

Clinical Leaders *Forum*

3 MARCH 2025 | MEANJIN/BRISBANE

Summary Report

Acknowledgement

We acknowledge and wholly support all Traditional Owners for their continuing connection to this country and their communities. We recognise their continuing connection to these lands and waters and thank them for protecting this country and its ecosystems since time immemorial. We pay respect to them and to their Elders past, present and emerging.

This report highlights key presentations and discussions from the Queensland Aboriginal and Islander Health Council's first Clinical Leaders Forum of 2025. The forum was held on 3 March, at the Pullman Brisbane King George Square.

The Forum commenced with a moving Welcome to Country by Yuggera and Turrbal man **Jaylen Ruska** (Tribal Experiences).

Our first presentation had QAIHC's Acting Deputy CEO **David Harmer** speaking about the National Health Reform Scheme. This was followed by **Dr Claudia Collins**, SMO at Yulu-Burri-Ba and Training Advisor for the Queensland Rural Generalist Pathway, discussing training opportunities for ACRRM and RACGP registrars in Aboriginal and Torres Strait Islander community controlled health services.

From QAIHC's design and communications teams, **Jack Carty** and **Samantha Townsend** announced the RACP-funded Sector Orientation Project. These modules will give trainees an understanding of the Australian healthcare system, how the Aboriginal and Torres Strait Islander community controlled health organisation (ACCHO) sector fits within the broader systems, and ensure trainees understand the history and significance of the ACCHO sector. While this is funded by the Royal Australasian College of Physicians, this package will be owned by QAIHC and available for use by ACCHO Member services.

Topics covered

- History of ACCHOs, including AMS Redfern (1971) and NACCHO (other than these two, the focus will be on Queensland).
- ACCHO model of care and primary health care principles.
- Aboriginal and Torres Strait Islander Health Workers (AHWs) and Health Practitioners (AHPs).
- Key health policies and systems relevant to Aboriginal health.
- Continuous Quality Improvement (CQI) and National Key Performance Indicators (nKPIs).

Figure 1: Topics covered in the Service Orientation Project modules (slide authors: Jack Carty and Samantha Townsend)

In our Queensland Health showcase, **Dr Chris Coulter** (Queensland Mycobacterium Reference Laboratory) gave a refresher and epidemiological update about tuberculosis. He also discussed the MPT64-negative Mycobacterium tuberculosis (MTB) cluster¹ which has disproportionately affected

First Nations people with 48 (89%) of the 54 cases in Queensland identifying as Aboriginal and/or Torres Strait Islander. This cluster was largely detected retrospectively with cases spread over a wide geographic area in Queensland and New South Wales. Most cases were in North Queensland.

