

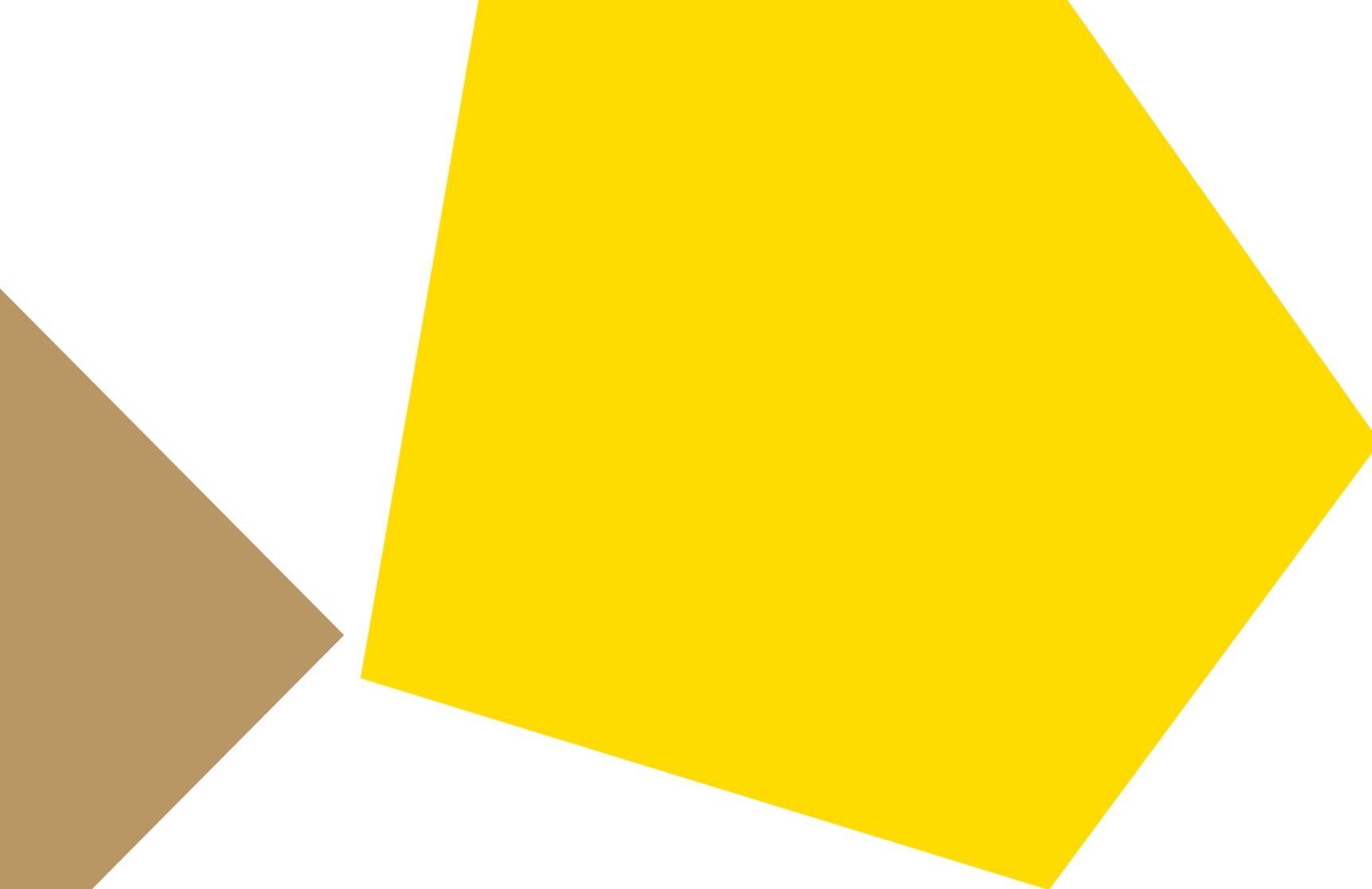
Tracking the Progress 2023:  
**National Aboriginal and  
Torres Strait Islander  
BBV and STI Strategy**



