

2022 SIREN SYMPOSIUM PROGRAM

**Breaking out and breaking through:
outbreak responses for and from the
sexual health and blood-borne virus sector**

**24 June 2022
Novotel Langley Hotel**

Welcome!

This year marks a decade since the WA Department of Health first funded Curtin University to nurture the fledgling WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) and effectively realise its potential. At that time there was recognition that WA had specific research and evaluation needs and a desire to build specific WA capacity to address local issues and SiREN was established to address these gaps.

It is a potential that has well and truly been realised. The sheer scale of SiREN's outputs and achievements belie the relatively small size of both the WA sexual health and blood-borne virus (SHBBV) sector, and SiREN's core team of staff.

Today, our network comprises 481 members who work together to build the evidence-base for the effective prevention and management of sexually transmissible infections and blood-borne viruses in WA. With the support and expertise of these members, SiREN has published over 60 peer-reviewed articles and 23 reports, hosted four symposia, made over 70 contributions to professional conferences and contributed to the development of state and national policy and strategy. As part of the sector's commitment to continuous quality improvement, we have also supported and built the capacity of partner agencies to undertake research to inform program design and evaluation.

SiREN is now recognised as a key player in SHBBV research at a national level. SiREN leads and collaborates on numerous multi-jurisdictional projects; these currently include the ARC-funded Migrant Blood Borne Virus and Sexual Health Survey (MiBSS), the NHMRC-funded *Enhancing behavioural surveillance to address gaps and disparities in Australia's HIV response in a changing HIV epidemic* project, the *International Sexual Health and Reproductive Health Survey (I-SHARE)*, and the *Community of Practice for Action on HIV and Mobility (CoPAHM)*.

Throughout its journey, SiREN has demonstrated a steadfast commitment to training and mentoring the next generation of SHBBV researchers through the involvement of PhD, Master's, Honours and undergraduate placement students in its activities. Many of these students have gone on to lead important sector initiatives, work in partner agencies, and build the available evidence base by publishing in high-impact journals.

This year's Symposium theme acknowledges that the strength of the SHBBV sector is based on our ability to work collaboratively in response to change. The sector's experience of the recent COVID-19 pandemic is just the latest example of its capacity to learn, innovate and adapt. Over the last decade, other examples have included the sector's response to localised outbreaks of syphilis, the emergence of new testing technologies, therapeutic advances including direct acting antiretrovirals and pre- and post-exposure prophylaxis, changes in patterns of drug use and sexual behaviour, and the recognition of the need for increased focus on issues relating to population mobility and migration.

Today's event offers an opportunity to celebrate what makes our sector strong – namely, our commitment to learn and work together to constantly improve service delivery and health outcomes in the context of ever changing epidemiological, social, and political landscapes.

It also offers an opportunity to acknowledge and thank both past and present staff, management team members, Project Steering Group members and collaborators; without these talented and passionate people SiREN's successes could not have been realised.

We thank you for your support over the last 10 years, and we look forward to working with you for many more.

The SiREN Management Team

Roanna Lobo, Gemma Crawford, Jonathan Hallett, Jacqui Hendriks, Jonine Jancey and Daniel Vujcich

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Symposium sundowner and networking

Date: Friday 24 June 2022

Time: 5.05pm – 6.05pm

Where: Novotel Langley Hotel
221 Adelaide Terrace, Perth WA 6000

Acknowledgement of Country

The WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network acknowledges the traditional owners of the land on which Curtin Perth is located, the Wadjuk people of the Nyungar Nation. We pay our respects to Elders past, present and emerging. We recognise the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples and their critical contribution to the life of our region. We appreciate the vital contribution of Aboriginal and Torres Strait Islander people to the public's health.



Program in detail

FRIDAY 24 JUNE 2022

Theme	Time	Description
Introduction	8:30am	Foyer Registration
	9:10am	Master of Ceremonies Dr Daniel Vujcich, Collaboration for Evidence, Research and Impact in Public Health (Curtin University) Welcome to Country Prof Simon Forrest Address from Curtin University Prof Archie Clements
Impact of COVID-19 on sexual health and blood-borne viruses	9:35am	The impact of COVID-19 on gay and bisexual men's HIV-related behaviour: results from the Perth Gay Community Periodic Survey Professor Martin Holt (University of New South Wales)
	9:50am	Close contact: single people's experience of connection and isolation in lockdown Hanna Saltis (Curtin University)
	10:05am	The sexual and reproductive health impact of COVID-19 on people living in Australia Dr Jacqueline Coombe (University of Melbourne)
	10:20am	Lessons learned from false positive COVID-19 point of care tests in remote Aboriginal communities and the implications for point of care testing for other infections, including STIs and BBVs. Dr David Speers (Path West)
	10:35am	Moderated Panel Discussion and Q&A
Morning Tea	10:50am - 11:10am	
Ways the sexual health and blood-borne virus sector has adapted to COVID-19	11:10am	Innovative adaptations in youth sexual health education, in response to COVID-19 Lorna Geraghty (Youth Affairs Council of Western Australia)
	11:25am	The implications of COVID-19 on Aboriginal sexual health and relationship program delivery Sian Dooley (Sexual Health Quarters)
	11:31am	Achieving sexual health promotion during a pandemic Ragilen Kristnasawmy (Aboriginal Health Council of Western Australia)
	11:46am	We are one but we are many: implementing and disseminating the international reproductive and sexual health (I-SHARE) study in the context of a global pandemic Hanna Saltis (Curtin University)
	12:01pm	Harm reduction during a pandemic: impact of COVID-19 on service delivery, PBHRWA's response and contingency planning as an essential service Kevin Winder, Jodie Savage (Peer Based Harm Reduction Western Australia)
	12:16pm	Moderated Panel Discussion and Q&A
Lunch	12:35pm - 1:15pm	

Program in detail (continued)