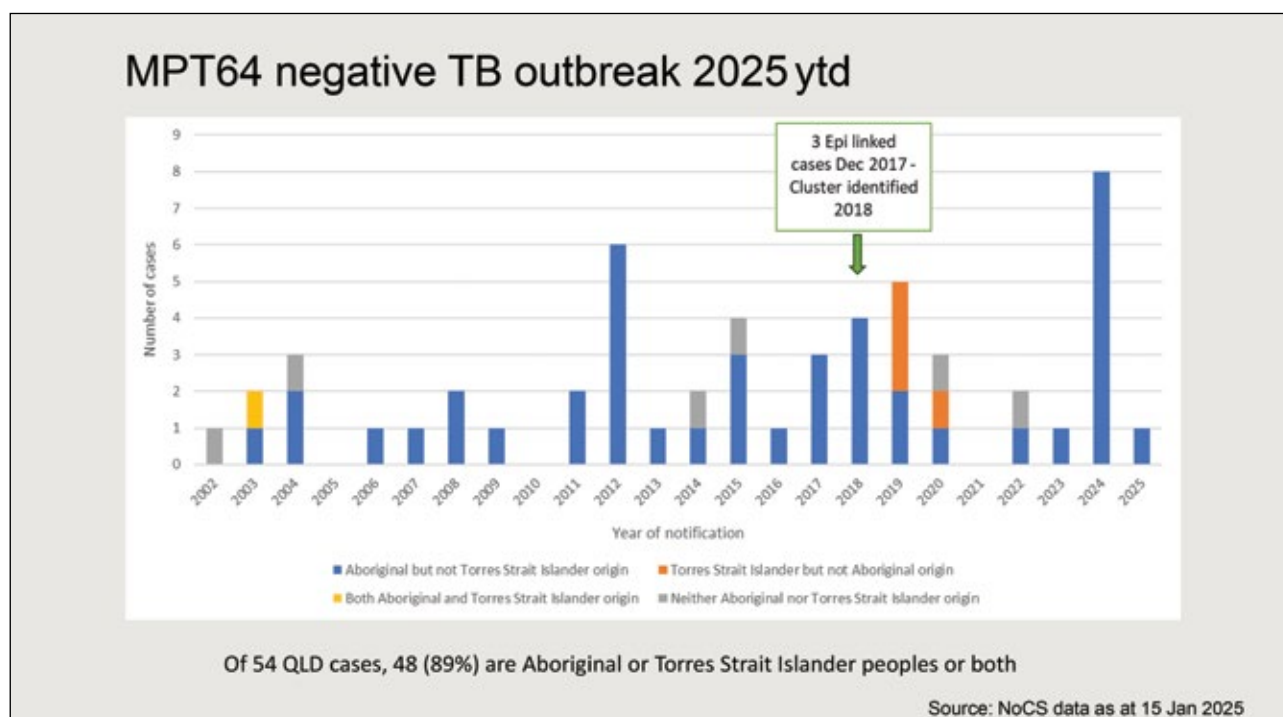


Figure 2: Bar chart of MPT64 negative TB cases from 2002 to January 2025 (slide author: Chris Coulter)

From November 2023 to date, 10 further cases of MPT64-negative MTB were notified, with eight of these cases detected in residents of the Aboriginal community of Woorabinda (170km from Rockhampton).

Dr Margaret Young (Central Queensland Public Health Unit) presented a hypothetical clinical case on tuberculosis and update on the Woorabinda TB outbreak, including the plans for a local TB screening program in conjunction with Woorabinda Multipurpose Health Service.

Notable information from this presentation and discussion that followed:

- Since November 2023, a total of eight cases have been found to be connected to the Woorabinda outbreak. Four of those were identified through screening close contacts.
- A total of 309 close contacts were identified in the community (including some in Rockhampton). Of those, 228 have participated in initial screening and 26 have been diagnosed with latent (asymptomatic/non-infectious) infection.

1. The MPT64-negative TB outbreak refers to a single Mycobacterium tuberculosis bacterium (MTB) transmission cluster of the same lineage that was identified retrospectively using whole genome sequencing. The cluster was named as such as this lineage is unique among MTB isolates for being negative for the MPT64 protein. The MPT64 protein is significant for MTB diagnostics as its presence typically signifies MTB versus a non-tuberculous mycobacterium.

- No children have been implicated as a TB case in Woorabinda (youngest case was in their teens).
- BCG vaccine coverage for children in Woorabinda is 70%. In the past year, 19 of the 28 infants born in Woorabinda have been vaccinated. Queensland Health is working to increase these numbers.
- The Woorabinda TB Screening program is projected to be local and accessible to Woorabinda residents, as it will be rolled out via the Woorabinda Multipurpose Health Service and utilise the Health Worker team for screening.

Concerns were raised by Members present regarding a lack of communications to the community and Yoonthalla Services from Queensland Health. The forum discussed the role of the BCG vaccine, which is on the National Immunisation Program for Aboriginal and Torres Strait Islander infants in Queensland, for TB control. While the vaccine does not prevent infection, it is

recommended for infants as per the schedule as it is beneficial at preventing severe infection in children. Dr Coulter advised that unfortunately the vaccine was of no benefit for adults.

Member representatives noted difficulties in accessing the BCG vaccination for Aboriginal and Torres Strait Islander children. Members note that parents need to make an appointment with the local TB unit for vaccination, and it can be a long time until an appointment is available.