**UNSW**  
SYDNEY



**UNSW**  
Kirby Institute



© Kirby Institute, UNSW Sydney 2024

ISSN 2653-2158 (Online)

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

Kirby Institute, UNSW Sydney

Suggested citation:

King JM, McLachlan J, Romero N, Cowie B, Nguyen A, Broady T, Asselin J, Traeger M, Kwon A, Aung HL, Maher L, Heard S, Bavinton B, Holt M, Gray RT, and McGregor S. Tracking the Progress 2023: Executive Summaries. Kirby Institute, UNSW Sydney

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

## Tracking the Progress 2023: National Aboriginal and Torres Strait Islander BBV and STI Strategy

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

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

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

# Preface

*This is the final report describing progress against indicators in the National Blood-borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Plan 2018-2022. In this report, the years of reporting cover the lifetime of the strategies described in the Plan, from the end of 2017 to the end of 2022. During this period, the COVID-19 pandemic resulted in restricted access to healthcare, including testing and treatment which impacted progress against many indicators. For this reason and where appropriate, the years for comparison are also from the end of 2017 to the end of 2019 and from the end of 2019 to the end of 2022.*

- Sources of data are provided in the data dashboard on the [Kirby data site](#).
- Acknowledgement is given to the many contributors helping report progress against the National Aboriginal and Torres Strait Islander BBV and STI Strategy. The full list of contributors can be found on the Acknowledgement page of the [Kirby data site](#).
- Decisions on whether the target has been met are based on:
  - a) Meeting the target when the target is specific (e.g. increase to 80% the proportion with hepatitis B who are diagnosed);
  - b) Based on previous year's modelling estimates;
  - c) A percentage absolute change of  $\geq 2\%$  for proportions when the target is not specific (e.g. increase treatment uptake or increase vaccination coverage); or
  - d) A relative change of  $\geq 5\%$  for number/notifications when the target is not specific (e.g. reduce incidence).

# Target 1

[access full data here](#)



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

- Between 2017 and 2022, among Aboriginal and Torres Strait Islander children aged 12 months, the target of 95% hepatitis B vaccination coverage was reached in 2017 not in subsequent years, 2018–2022, with a coverage rate of 90% reported in 2020. Among Aboriginal and Torres Strait Islander children aged 24 months, hepatitis B vaccination coverage of 95% was reached for all years 2017 to 2022 with a coverage rate of 96% reported in 2022.

# Target 2

[access full data here](#)



## Achieve and maintain HPV adolescent vaccination coverage of 80%

- Among Aboriginal and Torres Strait Islander females aged 15 years, the HPV vaccination coverage rate (defined as the completion of the course of HPV vaccines) increased from 65.2% in 2017 to 83.0% in 2022. Among Aboriginal and Torres Strait Islander males aged 15 years, the HPV vaccination coverage rate increased from 55.7% in 2017 to 78.1% in 2022. The target of 80% coverage was met for females but was not met for males.

# Target 3

access full  
data here



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

## Part A: Notification Rates

### *Infectious syphilis*

- Among Aboriginal and Torres Strait Islander peoples, there were considerable increases in infectious syphilis notification rates among all reported age groups between 2017 and 2022. In 2022, notification rates were highest among those aged 20 to 24 years (234.5 per 100 000 population), 25 to 29 years (234.5 per 100 000), and 15 to 19 years (177.2 per 100 000). Breakdowns by age as well as by sex are available on the [Kirby Institute data site](#).
- By remoteness classification, between 2017 and 2022, infectious syphilis notification rates increased among Aboriginal and Torres Strait Islander peoples residing in major cities by 141% (from 35.3 to 85.1 per 100 000) and remote areas by 55% (from 176.3 to 273.4 per 100 000). In regional areas, the infectious syphilis notification rate declined by 48% from 125.1 per 100 000 in 2017 to 65.6 per 100 000 in 2022.