FRIDAY 24 JUNE 2022

Theme	Time	Description	Theme	Time	Description
Session A Other outbreaks and areas of emerging concern within the sexual health and blood-borne virus sector	1.15pm	Syphilaxis Study Bridget Haire (University of New South Wales)	Session B Reaching and engaging with priority populations	1.15pm	Impact of interventions that aim to increase hepatitis B testing, treatment and/or monitoring among migrants from CALD backgrounds: A rapid review Kahlia McCausland (SiREN)
	1.30pm	#SyphilisOutbreakWA – A youth lead response to the syphilis outbreak in Western Australia Lorna Geraghty (Youth Affairs Council of WA)		1.30pm	Multicultural community leader regional extension project – Hepatitis B Amanda Siebert (HepatitisWA)
	1.45pm	Delivering an alternative community response to the recent syphilis outbreak in priority populations Leanne Myers (Peer Based Harm Reduction WA)		1.36pm	Promoting sexual health through a whole-school approach Felicia O’Keeffe (Sexual Health Quarters)
	2.00pm	Syphilis is on the move – the development and implementation of a state-wide Gap Analysis Tool Rachael Laing (Sexual Health Quarters)		1.42pm	Western Australian parents and their support for school-based relationships and sexuality education Jacqui Hendriks (Curtin University)
	2.06pm	Unique antimicrobial susceptible lineages of Neisseria gonorrhoeae predominate in remote regions of Western Australia Charlene Kahler (University of Western Australia)		1.57pm	Sexual Health and Relationships Education Program for Young Parents Bronwyn Jones (Sexual Health Quarters)
	2.21pm	Moderated panel discussion and Q&A		2.12pm	Western Australian youth and their experiences of sexual health services: An online survey and qualitative interviews Roisin Glasgow-Collins, Jacqui Hendriks (Curtin University)
			2.33pm	EmbraceU – Trans and Gender Diverse Sexual Health Maddi Whittle (Sexual Health Quarters)	
			2.39pm	FIFO Sexual Health Project Maddi Whittle (Sexual Health Quarters)	
Break	2.45pm – 3.00pm				

FRIDAY 24 JUNE 2022

Theme	Time	Description
Identifying and responding to structural and systematic factors that impact community transmission and outbreaks	3.00pm	The structural and systematic factors that drive HIV and COVID-19 transmission Raiza Beltran (University of California Los Angeles)
	3.15pm	How Do We Balance Tensions Between COVID-19 Public Health Responses and Stigma Mitigation? Learning from HIV Research Carmen Logie (University of Toronto)
	3.30pm	mHealth in a time of COVID-19: A case study evaluation of a mobile application for people who inject drugs Karina Reeves, Tamara Lipscombe (Curtin University)
	3.45pm	Taking it to the Streets: Genuine Peer Involvement Increases Access to HCV Testing and Uptake of HCV Treatments Paul Jeffrey, Jodie Savage, Leanne Myers (Peer Based Harm Reduction Western Australia)
	4.00pm	Peer Harm Reduction Education; Valuing that which we cannot measure Peta Gava, Angela Corry, Paul Dessauer (Peer Based Harm Reduction Western Australia)
	4.15pm	A qualitative investigation of Western Australian service providers' experiences prescribing Pre-Exposure Prophylaxis (PrEP) Melissa Coci (WA Health)
	4.30pm	Moderated panel discussion and Q&A
4.45pm - 4.55pm	Closing remarks Daniel Vujcich (Curtin University, SiREN)	
5.55pm - 5.05pm	Closing remarks Lisa Bastian (WA Health)	
5.05pm	Networking Sundowner	

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The Symposium showcases evidence-based practice.”

Invited speakers



Welcome to Country

Professor Simon Forrest

Simon Forrest was born and raised in Wadjuk country (Perth). He has connections to country at Goomalling (Balardong), Swan Valley (Wajuk), Mt Magnet (Badimaya) and Leonora (Wongutha). Previously, Simon has worked in the public sector in senior managerial positions in education and curriculum and Indigenous affairs policy and implementation. Furthermore, he trained as a primary school teacher and has worked in schools in several Aboriginal communities and rural towns. Simon was the Inaugural Head of KurongKurl Katijin School of Indigenous Australian Studies at ECU, and the former Elder in Residence at Curtin University.



How do we balance tensions between COVID-19 public health responses and stigma and mitigation? Learning from HIV research

Associate Professor Carmen Logie, University of Toronto

Dr. Carmen Logie is an Associate Professor at Factor-Inwentash Faculty of Social Work, University of Toronto. She is an Adjunct Scientist at Women's College Research Institute, and Adjunct Professor, United Nations University Institute for Water, Environment & Health, and Research Scientist, Centre for Gender & Sexual Health Equity. She holds the Canadian Research Chair in Global Health Equity and Social Justice with Marginalized Populations. Recently, Carmen was a guideline development member for the WHO Consolidated Guidelines on Self-care Interventions for Health: Sexual and Reproductive Health & Rights.



Lessons learned from false positive COVID-19 point of care tests in remote aboriginal communities and the implications for point of care testing for other infections, including STIs and BBVs

Dr David Speers, Path West

Clinical Associate Professor David Speers is QEII Head of Department, Microbiology, PathWest and Clinical Associate Professor at the University of Western Australia. His recent work has focused on the COVID-19 response, respiratory viral infections, STI notifications in remote Australian regions and molecular testing in chlamydia and gonorrhoea.



Syphilaxis Study

Dr Bridget Haire,
Kirby Institute,
University of New South
Wales

Dr Bridget Haire is a Senior Research Fellow at the Kirby Institute, and an associate of the Australian Human Rights Institute. She lectures in public health and medical ethics at the University of New South Wales. Prior to academia, Bridget worked in HIV and sexual and reproductive health for more than 20 years as a journalist, editor, policy analyst and advocate. From 2015-18 Bridget was President of Australian Federation of AIDS Organisations (AFAO) and a member of the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections.



The sexual and reproductive health impact of COVID-19 on people living in Australia

Dr Jacqueline Coombe,
University of Melbourne

Dr Jacqueline Coombe is a Research Officer at the Melbourne School of Population and Global Health, University of Melbourne. She currently working on a National Health and Medical Research Council funded Partnership Grant which aims to develop a model for strengthening chlamydia case management in general practice. Jacqueline's recent work has focused on (non-) use of long-acting reversible contraception, and pregnancy intention.



The structural and systematic factors that drive HIV and COVID-19 transmission

Dr Raiza Beltran

Dr. Raiza Beltran is a T32 postdoctoral fellow in global HIV prevention research at UCLA David Geffen School of Medicine, Infectious Disease Department. Her research is focused on examining the determinants of poor sexual health outcomes, such as the rising HIV and STI infection rates, among young adults in Low to Middle Income Countries (LMIC) and diverse minority youth in the U.S. She is currently working in collaboration with academic and community-based stakeholders to evaluate pharmacist-delivered HIV prevention medication in hardly-reached areas across California. Dr. Beltran recently co-authored an invited review article in *Current HIV/AIDS Reports* which identify the structural and systematic factors that drive HIV and COVID-19 transmission.