Dr Katie Panaretto (Office of First Nations Health) gave an update on Japanese encephalitis virus (JEV) in Queensland, syphilis, and changes to the Rheumatic Heart Disease (RHD) register. She also highlighted a drop in childhood immunisations among all children (Indigenous and non-Indigenous) over the past two years. The only group now meeting the target 95% vaccinated is First Nations children at 5 years:

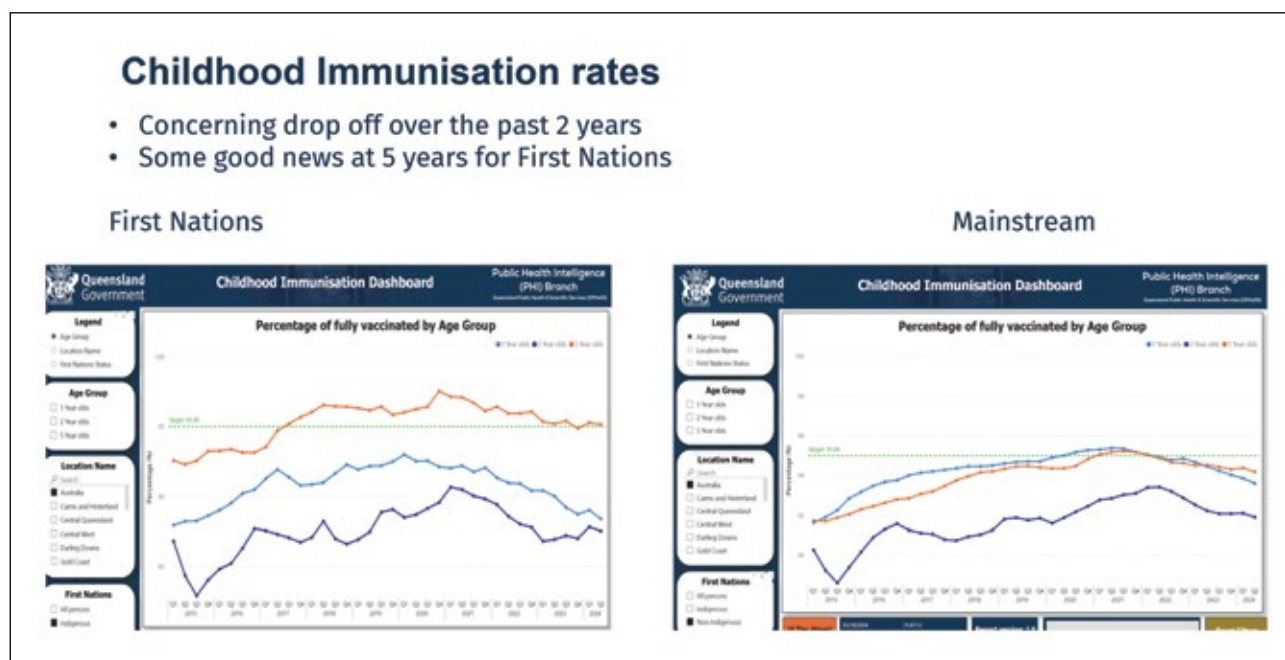


Figure 3: Nation-wide rates of percentage of fully vaccinated children by age groups from 2015 to 2024 (1-year olds in light blue; 2-year olds in dark blue; 5-year olds in orange). Slide author: Katie Panaretto

QAIHC's Sexual Health Officer **Emily Pegler** presented on Sexual Health at QAIHC — including the revitalisation of the Sexual Health Network to supporting ATSICCHO sexual health staff. She also discussed the recent TGA-approved at-home STI testing

kits for chlamydia and gonorrhoea and the implications of these for community, and our current follow-up and surveillance methods. Lastly, she showcased QAIHC's recent 'Getting frisky? Don't be risky' promotional campaign for National Condom Day (14th February):