# Target 3

access full  
data here



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

## Part A: Notification Rates

### Chlamydia

- Among Aboriginal and Torres Strait Islander peoples aged 15 to 19 years, the chlamydia notification rate declined by 18% from 7451.0 per 100 000 in 2018 to 6074.0 per 100 000 in 2022. In the same period, for those aged 20 to 24 years, 25 to 29 years, and 30 to 39 years, the chlamydia notification rate fluctuated and was 3137.1, 1906.9, and 2178.0 per 100 000 in 2022, respectively. For those aged 40 years and older the chlamydia notification rate increased by 15% from 409.4 per 100 000 in 2017 to 471.1 per 100 000 in 2022. Notification rates declined among all age groups between 2019 and 2022. Breakdowns by age as well as by sex are available on the [Kirby data site](#).
- By remoteness classification, chlamydia notification rates fluctuated among Aboriginal and Torres Strait Islander peoples living in remote areas between 2017 and 2022, and in 2022, were 1666.2 per 100 000. In major cities and remote areas, the chlamydia notification rate declined between 2017 and 2022 and was 505.8 and 746.4 per 100 000, respectively. Increased access to testing and treatment is needed to reduce chlamydia notification rates among Aboriginal and Torres Strait Islander peoples, especially in the context of interruptions to health service access because of the COVID-19 pandemic.

# Target 3

access full  
data here



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

## Part A: Notification Rates

### Gonorrhoea

- Between 2018 and 2022, the gonorrhoea notification rate among Aboriginal and Torres Strait Islander peoples increased by 15% for those aged 40 years or older (from 183.4 to 211.6 per 100 000). In the same period, for those aged 15 to 19 years, the gonorrhoea notification rate declined by 11% from 1532.8 to 1359.7 per 100 000. Similarly, among those aged 25 to 29 years the gonorrhoea notification rate declined by 10% from 1388.5 to 1256.4 per 100 000. For those aged 20 to 24 years and 30 to 39 years the gonorrhoea notification rate remained stable and was 1616.4 and 1256.4 per 100 000 in 2022, respectively. Breakdowns by age and sex are available on the [Kirby data site](#).
- By remoteness classification, between 2018 and 2022, gonorrhoea notification rates remained stable among Aboriginal and Torres Strait Islander peoples residing in major cities, regional areas, and remote areas. In 2022 the gonorrhoea notification rate was 1650.6 per 100 000 in remote areas, 338.5 per 100 000 in regional areas, and 282.0 per 100 000 in major cities. Culturally appropriate targeted testing and treatment strategies developed in partnership with Aboriginal and Torres Strait Islander stakeholder groups are needed to reduce gonorrhoea notification rates especially in the context of interruptions to health service access as a consequence of the COVID-19 pandemic.

# Target 3

access full  
data here



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

Part B: Knowledge and risk behaviours

## *Condom use*

- The Goanna Survey is an Australia-wide sexual health survey of young Aboriginal and Torres Strait Islander people aged 16 to 29 years, living in urban, regional, and remote areas, and has been undertaken in 2013 (n=2877) and 2020 (n=1343). In 2020, 26% of survey participants reported consistent condom use with their sexual partners over the previous 12 months down from 38% in 2013. Also in 2020, 40% of participants reported condom use at their last sexual encounter, down from 54% in 2013.

## *BBV and STI knowledge*

- Of participants in the Goanna Survey responding to knowledge questions about STI and BBV, the median score was 7 out of 10 correct answers in 2020 (5-8 IQR).

# Target 4

access full  
data here



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

- In 2020, 60% of people aged between 16 and 29 years participating in the Goanna Survey reported ever having an STI test, up from 58% in 2013. Also in 2020, 44% of Goanna Survey participants reported having an STI test in the previous 12 months, unchanged from 2013. Greater effort is required to increase STI testing coverage among young Aboriginal and Torres Strait Islander people.

# Target 5

access full  
data here



## Eliminate congenital syphilis

- Between 2018 and 2022 the number of congenital syphilis notifications among Aboriginal and Torres Strait Islander peoples increased from five notifications in 2017 to eight notifications in 2022. Accordingly in this period, the congenital syphilis notifications rate increased from 24.5 to 34.0 notifications per 100 000 live births. This target was not met over the lifetime of the strategy.
- Among Aboriginal and Torres Strait Islander women of reproductive age (15 to 44 years), the infectious syphilis notification rate increased by 15% from 180.5 per 100 000 women in 2017 to 206.6 per 100 000 women in 2022. Significant work is required to eliminate congenital syphilis among Aboriginal and Torres Strait Islander infants.