Abstracts

The impact of COVID-19 on gay and bisexual men's HIV-related behaviour: results from the Perth Gay Community Periodic Survey

Professor Martin Holt¹, Curtis Chan¹

¹ Centre for Social Research in Health, University of New South Wales

The 2021 Perth Gay Community Periodic Survey included questions to assess the effect of COVID-19 on gay and bisexual men's (GBM) sexual behaviour, HIV testing, treatment, and use of prevention. Cross-sectional surveys of GBM were conducted during PrideFEST (Oct-Nov) with peer recruitment by WA AIDS Council at venues and events. Online recruitment was added in 2016. Data from 5 rounds (2014-21) were analysed for trends in key indicators (tested with logistic regression). 3,961 GBM participated (2014-21). Online recruitment increased from 28% in 2016 to 53% in 2021 ($p < .001$). In 2021, 31% had fewer sex partners because of COVID-19, and 88% had received two COVID-19 vaccine doses. Recent (annual) HIV testing had increased from 66% in 2014 to 72% in 2019 but fell in 2021 to 69% (non-significant trend). Higher frequency testing became less likely in 2021. HIV treatment among HIV-positive participants was unaffected by COVID-19, increasing from 81% in 2014 to 98% in 2021 ($p < .05$). PrEP use increased from 1% in 2014 to 28% in 2021 ($p < .001$). Most PrEP users (70%) reported using PrEP less often due to COVID-19 e.g. 21% were using PrEP 'on demand' in 2021. 'Net prevention coverage' (the use of any safe sex strategy) during casual sex increased from 64% in 2014 to 74% in 2021 ($p < .001$). Apart from a decline in testing frequency, most HIV-related indicators have improved among GBM in WA, despite COVID-19. Prevention coverage has increased, although GBM appear to have modified the way they take PrEP in response to the pandemic.

Close contact: Single people's experiences of connection and isolation in lockdown

Hanna Saltis^{1,2}, Karina Reeves^{1,2,3},
Sharyn Burns^{1,2}

¹ Collaboration for Evidence Research and Impact in Public Health, Curtin University

² The Relationships and Sexuality Education Project

³ WA Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network

Little is known about the sexual health and well-being of young single people during COVID-19 isolation measures. The International Sexual Health and Reproductive Health (I-SHARE) Study examined the impact of COVID-19 on sexual and reproductive health and wellbeing across 30 countries. Single people aged 18 – 35 participated in 30 – 90-minute, semi-structured interviews, giving insight into Australian single people's relationships, sexual health and wellbeing during lockdown measures. Data were analysed using thematic analysis. A realist method was employed with the aim of reporting experiences and the reality of participants. The transcriptions and coding were managed using the NVIVO software. Twelve participants discussed their experiences of sexual health and wellbeing during the COVID-19 isolation measures. Four themes were developed: 1) We live in a society, 2) Connection, 3) Home alone, and 4) Storm clouds and silver linings. Some participants cited online-dating fatigue and lack of physical human connection as sources of stress, while others experienced very little change in their sexual and romantic wellbeing. Maintaining connections was vital to remedy feelings of isolation and bolster mental health. All participants demonstrated resilience in the face of multifaceted challenges during this time. The impact COVID-19 had on young singles highlights the need for targeted mental health interventions. These findings can assist in informing policy and practice to enhance sexual health and wellbeing.



Innovative adaptations in youth sexual health education, in response to COVID-19

Lorna Geraghty¹

¹ Youth Affairs Council of WA

The Youth Educating Peers (YEP) Project is a peer lead sexual health education project. A key focus of YEP's work is to increase young people's engagement with local sexual health services and increase youth STI testing rates. To address stay at home orders and social distancing measures, the peer educators created a suite of youth friendly resources including social media tiles, infographics, educational tutorial videos and short videos responding to popular TikTok trends. This was accompanied by online professional development for the youth sector. These resources promoted local self-testing services and information on how to self-collect. In addition, the content provided a peer perspective on what it was like to get tested. The peers conducted this work independently, and in some cases in partnership with local services where they were providing collection and drop off testing sites. The campaign was a huge success and resulted in a significant increase in the YEP crew's social media following. Significant outcomes have included an increase in: engagement with regional and remote young people and youth workers; engagement from target populations; social media following; SHBBV knowledge of young people and the youth sector; new clients/services; and, development of culturally appropriate content. Continuation of a hybrid model of online and face to face delivery should continue and be replicated.

The implications of COVID-19 on Aboriginal sexual health and relationship program delivery

Sian Dooley¹

¹ Sexual Health Quarters

COVID-19 has influenced the way that relationship and sexual health education is accessed, delivered and promoted amongst Aboriginal communities in Western Australia. Restrictions to work, travel and events have significantly impacted opportunities to share knowledge, develop skills and build capacity amongst Aboriginal workers. The Aboriginal health sector has been impacted by limited resources, especially within regional and remote communities, highlighting the need for innovative strategies. The consideration of moving sexual health education to a digital landscape, raises concerns around maintaining cultural safety. Sexual Health Quarters are conducting a review to explore other effective ways to engage and support Aboriginal communities, assessing if there is a need for increased digital support in the future. A comparative analysis will be conducted, to consider the differences and similarities of two Indigenous sexual health programs, and their engagement response to COVID-19. SHQ will survey its own course participants from 2020 and 2021, to identify how the pandemic, or other barriers, affected program delivery. Surveys with this group will establish if there is a community need for online networking resources and post-course support, to counteract their experience of socially isolating health control measures. This abstract is based on an ongoing evaluation, with no conclusive findings at this stage. It is anticipated that by June 2022, there will be evidence to inform a greater level of collaboration for Aboriginal sexual health promotion. COVID-19's impact on community collaboration shouldn't make us indifferent to building and maintaining connections. There's nothing sexy about a sector of silos.