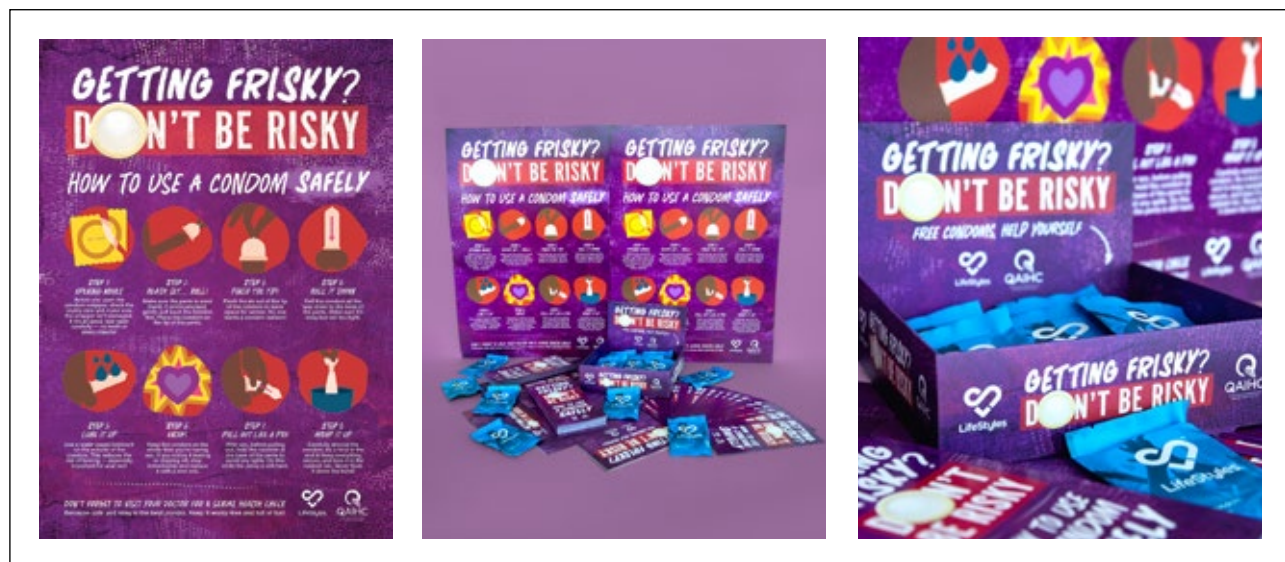


Figure 4: Snapshot of National Condom Day sexual health promotional materials (slide author: Emily Pegler)

Dr Carol El-Hayek (Poche Centre for Indigenous Health, University of Queensland) gave a summary of the ATLAS Indigenous Primary Care Surveillance and Research Network which collaborates with multiple ACCHOS across Australia to better utilise service level data and drive improvement in the ways in which clinics screen, test and treat STIs and BBVs. Service-level dashboards are fed back to the respective clinic allowing staff to use the data to set service improvement goals, make better decisions around resource allocation and policy, and monitor progress to goals over time.

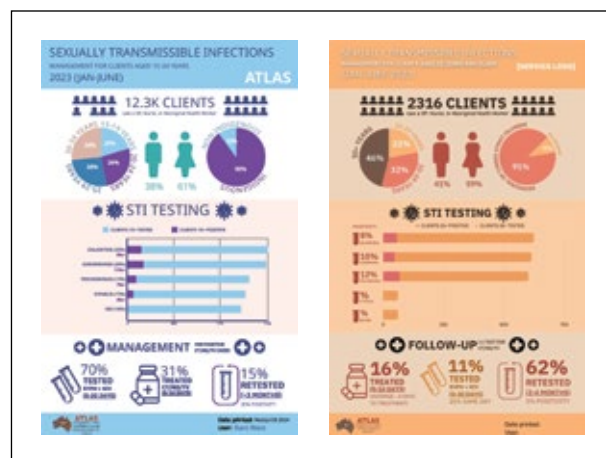


Figure 5: Service-level summary snapshot of STI data (slide author: Carol El-Hayek)

Unfortunately the planned speaker from the Institute of Urban Indigenous Health was unable to attend the Clinical Leaders Forum.