# Target 6

access full  
data here



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

- The Australian Needle and Syringe Program Survey (ANSPS) provides serial point prevalence estimates of HIV and hepatitis C antibody prevalence, hepatitis C RNA prevalence, and monitors sexual and injecting behaviour among people who inject drugs in Australia. Among Aboriginal and Torres Strait Islander participants in the ANSPS, the proportion of people with evidence of past or current hepatitis C infection declined from 69.9% in 2015 to 35.7% in 2022. By comparison, the proportion of participants with evidence of current hepatitis C infection declined from 50.7% in 2015 to 12.2% in 2022.
- *The data for the following indicators are in development and were unavailable throughout the reporting period. 6a: Annual rate of newly acquired hepatitis C notifications among Indigenous people, 6b: Annual rate of newly acquired hepatitis C notifications among Indigenous people aged <25 years, and 6e: Proportion of Indigenous people entering custodial settings with evidence of past or current hepatitis C infection.*

# Target 7

access full  
data here



## Increase the use of sterile injecting equipment for every injecting episode

- Among Aboriginal and Torres Strait Islander participants in the ANSPS, 64.5% of participants reported using a new needle and syringe for all injections in the previous month in 2022, a decline from 73.0% in 2015. By comparison the proportion of participants who reported using another person's used needle and syringe in the previous month remained stable and was 30.7% in 2022. This target was not met over the lifetime of the strategy. Increased effort is required to increase the accessibility and use of sterile injecting equipment among Aboriginal and Torres Strait Islander people.

# Target 8

access full  
data here



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

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

- **Notification rates:** Between 2018 and 2022 the hepatitis C notification rate among Aboriginal and Torres Strait Islander people fluctuated, including a decline in notifications in 2020, likely related to the COVID-19 pandemic. In 2022 the hepatitis C notification rate was 156.2 per 100 000. This trend was similar among Aboriginal and Torres Strait Islander males and females and in 2022, the hepatitis C notification rate was 216.2 and 95.5 per 100 000 respectively.
- **Testing:** Of Aboriginal and Torres Strait Islander ANSPS participants, the proportion reporting a hepatitis C test in the previous 12 months remained stable between 2015 and 2019 and was 59% in 2019 but declined to 51% in 2022. Between 2015 and 2022, the proportion of participants who reported ever having had a hepatitis C test fluctuated between 76% and 86% and was 78% in 2022.
- Among young people participating in the 2020 Goanna Survey, 23% of participants reported having had a hepatitis C test *in the previous 12 months*, down from 32% in 2013. In the same survey, 32% of participants reported ever having a hepatitis C tests in 2020, down 42% from in 2013.
- **Treatment:** Of Aboriginal and Torres Strait Islander people participating in the ANSPS, 66% of participants reported ever having had hepatitis C antiviral treatment in 2022, up from 10% in 2015. By comparison, 27% of respondents reported having had antiviral treatment in the previous 12 months in 2022, a considerable increase on the 1% reported in 2015, but down from 39% in 2019. The significant increase in the proportion of participants reporting ever having had antiviral treatment relates to the widespread availability of direct-acting antiviral treatment, subsidised since 2016.
- *The data relating to **Indicator 8i: Proportion of Indigenous people entering custodial settings who reported having any hepatitis C antiviral treatment** and **Indicator 8j: Proportion of young (16-29 years) Indigenous people who reported having had hepatitis C antiviral treatment** are in development and were unavailable throughout the reporting period.*

# Target 9

Reduce hepatitis C attributable mortality by 30%

*Data required to report on this indicator were not available over the lifetime of the strategy.*

# Target 10

access full  
data here



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

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

- Among Aboriginal and Torres Strait Islander peoples, the hepatitis B notification rate declined from 29.4 per 100 000 in 2018 to 19.0 in 2022. A similar trend was seen among males and females with notification rates 25.1 and 13.4 per 100 000 in 2022, respectively.