Abstracts (continued)

Achieving sexual health promotion during a pandemic

Ragilen Kristnasawmy¹, Katiska Davis¹,
Veronica Walshe¹

¹ Aboriginal Health Council of Western Australia

Rates of syphilis continue to rise amongst Aboriginal and Torres Strait Islanders people in Western Australia (WA). Barriers exist to delivering sexual health education to Aboriginal Community Controlled Health Services (ACCHS) staff, clients and communities in a pandemic. The Aboriginal Health Council of Western Australia (AHCWA) have developed innovative ways to deliver education, which aim to reach workforce and community, particularly young community members. Over the past six months AHCWA have developed multiple ways of engaging in sexual health education during the pandemic. These include creating a Syphilis Flipchart and board game, social media campaigns and online sexual health sessions for ACCHS staff and community-based workers. The Syphilis Flipchart was focus-tested by both ACCHS staff and young Aboriginal people, due for release in mid-2022. Using social media for education has allowed for greater engagement among the target audience as these platforms are now playing a key part in young peoples' lives. Attendance and post-evaluation data from the lunchtime online information sessions shows participants find this strategy valuable, yet there were limitations in effective yarning and evaluation data. Based on anecdotal evidence, focus testing and evaluation data delivering sexual health education in a variety of formats can help build awareness, skills and knowledge during a pandemic. Although the pandemic has limited face-to-face outreach, it has highlighted the underrated impact of online campaigns and education delivery.

We are one but we are many: Implementing and disseminating the international reproductive and sexual health (I-SHARE) study in the context of a global pandemic

Hanna Saltis^{1,2}, Jacqui Hendriks^{1,2}, Sharyn Burns^{1,2}

¹ Collaboration for Evidence Research and Impact in Public Health, Curtin University

² The Relationships and Sexuality Education Project

The International Survey of Sexual and Reproductive Health (I-SHARE) is currently exploring the impact of COVID-19 on sexual and reproductive health across 33 countries, via use of a cross-sectional survey. This presentation will document the lessons learned from the establishment of this consortium network. Qualitative and quantitative data was collected from country sites to document the varied approaches to survey implementation. Sources included data from the I-SHARE master file, and responses from each Country Lead to a separate survey asking about implementation methods. Descriptive statistics were calculated in SPSS. Qualitative data was managed and coded using NVIVO and analysed using a deductive thematic analysis approach. Thirty countries responded to the implementation survey. All administered the I-SHARE survey via an online platform. The most common methods of recruitment were unpaid social media advertisements (90%), partner organisation promotion/sharing (70%) and paid social media advertising (48%). Four overall themes were identified related to the (i) novelty of online research, (ii) importance of partnerships and collaborations, (iii) influence of context, and (iv) challenges relating to equity and access. Open-ended responses also identified a range of challenges and lessons learned regarding research implementation and dissemination. Although there may be benefits to conducting research and recruiting participants online, these preliminary findings suggest factors such as equity, access and social context can cause between country challenges. The lessons learned from this study are a useful starting point for future multi-site research projects to consider.

Harm reduction during a pandemic: Impact of COVID-19 on service delivery, PBHRWA's response and contingency planning as an essential service

Kevin Winder¹, Jodie Savage¹

¹ Peer Based Harm Reduction Western Australia

Peer Based Harm Reduction WA (PBHRWA) is committed to providing harm reduction education and access to sterile injecting equipment to reduce the risk of blood-borne virus (BBV) transmission and to provide BBV and STI testing and treatment services to people who inject drugs in WA. At the beginning of the COVID-19 pandemic, PBHRWA responded by developing a structure to prevent service closure. This was achieved through continual development of peer produced harm reduction and COVID safety information for service users, policies, and procedures for the safety of staff and consumers, initiating contactless home delivery and free postal services and modifying the way PBHRWA clinical and peer services were delivered. From July 2020 to June 2021, PBHRWA distributed 1.90 million pieces of sterile injecting equipment, over 160,000 occasions of service, and was able to maintain delivery of clinical services, peer education and outreach programs. Consistent and ongoing contingency planning enabled a swift and adaptive response to WA Health Department changes in restrictions and lockdowns. Peer produced harm reduction information and simplified resources helped consumers know what to do to be prepared and keep up to date with current advice in relation to COVID-19. PBHRWA responded to the needs of consumers, overcoming barriers to accessing services during the pandemic and preventing the potential spread of BBV. Efforts of staff encouraging consumers to access the service less often for more equipment resulted in a significant reduction in occasions of service than distribution, demonstrating the effectiveness of targeted brief interventions and peer-produced resources.

#SyphilisOutbreakWA – A youth lead response to the syphilis outbreak in Western Australia

Lorna Geraghty¹

¹ Youth Affairs Council of Western Australia

The Youth Educating Peers Project is a peer lead sexual health education project. Key aims of the YEP Project are to increase young people's sexual health knowledge through peer channels, increase STI testing and treatment uptake and increase the use of harm reduction measures in community. The YEP Project developed a peer-led social media campaign to address the syphilis outbreak in WA. Multiple youth friendly resources were created including infographics, social media tiles, posters, educational videos and short form comedic content. The young people developing the resources and providing feedback were recruited from syphilis high risk communities e.g., men-who-have-sex-with-men (MSM), culturally and linguistically diverse and Aboriginal youth, and were supported to create community specific content. The campaign was also accompanied by professional development for the youth sector. Significant outcomes have included increase in: engagement from target populations; social media following; knowledge about the syphilis outbreak, how to prevent, test and treat it by young people and the youth sector; peer conversations about the syphilis outbreak; and, development of culturally appropriate content. A multicultural and multimedia approach should continue to be adapted to address STI outbreaks in the youth population.

Abstracts (continued)

Delivering an alternative community response to the recent syphilis outbreak in priority populations

Leanne Myers¹, Angela Corry¹, Susan Carruthers¹

¹ Peer Based Harm Reduction Western Australia

As part of the WA syphilis outbreak response, Peer Based Harm Reduction WA was successful in securing grants, from the Sexual Health and Blood-borne Virus Program, to deliver mobile Syphilis Point of Care Testing (SPOCT) in the Perth Metro area and the Southwest. The aim is to make clinical STI services more approachable, affordable, acceptable and available for people who inject drugs and other disadvantaged sectors of the community. Nurses and outreach workers undertook syphilis education and health staff were trained in performing SPOCT. Consent procedures were modified to include SPOCT testing. Targeted messaging was developed to enhance service engagement and communicate messaging in relation to STI transmission and risk behaviours. Consultations were undertaken with stakeholders to provide a range of services at agency locations at pre-negotiated times. Onsite health clinics were conducted, at 20 agencies, with multiple clinics at some locations. A total of 106 consultations took place of which 62% (66) were new patients. Forty-two SPOCT and twenty-two syphilis serology tests were performed. Eight cases of current hepatitis C infection were identified. Outreach workers undertook 319 brief interventions. Implementing mobile health outreach services has been shown to be an effective strategy for screening of syphilis, offering other testing, engaging patients in sexual health education and overcoming barriers to testing. SPOCT has been shown to be an engaging and acceptable mode of testing.