Dr Kirsty Smith (Kirby Institute, University of New South Wales) discussed the very successful First Nations Molecular Point of Care program and its use for rapid testing for respiratory viruses (covid, flu, RSV) and sexually transmitted infections (STIs). Access to timely healthcare is a challenge for many regional and remote Aboriginal and Torres Strait Islanders; point-of-care testing (POCT) provides same-day results, ensuring rapid diagnosis

and treatment of infectious diseases, and improving access to care.

The TTANGO (Test, Treat and Go) trial (2013-2015) showed that molecular POCT for STI testing was feasible, accurate and effective, and has since been scaled up (TTANGO2/3). More than 65,000 STI point-of-care tests have been integrated into approximately 80 sites, with over 8,800 chlamydia, gonorrhoea and trichomonas infections detected via POCT.

As of November 2024, a \$100 Medicare item is now available for STI POCT for MM6 and MM7 sites.

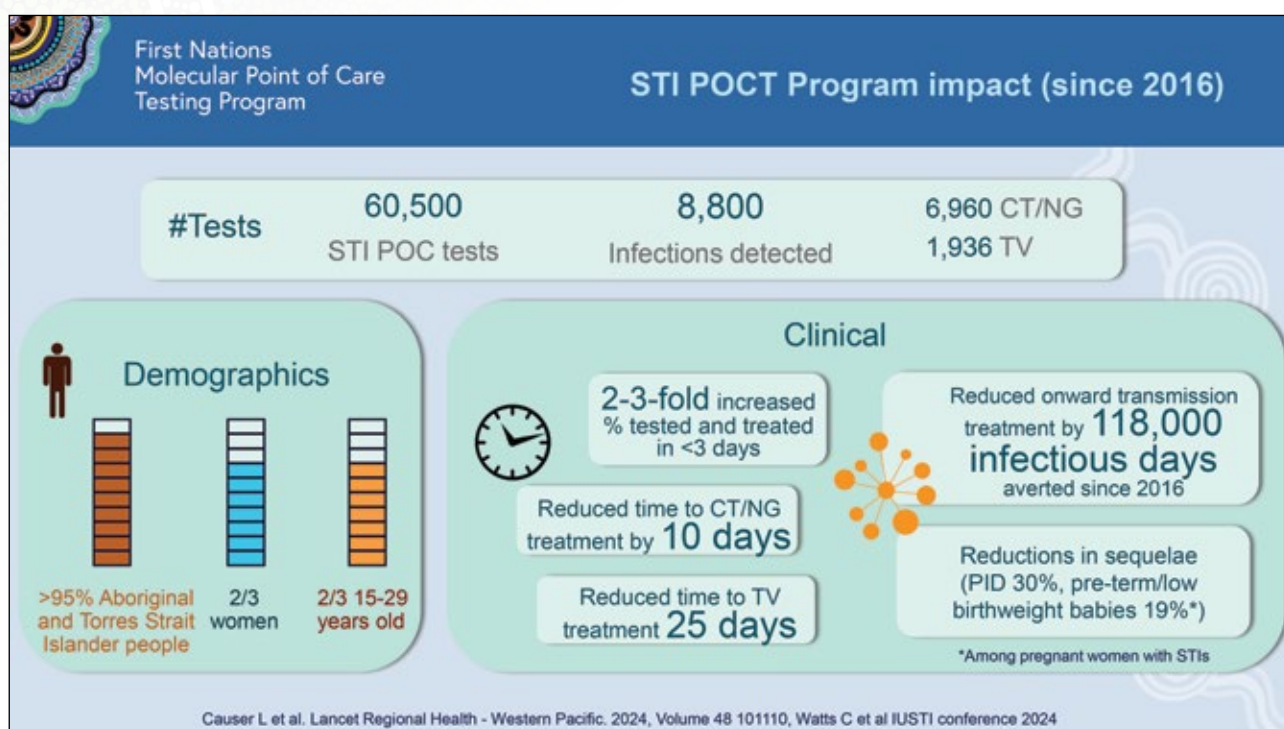


Figure 6: Snapshot of STI POCT Program impact since 2016 (slide author: Kirsty Smith)