# Target 11

## Reduce hepatitis B attributable mortality by 30%

*Methods to produce the data to report on this target are in development and were unavailable throughout the reporting period.*

# Target 12

access full  
data here



## Reduce the incidence of HIV transmissions

- Between 2017 and 2022, the HIV notification rate among Aboriginal and Torres Strait Islander people declined by 27% from 4.4 to 3.2 notifications per 100 000 population. For females, the notification rate declined by 57% from 2.1 to 0.9 notifications per 100 000. Among males, the notification rate declined by 16% from 6.7 to 5.6 notifications per 100 000. These trends should be interpreted with caution due to small numbers of notifications.
- Between 2017/2018 and 2021/2022, the proportions of HIV notifications classified by attributable exposure fluctuated among Aboriginal and Torres Strait Islander people due to small numbers of notifications. In 2021/2022 45% of notifications were attributed to male-to-male sex, 14% were attributed to male-to-male sex and injecting drug use, 19% were attributed to heterosexual sex, 19% were attributed to injection drug use and 2% were attributed to other exposures. Detailed breakdowns by year grouping are available on the [Kirby Institute's data site](#).
- Of notifications in 2021/2022, 33% of those with an exposure classification of male -to-male sex and injection drug use had evidence of newly acquired infection. Of those with an exposure classification of male-to-male sex, heterosexual sex, injection drug use, or other exposures, 32%, 25%, 25%, and 0% had evidence of newly acquired infection, respectively. Further breakdowns by year grouping are available on the [Kirby data site](#). Due to small numbers these proportions should be interpreted with caution.
- Between 2017 and 2022, the HIV notification rate among Aboriginal and Torres Strait Islander people declined by 20%, 75% and 7% for those living in major cities, regional areas and remote areas, respectively. In 2022, the HIV notification rate was 11.8 per 100 000 in major cities, 2.5 per 100 000 in regional areas, and 16.9 per 100 000 in remote areas.

# Target 13

access full  
data here



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

- Between 2017 and 2022, the proportion of Aboriginal and Torres Strait Islander people living with HIV who were diagnosed increased from 91% to 97%, meeting the strategy target. Modelled estimates are being developed to measure the progress towards reaching the targets of 95% of those diagnosed being in care and 95% of those on treatment to have a suppressed viral load. As these data become available, they will be presented on the Kirby Institute’s data site and in relevant reports.
- Between 2017 and 2022, among Aboriginal and Torres Strait Islander participants in the ANSPS, the proportion who reporting testing for HIV in the previous twelve months declined from 55% to 47%.
- Between 2017/2018 and 2021/2022 the proportion of Aboriginal and Torres Strait Islander people diagnosed with late-stage HIV fluctuated between 25.0% and 35.3% and was 35.1% in 2022.
- Among Aboriginal and Torres Strait Islander participants of the ANSPS, the HIV prevalence was 3.6% in 2017, 2018, and 2019, and then declined to 2.3% in 2022. These numbers must be interpreted with caution due to small numbers.
- *Data relating to **Indicator 13f: Prevalence of HIV among Indigenous people in custodial settings are in development and were unavailable throughout the reporting period.***

# Target 14

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

*Methods to produce the data to report on this target are in development and were unavailable throughout the reporting period.*