Syphilis is on the move – the development and implementation of a state-wide Gap Analysis Tool

Rachael Laing¹

¹ Sexual Health Quarters

The number of syphilis notifications continues to rise in Western Australia (WA). Cases detected among heterosexual people increased by 76% in 2021 compared to the previous 12 months, particularly among females of reproductive age. Infections among Aboriginal and Torres Strait Islander people increased by 48%. Further workforce development across the state is required to ensure these priority groups are being reached in the changing health landscape of the syphilis outbreak to access regular testing and treatment. To inform workforce development, SHQ developed and implemented a Gap Analysis Tool (GAT) in mid-late 2021. The GAT was sent out to 405 contacts state-wide to complete over a two-week period. A total of 62 non-clinical and 100 clinical professionals responded the GAT, with completion rates of 76% and 82% respectively. Respondents were based across metropolitan (51%) and non-metropolitan (49%) WA. Awareness of the outbreak varied between clinicians and non-clinicians, however, knowledge gaps and low confidence in talking about syphilis with community were evident across both groups. There were differences in their preferences for future educational resourcing and professional. These findings were used to inform the development of educational resources and professional development to be produced, implemented, and evaluated in 2022. These findings demonstrate the value of conducting thorough needs analysis with the target population for any health promotion intervention. They highlight the similarities and differences in knowledge, needs and preferences between clinical and non-clinical professionals working in the sexual health sector for health promotion resources and professional development.

Unique antimicrobial susceptible lineages of *Neisseria gonorrhoeae* predominate in remote regions of Western Australia

Charlene Kahler¹, Barakat A. Al Suwayyid¹,
Ethan C. Haese¹

¹ University of Western Australia

Neisseria gonorrhoeae is the causative agent of the sexually transmitted disease gonorrhoea. In 2016, a surge in gonococcal notifications was reported in Western Australia (WA) and was accompanied by an increase in antimicrobial susceptible (AMS) isolates in the urban/rural regions of WA. However, azithromycin resistance (AziR) and decreased susceptibility to ceftriaxone (DS Cef) was also recorded during this period. To determine the provenance of the AMS, AziR and DS Cef isolates, 741 isolates were collected in 2017 were characterised by iPLEX typing and whole genome sequencing (WGS). Antibiograms and genocoding of the isolates revealed the AMS isolates were most prevalent in the remote regions, while the urban/rural regions were characterized by AMR isolates. iPLEx typing identified 78 iPLEx genotypes (WA-1 to WA-78) of which twenty genotypes accounted for over 88% of isolates. A representative isolate of each iPLEx genotype and AMR biotype was whole genome sequenced and analysed using standard typing schemes. AMS isolates in urban/rural regions were dominated by international lineages. The majority of isolates, including AziR and DS Cef isolates, could be correlated with known AMR lineages circulating globally and nationally. In conclusion, the surge in AMS isolates in WA in 2016 was due to importation of AMS susceptible lineages in the urban/rural regions, whilst the local AMS lineages remained largely in the remote regions. Bridging between the urban/rural and remote regions remains relatively rare, but continued surveillance is required to prevent ingress of AMR into the remote regions of Western Australia.

Impact of interventions that aim to increase hepatitis B testing, treatment and/or monitoring among migrants from CALD backgrounds: A rapid review

Vishnupriya Rajkumar¹, Kahlia McCausland^{1,2},
Roanna Lobo^{1,2}

¹ Collaboration for Evidence Research and Impact in Public Health, Curtin University

² WA Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network

This study aimed to identify, collate, and synthesise literature on interventions that aim to increase hepatitis B testing, treatment, and/or monitoring among migrants from CALD backgrounds living in Australia, the United Kingdom (UK), Canada, New Zealand (NZ) and the United States (US). A rapid review of literature was undertaken sourced from MEDLINE, EMBASE, SCOPUS, Google and Google Scholar. Inclusion criteria included grey and peer-reviewed literature published in English between January 2012 and December 2021. Seventeen studies met the inclusion criteria. Three levels of interventions (individual, community, structural) and two key settings (community, clinical-based health services) were identified. Most studies conducted their interventions at the individual level, and these were typically outreach testing initiatives. Only one study conducted its intervention at a structural level. All studies were successful in encouraging HBV screening uptake and 10 studies had effective linkage to care. Only two studies showed evidence of monitoring participants post-intervention. Effective interventions to prevent hepatitis B and hepatitis C-related morbidity and mortality were comprehensive public health approaches that utilised linguistic specific and culturally appropriate resources to successfully engage migrants from CALD backgrounds. Additionally, community outreach programs that educated participants about HBV transmission, screening and treatment can promote community dialogue and understanding to reduce stigma and discrimination.

Abstracts (continued)

Multicultural community leader regional extension project - Hepatitis B

Amanda Siebert¹, Virginia Pitts¹

¹ HepatitisWA

The Western Australian Hepatitis B Strategy 2019 – 2023 advocates for prevention and education by improving the health literacy of priority populations and increasing availability of vaccinations, testing, and treatment. Regional multicultural groups have proven difficult to access, as there are many stigma and trust issues. This project is an expansion of HepatitisWA's existing hepatitis B multicultural program, and aims to overcome these issues by using a community leader to create trusted partnerships that allow access to community groups. It also aims to recruit leaders and influencers to "champion" the messages core to hepatitis B and provide referrals; employ a community leader to develop trusted partnerships with existing multicultural groups; provide targeted education to communities where they meet; create networks with community leaders/influencers to be trained as local "champions"; develop pathways to local GP's services, and promote services on multicultural media platforms. The last 6-month reporting period, ten regional community partnerships were established in the Southwest, Gascoyne and Pilbara, and seven education sessions were delivered, reaching 160 multicultural community members. Of those, 91% (80 people) indicated they intend to be screened for HBV through regional pathways, three GP Pathways established in the southwest, seven community champions/influencers have been recruited, and Filipino radio Perth has promoted hepatitis B messaging through airtime and interviews. This program has gone beyond HepatitisWA's previous reach. Utilising a known and respected community leader works and has been pivotal in overcoming barriers to direct community education, and effective at recruiting leaders and developing referral pathways.