Continuing with our Kirby presenters, **Sean O'Connor** discussed the planned START (Strep Throat Assessment and Rapid Treatment) Strep A Project. This project aims to partner with health services to assess the clinical effectiveness, acceptability, barriers/

facilitators, and cost-effectiveness of a combined sore throat checklist and molecular POCT strategy to increase the detection and timely treatment of Strep A throat infections and prevent ARF:

New tools- sore throat checklist and molecular POC

Checklist

- (1) Throat pain or sore throat?
- (2) Hard to swallow?
- (3) Not eating as much?
- (4) Not drinking as much?
- (5) Croaky voice?
- (6) Feeling hot or cold?

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Figure 7: Intervention for planned START Strep A POCT study to increase the detection and treatment of Strep A throat infections (slide author: Sean O'Connor)

An introduction to the NACCHO Medicare Benefit Schedule Optimisation eLearning Course was given by QAIHC Medicare Optimisation Officer **Kenneth Munro**.

These courses were developed to assist ACCHO clinicians to better utilise MBS items and incentives, and improve reporting of the national KPIs.

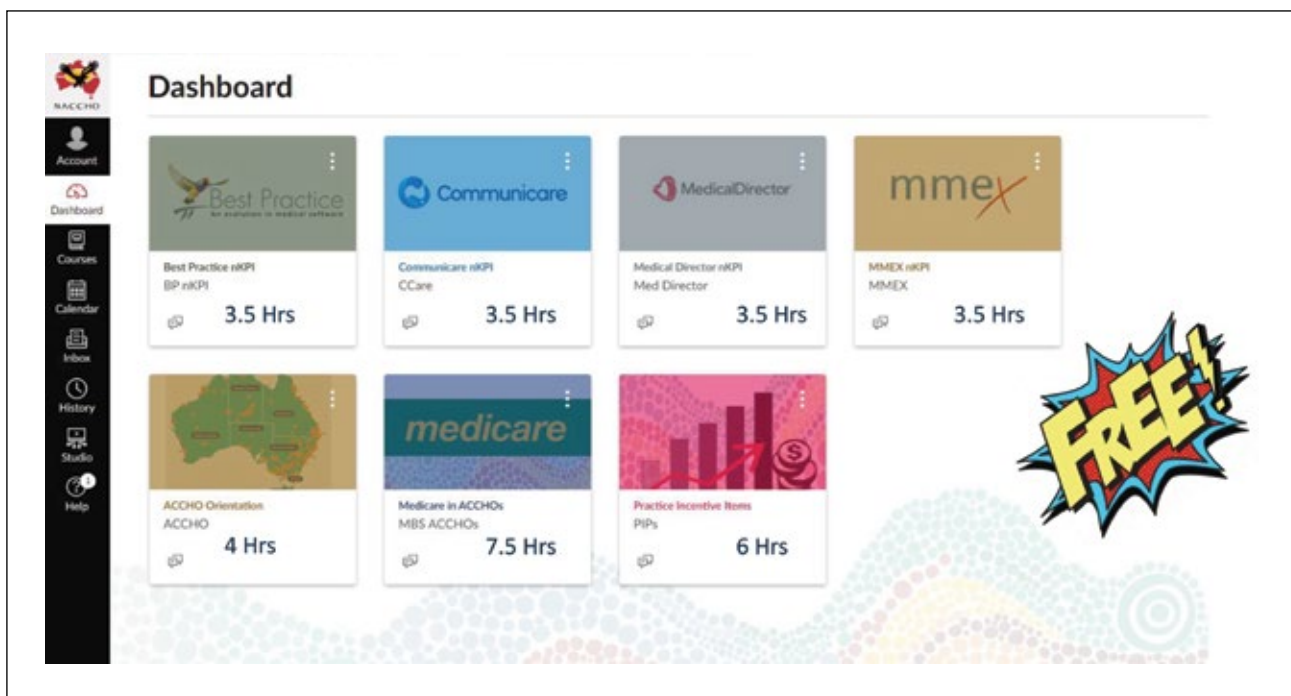


Figure 8: Snapshot of the NACCHO dashboard for the MBS Optimisation eLearning Course (slide author: Kenneth Munro)