# Appendix

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

# Appendix

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

# Appendix

National Aboriginal and Torres Strait Islander BBV and STI Strategy		
Indicator		Data source
<b>Target 8</b>	<b>Increase the proportion of people living with hepatitis C who are diagnosed to 90% and the cumulative proportion who have initiated direct acting antiviral treatment to 65%.</b>	
<b>8b</b>	Annual rate of hepatitis C notifications (newly acquired and unspecified) in Indigenous people.	National Notifiable Diseases Surveillance System (NNDSS)
<b>8c</b>	Proportion of Indigenous people accessing needle and syringe programs (people who inject drugs) who reported having a hepatitis C test in the previous 12 months.	Australian Needle Syringe Program Survey
<b>8d</b>	Proportion of Indigenous people accessing needle and syringe programs (people who inject drugs) who report ever having a hepatitis C test.	Australian Needle Syringe Program Survey
<b>8e</b>	Proportion of young (16–29 years) Indigenous people who reported ever having a hepatitis C test.	The Goanna Survey 2
<b>8f</b>	Proportion of young (16–29 years) Indigenous people who reported having a hepatitis C test in the last 12 months.	The Goanna Survey 2
<b>8g</b>	Proportion of Indigenous people who inject drugs who reported ever having had hepatitis C antiviral treatment.	Australian Needle and Syringe Program Survey
<b>8h</b>	Proportion of Indigenous people who inject drugs who reported having had hepatitis C antiviral treatment in the last 12 months.	Australian Needle and Syringe Program Survey
<b>Target 9</b>	<b>Reduce hepatitis C attributable mortality by 65%.</b>	
<b>9a</b>	Estimated number of Indigenous people with decompensated cirrhosis, hepatocellular carcinoma and liver related deaths.	Not yet reported
<b>Target 10</b>	<b>Increase the proportion of people living with hepatitis B who are diagnosed to 80%; receiving care to 50%; and on antiviral treatment to 20%.</b>	
<b>10a</b>	Annual rate of hepatitis B notifications (newly acquired and unspecified) in Indigenous people.	National Notifiable Diseases Surveillance System (NNDSS)
<b>10b</b>	Proportion of Indigenous people entering custodial settings with evidence of past or present hepatitis B infection.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)
<b>Target 11</b>	<b>Reduce hepatitis B attributable mortality by 30%.</b>	
<b>11a</b>	Estimated number of deaths in Indigenous people due to chronic hepatitis B related to decompensated cirrhosis and hepatocellular carcinoma.	Not yet reported

# Appendix

## National Aboriginal and Torres Strait Islander BBV and STI Strategy

Indicator	Data source
<b>Target 12 Reduce the incidence of HIV transmissions.</b>	
<b>12a</b> Annual notification rate of HIV in Indigenous people.	State and territory health authorities
<b>12b</b> Number of HIV notifications in Indigenous people by exposure category.	State and territory health authorities
<b>12c</b> Proportion of new HIV diagnoses among Indigenous people who had evidence of recent HIV infection by exposure category	State and territory health authorities
<b>12d</b> Annual rate of HIV notifications in Indigenous people by remoteness area.	State and territory health authorities
<b>12e</b> Incidence of HIV in Indigenous people who inject drugs attending needle and syringe programs.	Not yet reported
<b>12f</b> Proportion of young (16–29 years) Indigenous people who reported that they were HIV positive.	The Goanna Survey 2
<b>12g</b> Proportion of young Indigenous people (16–29 year olds) who reported using condoms consistently with sexual partners in the previous 12 months.	The Goanna Survey 2
<b>12h</b> Proportion of young Indigenous people (16–29 year olds) who reported using a condom during their last sexual encounter.	The Goanna Survey 2
<b>Target 13 Achieve the 95–95–95 HIV diagnosis and treatment targets:</b>	
<b>13a</b> Proportion of Indigenous people living with HIV who are diagnosed.	State and territory health authorities
<b>13b</b> Proportion of Indigenous people who inject drugs accessing needle and syringe programs who have been tested for HIV in the previous 12 months.	Australian Needle Syringe Program Survey
<b>13c</b> Proportion of young (16–29 years) Indigenous people who reported ever having a HIV test.	The Goanna Survey 2
<b>13d</b> Proportion of new HIV diagnoses in Indigenous people with a late diagnosis of HIV (CD4 count<350 cell/μL).	State and territory health authorities
<b>13e</b> Prevalence of HIV among Indigenous people who inject drugs attending needle and syringe programs.	Australian Needle Syringe Program Survey
<b>13f</b> Prevalence of HIV among Indigenous people in custodial settings.	National Prison Entrants' Blood Borne Virus Survey (NPEBBVS)

# Appendix

## National Aboriginal and Torres Strait Islander BBV and STI Strategy

Indicator	Data source
<b>Target 14</b> Reduce the reported experience of stigma among Aboriginal and Torres Strait Islander people with BBV and STI, and the expression of stigma, in relation to BBV and STI status.	
<b>14a</b> An indicator to monitor this target is currently unavailable. Options will be explored to develop an indicator that informs strategies and activities in a meaningful way.	Not yet reported