Promoting sexual health through a whole-school approach

Felicia O'Keeffe¹

¹ Sexual Health Quarters

SHQ have established a partnership with Wesley College in Perth to create and deliver a whole-school sexual health and respectful relationships program. The program complements the college's existing Health and Physical Education curriculum, but addresses knowledge and skills relating to sexual health that are difficult to cover during curriculum time. Throughout 2021, a team of staff from Wesley and SHQ completed a codesign process, developing a contextualised program to meet the needs of Year 5-12 students at the college. Across the program, students are supported to develop knowledge, skills and attitudes within the area of respectful relationships and sexuality. With an age- and stage-appropriate scope and sequence, a variety of topics are covered, including respectful friendships, puberty, LGBTI+ diversity and consent, and concepts of ethical relationships are reinforced at every year level. Students participate in two interactive workshops per year, facilitated by SHQ and supported by the students' mentor teacher. In addition to students, the whole-school program also builds the capacity of teachers and parents. Teachers are provided with professional learning and are equipped with tailored teaching materials (delivered before and after the SHQ interactive workshops). Complementing this is a series of targeted parent resources, aimed at empowering parents to continue the discussion at home with their child. Ongoing feedback collated from staff and students has been very positive, and it is our hope that this whole-school program will be rolled out in schools across Perth to improve the sexual health and wellbeing of young people.

Sexual health and relationships education program for young people

Bronwyn Jones¹

¹ Sexual Health Quarters

The Balga Teen Family sexual health education program upskills young parents by increasing their knowledge around sexual and reproductive health. Providing quality education, including about their sexual rights, empowers them to reach their potential and achieve their personal and professional goals, therefore enabling them to live healthy lifestyles. The project educates and builds the capacity of a vulnerable group (young parents who are stigmatised or experience discrimination, and may experience social/economic barriers), often from culturally and linguistically diverse backgrounds. SHQ delivers youth-friendly sessions about various topics, including contraception, STIs, pregnancy, bodies, consent and respectful relationships to young parents that are interactive and multi-modal to enable those of lower literacy to participate effectively. At the core of the program is genuine relationship building, which enables the success of the program. Participants can ask questions and learn content which they have never had the opportunity to previously do so. Barriers to accessing services are addressed by inviting a SHQ nurse to a session. This familiarises participants with a friendly face they can see at their appointment. A police officer is invited for the respectful relationship session, building trust with the young people with services relevant for them. Sessions conclude with a SHQ visit where some participants have an appointment. This would not happen without good relationships with SHQ educators, as they would not trust or feel safe in accessing the services. The program enables young people to have better knowledge of sexual health and relationships, enabling them to exercise their sexual rights.

Western Australian youth and their experiences of sexual health services: An online survey and qualitative interviews

Kahlia McCausland^{1,2}, Lorna Graham-Geraghty³,
Matthew Bacon⁴, Donna Mak^{5,6},
Joe Staniszewski⁷, Roisin Glasgow-Collins^{1,2},
Jacqui Hendriks^{1,2}

¹ WA Sexual Health and Blood Borne Virus Applied Research and Evaluation Network, Curtin University

² Collaboration for Research, Evidence and Impact in Public Health, Curtin University

³ Youth Affairs Council of Western Australia

⁴ Sexual Health & Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

⁵ Population and Preventive Health, School of Medicine, The University of Notre Dame

⁶ Communicable Disease Control Directorate, Public and Aboriginal Health Division, WA Department of Health

⁷ M Clinic, WA AIDS Council

There is limited information about Western Australian young peoples' experiences of healthcare services when seeking sexual health testing, treatment and/or information. This research sought to examine these experiences, to help improve patient pathways for this priority population. Phase one of this research involved an online survey, which was administered to youth living in WA (aged 16-25). The survey covered 10 domains and various descriptive statistics were generated. Phase two employed the use of qualitative interviews with young people (aged 18-25) living in the Perth metropolitan area. Interview transcripts were analysed using a thematic analysis approach. In phase one, data were collected from 916 youth (64% female, 31% male, 5% another gender identity), with diverse sexualities (67% heterosexual, 15% bisexual, 5% same-sex attracted). Overall, 51% of respondents (n=465) had previously interacted with a healthcare professional about sexual health, with respondents (76%, n=354) more likely to initiate the sexual health discussions than healthcare professionals. A notable number of respondents reported

Abstracts (continued)

discomfort in asking questions (18%, n=83) or requesting a test (18%, n=83), and some felt healthcare professionals made assumptions about their body or sex life (22.5%, n=105) or did not fully understand their problem (16%, n=76). Phase two involved further exploration, with eighteen interviews conducted (6 cisgender male, 12 cisgender female; 10 heterosexual, 8 other sexual orientation). Five recurring themes were identified that addressed both positive and negative experiences of testing, and motivations to access STI health services. As the study was conducted during the COVID-19 pandemic, there was ample discussion regarding how telehealth options and text-based reminders could improve access to sexual health services. Study findings highlight several areas where sexual health services could make improvements to further optimise young people's experiences of these services. Further investigation, supported by repeated cross-sectional data collection, is warranted to ensure young people have access to high quality and contemporary health care. Future research should also seek to capture the perspectives of youth based in regional Western Australia.

EmbraceU - trans and gender diverse sexual health

Maddi Whittle¹

¹ Sexual Health Quarters

The Western Australian Sexually Transmissible Infections (STI) Strategy highlights trans and gender diverse people as a priority population. Research suggests trans and gender diverse people are less likely to present for STI testing due to barriers. These can include a lack of inclusive education that is responsive and accessible. The purpose of EmbraceU was to fill this gap in education by listening to the needs of the community through meaningful consumer engagement. Funded by the WA Department of Health, this project was a partnership between SHQ and WA AIDS Council, and supported by Transfolk of WA. A total of 11 steering committee meetings were held, alongside a stakeholder reference group meeting. A total of 251 participants completed 5 surveys and a focus group to shape the project and gain insight into the needs of trans and gender diverse people in WA. From this, the website was created with the following: print resources, letter template for appointments, language guide for professionals, sexual health testing video, tips for inclusive practices, testing information for health professionals, a list of support services in WA, and a sexual safety quiz providing suggestions on how often to get tested. Consumer evaluation indicated that visitors felt affirmed when navigating EmbraceU, noting the design, layout, language, and photography creating a sense of belonging, and reflecting the community. EmbraceU is an example of how community consultation and meaningful involvement can create interventions and resources which are inclusive and accessible in multiple ways.





