:</b>	Jason Asselin (Burnet Institute)
<b>Proposed Co-Authors:</b>	Margaret Hellard, Rebecca Guy, Wayne Dimech, Basil Donovan, Carol El-Hayek, Mark Stoové, Anna Wilkinson 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.
<b>Objective(s):</b>	<ol style="list-style-type: none"> <li>1. Is the trend in late diagnosis as a proportion of annual new diagnoses of HIV among GBM decreasing over time?</li> <li>2. Do GBM with late diagnosis of HIV differ from those diagnosed earlier in their time to achieving viral suppression?</li> </ol>
<b>ACCESS service type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Status</b>	In progress



## External Projects Supported by ACCESS Data

ACCESS supports several external research studies by providing longitudinal data from specified ACCESS services. This type of research is essential to monitor health outcomes and health inequalities among patients within their cohorts and to measure impacts of intervention. Such projects are separate to ACCESS and maintain independent protocols, governance structures and ethical approvals, including engagement with sites. Below is a list of external projects supported by ACCESS data.

### Syphilaxis Study

<b>Full Title</b>	Impact of doxycycline pre-exposure prophylaxis (PrEP) on the incidence of syphilis, gonorrhoea and chlamydia in sexually active gay and bisexual men and transgender people
<b>Chief Investigator</b>	Dr Yasmin Mowat (Kirby Institute)
<b>About</b>	Measure the efficacy of doxycycline in the prevention of gonorrhoea, chlamydia and syphilis.
<b>ACCESS services type(s)</b>	<input type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Project URL</b>	<a href="https://www.syphilaxis.org">https://www.syphilaxis.org</a>
<b>Status</b>	In progress

### MG Surveillance

<b>Full Title</b>	Mycoplasma Genitalium Surveillance: burden of infection and resistance and testing patterns in Australians attending health services
<b>Chief Investigator</b>	Dr Dorothy Machalek (Kirby Institute)
<b>About</b>	<p>The overarching aims of this project are to:</p> <ol style="list-style-type: none"> <li>Investigate the characteristics of MG infection and resistance in key populations including:           <ul style="list-style-type: none"> <li>Women</li> <li>Heterosexual men</li> <li>HIV positive and HIV negative gay and bisexual men</li> <li>PrEP users and</li> <li>If feasible, travelers and overseas students</li> </ul> </li> <li>Establish a mechanism for monitoring and reporting of epidemiological data on MG infection and resistance, and adherence to guidelines over time</li> </ol>



<b>ACCESS services type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Project URL</b>	N/A
<b>Status</b>	In progress

### AHOD

<b>Full Title</b>	Women living with HIV a comparison between the Australian HIV Observational Database (AHOD) and the ACCESS database.
<b>Chief Investigator</b>	Associate Professor Kathy Petoumenos (Burnet Institute)
<b>About</b>	This study aims to describe women living with HIV in two Australian cohorts; AHOD and ACCESS. Standard demographics, laboratory markers and key indicators such as treatment uptake and treatment response will be presented. As there is a paucity of research on women living with HIV this descriptive cohort snapshot will provide important insight into the status of women living with HIV in Australia.
<b>ACCESS services type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Project URL</b>	N/A
<b>Status</b>	In progress

### The PrEP in NSW Transition Study

<b>Chief Investigator</b>	Dr Benjamin Bavinton (Kirby Institute)
<b>About</b>	<p>The <i>PrEP in NSW Transition Study</i> was initiated to follow the actions of participants of <i>EPIC-NSW</i> beyond their last interaction with the trial. It aimed to understand changing sexual behaviour, PrEP use, and knowledge and attitudes to HIV prevention over time. Specific objectives include to:</p> <ol style="list-style-type: none"> <li>1. Determine the HIV incidence of participants in the <i>PrEP in NSW Transition Study</i> cohort.</li> <li>2. Determine the incidence of gonorrhoea, chlamydia, syphilis and HCV in participants in the <i>PrEP in NSW Transition Study</i> cohort.</li> </ol> <p>Determine the frequency and comprehensiveness of sexual health screens in the 12-18 months after <i>EPIC-NSW</i>.</p>



<b>ACCESS services type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Project URL</b>	N/A
<b>Status</b>	Completed 2022

### InCHEHC

<b>Full Title</b>	InCHEHC: International Collaboration for Hepatitis C Elimination in HIV Cohorts
<b>Chief Investigator</b>	Dr Rachel Sacks-Davis (Burnet Institute)
<b>About</b>	<p>InCHEHC is an international collaboration currently comprising eight countries and 13 cohorts including cohorts with people who have HIV mono-infection and people who have current or past HIV/HCV coinfection. InCHEHC's primary aims are to:</p> <ol style="list-style-type: none"> <li>1. measure the incidence of HCV primary infection and reinfection, comparing the pre- and post-DAA periods in HIV-infected individuals;</li> <li>2. identify key risk behaviors that increase the risk of HCV primary infection and re-infection, in both men who have sex with men (MSM) and people who inject drugs (PWID) in HIV infected individuals;</li> <li>3. use mathematical modelling to estimate the required frequency of HCV follow up testing after successful treatment to achieve HCV elimination targets in those who remain at risk of infection in a range of settings.</li> </ol>
<b>ACCESS services type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Project URL</b>	N/A
<b>Status</b>	Approved 2019

### EPIC-NSW

<b>Full Title</b>	EPIC-NSW Study: Expanded PrEP Implementation in Communities
<b>Chief Investigator</b>	Professor Andrew Grulich (Kirby Institute)
<b>About</b>	EPIC-NSW aims to assess the impact of the rapid expansion in access to pre-exposure prophylaxis (PrEP) among those at high risk of acquiring HIV.