Our last formal presentation was a Health Information Team update by QAIHC's Data Analyst Lead **Anna Sheahan**. Anna outlined QAIHC's systems for gathering deidentified health data from ACCHOs, as well as our reporting and dashboard features, and inquired how QAIHC's data services could most effectively support Member representatives.

The day ended with informal updates from the Member representatives present highlighting some of the fantastic work their services had been doing.



Figure 9: Snapshot of current and developing products by the QAIHC Health Information Team (slide author: Anna Sheahan)

Key highlights from the Member's showcase:

- Goolburri Aboriginal Health Advancement in Toowoomba now have two Aboriginal Health Practitioners on staff, which has increased billing of 10987 and improved follow-up with allied health services. Members discussed the difficulties in building capacity and scope of practice for AHWs to become AHPs.
- Palm Island Community Company screened 88 patients and detected multiple cases of osteoporosis in just 3 days with the BoneBus — a Bone Mineral Density mobile outreach service.
- Bidgerdii Community Health Service in Rockhampton have done tremendous work with Elders' wellbeing via their Wellness Hubs — a culturally safe space for Community to access allied health, social and emotional wellbeing, as well as support services in Elder care and NDIS.
- Mulungu Health Service in Mareeba have been using the Roche Strep A Point-of-Care Test to great effect. They also have a Healthy Skin Program that raises awareness on the importance of healthy skin in preventing rheumatic heart disease and chronic kidney disease.
- Carbal Medical Services in Toowoomba have had high uptake of their DV program & Youth education programs. Their Carbal Kitchen also prepares and distributes low-cost nutritious pre-packaged meals to Elders and others.
- Gurriny Yealamucka Health Services in Yarrabah emphasised the importance of local people working in ACCHOs for community engagement and health promotion with their Yarrie Health Gurus. They also highlighted their partnership with MooGoo Skin Care which supply free bulk soaps and moisturisers to Yarrabah residents to promote skin health and prevent ARF/RHD.

Emerging themes of the day:

- Minimal opportunities to build capacity for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners to work to full scope of practice, or to access higher education.
- The importance of promoting local trainees and students, including medical students, to choose placements at ACCHOs. These students were more likely to work locally on graduating and more likely to choose work at an ACCHO.
- The number of locally acquired TB cases is rising in Queensland, with Aboriginal and Torres Strait Islander peoples and communities disproportionately affected. Members highlighted that many First Nations children were not receiving BCG immunisation as per the National Immunisation Program and highlighted issues regarding access to BCG vaccination (e.g. only accessible through local TB unit), despite no longer any ongoing vaccine shortage.
- Point-of-care testing shown to be a fantastic tool for ensuring quick diagnosis and treatment in patients with respiratory illness and STIs. Furthermore, Strep A POCT may ensure we miss fewer subclinical cases of streptococcal pharyngitis that may be greatly contributing to ARF/RHD and post-streptococcal glomerulonephritis (APSGN)

Please direct correspondence to:

Dr Janika Dobbie
QAIHC Public Health Registrar
Janika.dobbie@qaihc.com.au

A/Prof Sophia Couzos
Public Health Medical Director
Sophia.couzos@qaihc.com.au



**Queensland
Aboriginal and Islander
Health Council**
ABN 97 111 116 762

BRISBANE

36 Russell Street, South Brisbane Q 4101
PO Box 3205, South Brisbane Q 4101
T 07 3328 8500

CAIRNS

6/516–518 Mulgrave Road, Earlville Q 4870
PO Box 12039, Westcourt Q 4870
T 07 4033 0570



qaihc.com.au