FIFO sexual health project

Maddi Whittle¹

¹ Sexual Health Quarters

The National STI Strategy 2018-2022 highlights mobile workers as a priority population for the prevention of STIs. There is also a gap in research exploring STIs and/or sexual health in FIFO workers. Despite trends, the FIFO workforce has been largely excluded from sexual health initiatives in WA. In response, SHQ have developed a 2-year holistic project, funded by the Commonwealth with the goal to increase rates of STI testing and treatment in FIFO populations. This project is now underway and will be completed in August 2023. Using a collaborative approach, SHQ will codesign a methodology with resource partners to increase STI testing rates, including the delivery of education sessions to FIFO workers, developing health promotion campaigns and activities delivered on site, increasing access to condoms and other safer sex methods, and exploring innovative approaches to capturing STI/BBV data in the FIFO workforce. Training for health and wellbeing staff will support them to provide testing, have conversations around sexual health with workers, and to confidently discuss referral pathways. This will be a significant change as STI testing and treatment is not typically available in village hubs. This project relies upon the strengthening of partnerships across WA. In partnership with SIREN this project will also generate research regarding sexual health and mobile workers. At the conclusion of the project, a service model will provide best practice methodology for similar initiatives to be delivered nation-wide. This innovative project will provide a unique response to changing health landscapes.

mHealth in a time of COVID-19: A case study evaluation of a mobile application for people who inject drugs

Karina Reeves^{1,2}, Tamara Lipscombe^{1,2},
Roanna Lobo^{1,2}, Kahlia McCausland^{1,2}

¹ Collaboration for Evidence, Research and Impact in Public Health, Curtin University

² WA Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network

COVID-19 has caused many life disruptions, and for people who inject drugs (PWID) may compound social, emotional, and financial vulnerabilities. Due to the sensitive nature of illicit drug use, mhealth is a promising avenue for developing public health interventions that reduce harms experienced by PWID. The research aimed to evaluate the ACE (Access, Care and Empowerment) mobile application (app) developed for PWID in Western Australia (WA). The objectives of the ACE app are to provide: (i) Access: to help people find WA based Needle and Syringe Programs (NSP), Needle and Syringe Exchange Programs (NSEP) and other health services (ii) Care: to provide information on how PWID can take care of their health; and (iii) Empowerment: to provide information on how PWID can reduce harm to themselves and others. A paper-based cross-sectional survey was administered at five NSP service provider sites in WA in August 2021 and May 2022. An online version was administered via social media and direct email to 180 pharmacies and other services accessed by PWID, and via the ACE app. Survey questions covered knowledge, attitudes, and behaviour domains. Supplementary interviews with three metropolitan NSP service providers were conducted. Survey findings and insights from NSP service providers are reflected upon to assess strengths and limitations of the app. The researchers provide a critical reflective analysis of the evaluation findings including barriers to app usage and the acceptability and role of mhealth technology to reduce harm for PWID.

Abstracts (continued)

Taking it to the streets: Genuine peer involvement increases access to HCV testing and uptake of HCV treatment

Paul Jeffrey¹, Jodie Savage¹, Leanne Myers¹

¹ Peer Based Harm Reduction Western Australia

Peer Based Harm Reduction's unique Nurse Practitioner-led health team delivers hepatitis C virus (HCV) education, testing, treatment and case management in outreach settings with populations that mainstream services often consider "difficult-to-reach." Consumers identify many barriers to accessing testing and treatment, including fear of side-effects, priorities greater than HCV, and previous experience of discrimination in healthcare settings. To address these barriers a range of peer worker projects have been implemented since 2017, including a HCV treatment support program, outreach to deliver testing and treatment in consumers' homes, HCV peer education program, and peer workers trained to perform phlebotomy and HCV rapid testing. Peer workers conduct 90% of HCV testing. The HCV Case Management program has supported 96 consumers through their treatment journey. More than 400 HCV outreach consumers have received HCV education, testing or treatment. Five-hundred and ninety-eight drug using peers have participated in the HCV peer education program. Integrating peer projects into clinical services builds rapport and trust, significantly increasing engagement with target populations. Peer workers engage with consumers from a position of trust and understanding thereby reducing fear, stigma and discrimination. This positive engagement with consumers has contributed to an increase in engagement, testing and treatment. This approach is readily adaptable by organisations with strong peer representation and involvement in their service design and delivery and demonstrates that peer organisations are best positioned to increase the uptake of testing and treatment for HCV amongst people who inject drugs.

Peer Harm Reduction Education; valuing that which we cannot measure

Peta Gava¹, Angela Corry¹, Paul Dessauer¹

¹ Peer Based Harm Reduction Western Australia

The Hepatitis C Peer Harm Reduction Education project (Hep C PHRE) recruited and trained peer-educators to teach their peers about hepatitis C (HCV) and refer people to engage with HCV testing and treatment services delivered by Peer Based Harm Reduction WA. Peer-educators share their experience of HCV treatment, credibly addressing misunderstandings, and introducing friends to a nonjudgmental service for testing and treatment. The peers reached consistently stated first-hand information received from someone they know is more trusted than the same information from a health professional. This credibility allows peer-educators to effectively refute misinformation within their networks. Their peers then act as vectors into their own extended networks and the information shared goes viral. Long after the project has ended, peer-educators continue to be of service in their communities. Over three years, 34 participants provided peer-education to 877 people, most of whom were not engaged with mainstream health services and stated they wouldn't have received the information any other way. 158 peer-referrals were collected, resulting in 63 appointments for HCV testing and/or treatment. The Hep C PHRE project was responsible for 63 "difficult-to-reach" people presenting for testing or treatment. However, there are less immediately measurable outcomes. Elimination is about more than treatment until Sustained-Virologic-Response, it is also about reducing incidences of reinfection. Elimination will not be achieved without empowering people to prioritise ownership of their health into the future; which means we need to keep these peer-to-peer conversations about HCV alive. When assessing peer-education projects, there is value in that which we cannot measure.