<b>ACCESS services type(s)</b>	NSW <input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Project URL</b>	<a href="https://kirby.unsw.edu.au/project/expanded-prep-implementation-communities-epic-nsw">https://kirby.unsw.edu.au/project/expanded-prep-implementation-communities-epic-nsw</a>
<b>Status</b>	Completed 2016-2019

### Deadly Liver Mob

<b>Chief Investigator</b>	Dr Carla Treloar (UNSW Centre for Social Research in Health)
<b>About</b>	The Deadly Liver Mob (DLM) is a health promotion program that aims to promote a holistic approach to healthy living, by providing Aboriginal people with bloodborne virus (particularly hepatitis C) and sexually transmissible infection (STI) education, as well as screening, testing and referrals into treatment.
<b>ACCESS services type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Project URL</b>	<a href="https://www.arts.unsw.edu.au/csrh/our-projects/deadly-liver-mob">https://www.arts.unsw.edu.au/csrh/our-projects/deadly-liver-mob</a>
<b>Status</b>	In progress 2013-current

### NSW HIV Strategy 2016-2020

<b>Lead Organisation</b>	NSW Department of Health
<b>About</b>	To virtually eliminate HIV transmission in NSW by 2020 and to sustain the virtual elimination of HIV transmission in people who inject drugs, sex workers and from mother-to-child.
<b>ACCESS services type(s)</b>	<input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Project URL</b>	<a href="https://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2016-2020.PDF">https://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2016-2020.PDF</a>
<b>Status</b>	Completed 2015



### co-EC Study

<b>Full Title</b>	co-EC Study: Eliminating hepatitis C/HIV coinfection
<b>Chief Investigator</b>	Dr Julia Cutts (Burnet Institute)
<b>About</b>	The co-EC study aims to eliminate hepatitis C/HIV coinfection in the community through scale up treatment of Hepatitis C in primary care and hospital settings. This study involves an open label, non-randomised clinical trial of hepatitis C treatment for people with HIV coinfection.
<b>ACCESS services type(s)</b>	Melbourne <input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Project URL</b>	<a href="https://www.burnet.edu.au/projects/256_co_ec_study_eliminating_hepatitis_c_hiv_coinfection">https://www.burnet.edu.au/projects/256_co_ec_study_eliminating_hepatitis_c_hiv_coinfection</a>
<b>Status</b>	Completed 2016-2019

### PRONTO!

<b>Full Title</b>	PRONTO! Evaluation Report
<b>Chief Investigator</b>	Professor Mark A Stoové (Burnet Institute)
<b>About</b>	This project evaluates PRONTO!, a peer-led community-based rapid HIV testing service for gay and men who have sex with men.
<b>ACCESS services type(s)</b>	Melbourne <input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Community-led health service <input type="checkbox"/> Drug and alcohol service <input type="checkbox"/> Pathology laboratories
<b>Project URL</b>	<a href="https://www.burnet.edu.au/projects/188_pronto_rapid_hiv_point_of_care_testing_in_victoria">https://www.burnet.edu.au/projects/188_pronto_rapid_hiv_point_of_care_testing_in_victoria</a>
<b>Status</b>	Completed 2013-2015





### PrEPX

<b>Chief Investigator</b>	Edwina Wright (Burnet Institute)
<b>About</b>	PrEPX aims to examine the impact of expanding the use of Pre-Exposure Prophylaxis (PrEP) on the rates of new HIV infections in Victoria.
<b>ACCESS services type(s)</b>	VIC <input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Project URL</b>	<a href="https://www.alfredhealth.org.au/research/research-areas/infectious-diseases-research/prepx-study">https://www.alfredhealth.org.au/research/research-areas/infectious-diseases-research/prepx-study</a>
<b>Status</b>	Completed 2017-2018

### Eliminate C

<b>Chief Investigator</b>	Margaret Hellard (Burnet Institute)
<b>About</b>	Eliminate C aims to support community-based treatment programs to increase HCV treatment uptake in PWID using nurse-led models of care in the community and the prison system, and to assess the feasibility and impact of treating PWID in community and prison populations.
<b>ACCESS services type(s)</b>	VIC <input checked="" type="checkbox"/> General practice <input checked="" type="checkbox"/> Sexual health clinic <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community-led health service <input checked="" type="checkbox"/> Drug and alcohol service <input checked="" type="checkbox"/> Pathology laboratories
<b>Project URL</b>	<a href="https://www.burnet.edu.au/projects/410_eliminate_hepatitis_c_australia_partnership_ec_australia">https://www.burnet.edu.au/projects/410_eliminate_hepatitis_c_australia_partnership_ec_australia</a>
<b>Status</b>	In progress 2018-2022