A qualitative investigation of Western Australian service providers' experiences prescribing Pre-Exposure Prophylaxis (PrEP)

Melissa Coci¹, Kahlia McCausland^{2,3},
Roanna Lobo^{2,3}

¹ WA Department of Health

² Collaboration for Evidence, Research and Impact in Public Health, Curtin University

³ WA Sexual Health and Blood-Borne Virus Applied Evaluation and Research Network

Service providers involved in the PrEPIT-WA participated in an evaluation to explore barriers and enablers to PrEP provision. The overall aim of this evaluation was to contribute new insights into integrating PrEP provision within existing clinical services. Areas of interest included: attitudes and expectations of service providers offering PrEP; requirements for offering PrEP to regional and remote patients; and unanticipated implementation challenges and responses. Qualitative data from service providers were collected over 18 months using in-depth semi-structured telephone interviews; a focus group; and a workshop. Data was transcribed and thematically analysed. Results relevant to PrEP provision by primary care practitioners were extracted. Barriers to prescribing PrEP were workload, misinformation, screening requirements, and provider confidence. Enablers to prescribing PrEP included PrEP clinics, upskilling staff, longer appointments, streamlined prescribing guidelines, flexible models, focus on benefits, and support from pathology and pharmacy. Enhancing PrEP prescribing by GPs, including on-demand PrEP, will require identifying support mechanisms for GPs, service delivery reform with greater utilisation of nurses, and succinct prescribing guidelines. Evaluation of nurse-led models, uptake of prescribing guidelines and ongoing monitoring of levels of PrEP prescribing by GPs and patient demand is also required. Further, in response to COVID-19, GPs could utilise telehealth as a cost and time-efficient way to engage existing and new patients in PrEP provision.

Western Australian parents and their support for school-based relationships and sexuality education

Jacqui Hendriks^{1,2}, Katrina Marson³,
Jennifer Walsh⁴, Tasha Lawton⁵, Hanna Saltis^{1,2},
Roisin Glasgow-Collins^{2,6}, Sharyn Burns^{1,2}

¹ Collaboration for Evidence Research and Impact in Public Health (CERIPH), Curtin University

² The Relationship and Sexuality Education Project (RSE Project)

³ Swinburne University

⁴ The Hum Academy

⁵ Talk Revolution

⁶ WA Sexual Health and Blood Borne Virus Applied Research and Evaluation Network (SiREN), Curtin University

Despite significant evidence that parents support school-based delivery of relationships and sexuality education (RSE), data from Western Australia (WA) is minimal. Such evidence is vital, as perceptions of parental attitudes are known to impact RSE delivery. As part of a broader national survey, a data subset was analysed to explore the attitudes of WA parents towards school-based RSE. Items replicated a recent Canadian study, and a market research company supported recruitment efforts. In total, 643 WA parents completed the online survey. Most respondents were female (70.3%), aged 35–44 years (43.2%), lived in Perth (86.0%), and had a child enrolled in a government school (70.7% primary, 63.6% secondary). Diverse religious affiliations (47.0% no religion, 18.5% Catholic, 7.8% Anglican) and voting preferences (37.0% Australian Labor Party, 16.3% Liberal/Coalition, 26.0% undecided) were reported. Overall, 92.6% of parents supported the provision of school-based RSE. A range of potential associations were analysed and will be shared. There was decisive approval for schools to address a range of RSE-related topics (n=40), and even topics with the least support were strongly endorsed: *masturbation* (88.2%), *gender identity* (87.3%), *abstinence* (87.2%), *sexual pleasure* (84.7%). Whilst most parents rated the quality of current RSE delivery to be *good-excellent* (52.8%), 29.4% were unsure if it was being delivered. Open-ended comments revealed a negligible but vitriolic level of dissent. In conclusion, WA parents are overwhelmingly supportive of school-based RSE. These findings provide a wealth of information to support RSE advocacy efforts and to contest overstated levels of parental dissent.



SiREN
WA Sexual Health and Blood-borne Virus
Applied Research and Evaluation Network

10 Years of SiREN Major Achievements

Evidence Building & Translation Research Outputs



60 published peer reviewed
journal articles



23 reports / other
publications



73 conference abstracts,
presentations, workshops,
posters



Media Outputs

In the past 12 months,
SiREN was involved in a
total of 231 media stories,
reaching a potential
cumulative audience of
700,810 people.

\$3,453,051

Total new project & grant income since 2012.



Twitter Followers

661 @SiREN_WA

286 @CoPAHM



20 evidence updates
7 case studies
4 symposia
4 short courses
6 SiREN F2F workshops
2 CoPAHM webinars

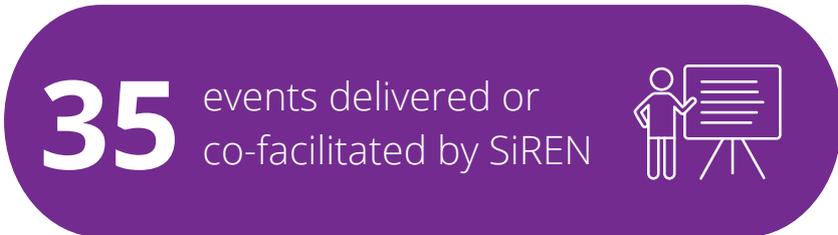


SiREN aims to strengthen evidence-informed sexual health and blood-borne viruses policy and practice in WA.



SiREN values its research linkages and collaborations with research centres, peak bodies and other external stakeholders. These include partnerships made at local, national and international levels.

Workforce Development & Capacity Building



5 PhD

6 Honours

25 Masters



Training Courses



Curtin University

Health Promotion Short Courses

Free online training courses are now available, designed to support those working in the Western Australian sexual health and blood-borne virus sector. Available on-demand, these courses will build your capabilities in planning and evaluating your health promotion activities. Visit training.siren.org.au for more info.



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Thank You

Thank you for joining us at the 2022 SiREN Symposium. We hope you will have an enjoyable day listening to the conference speakers, meeting old colleagues and making new connections.

If you are not already a member of the SiREN Network, please email siren@curtin.edu.au with SUBSCRIBE in the subject line. You will hear about future SiREN activities, and receive our e-news and evidence updates. Our e-news is your go-to source for the latest sexual health and blood-borne virus-related news, training, conferences, events, funding opportunities, jobs, and more; whilst our evidence updates provide you with bite-size summaries of the latest evidence from key sexual health and blood-borne virus journals and reports with relevance to the Australian setting.

About SiREN

SiREN is the WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network. SiREN is a partnership between researchers, service providers and policymakers working to strengthen evidence-informed policy and practice in Western Australia.

SiREN aims to:

1. Strengthen the research, evaluation and health promotion skills of people working to promote sexual health or prevent or manage blood-borne viruses.
2. Promote and facilitate opportunities for collaboration between sexual health and blood-borne virus service providers, policymakers and researchers; and
3. Foster links with national sexual health and blood-borne virus research centers and contribute to appropriate national research agendas in order to raise the profile of SHBBV concerns affecting WA.

Contact

Email: siren@curtin.edu.au

siren.org.au

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Department of **Health**
Sexual Health and Blood-borne Virus Program

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