



ATLAS Indigenous Primary Care Surveillance & Research Network

ATLAS is an Indigenous led national surveillance and research network that collects deidentified clinical data from Aboriginal Community-Controlled Health Services (ACCHS) to provide local context related to sexually transmissible infections (STI), blood-borne viruses (BBV) and is soon to include vaccine preventable diseases (VPD).

ATLAS can help gain a better understanding of the extent to which STIs, BBVs and VPDs are occurring within Indigenous Communities, including patterns of infection, health care access, testing and positivity rates, timeliness of treatment and follow-up.

ATLAS was developed in partnership with Aboriginal Community-Controlled Health Organisation (ACCHO) sector in five 'clinical hubs': in the Kimberley (Western Australia), Cape York (Far North Queensland), Southeast Queensland, New South Wales and South Australia. Since then, the network has expanded nationally and includes services from almost all states and territories.

What is the benefit of being involved?

Participation in the ATLAS network provides services with **6-monthly reports on a set of best-practice surveillance indicators** and access to an **interactive, near-real time secure online dashboard** (see Data Outputs below).

These include summaries and visualisations of clinic-specific data from participating ACCHS to enable service providers to understand their STI, BBV and VPD related service delivery. They can be used to measure Continuous Quality Improvement (CQI) activities and provide evidence to support models of care aimed at reducing the burden of STIs, BBVs and VPDs and informing policy and guidelines.

Having these data analysed and summarised provides opportunities for staff to strengthen capacity in STI, BBV and VPD control and management.

What does the project involve?

Participation in the ATLAS Network involves providing access to de-identified client records relating to STIs, BBVs and other infectious disease testing, treatment and care. This will typically use GRHANITE™, a data extraction tool that is installed alongside the health service's patient information management software.

Identifiable data or data unrelated to the ATLAS program is not extracted from the health service. Data collected from health services remain the property of the service.

All ATLAS project and research activities are governed by a Reference Group that is made up of representatives from participating ACCHOs and overseen by Human Research Ethics Committees in all regions of the Network.

Data outputs

Currently, the deidentified clinical data collected by the ATLAS network is used to produce surveillance reports detailing 12 key STI and BBV performance measures for each health service, every six months:

1. **STI Testing Rate:** Proportion of clients tested for STIs (chlamydia, gonorrhoea, trichomonas, syphilis and HIV) during the reporting period
2. **STI Testing Coverage:** Proportion of clients tested for STIs at least once in a 12-month period
3. **STI Test Positivity:** Proportion of clients with at least one positive STI test in a 12-month period
4. **Completeness of STI Testing:** Proportion of positive chlamydia and/or gonorrhoea and/or trichomonas tests followed by testing for syphilis and HIV within 30 days of the date of initial specimen collection
5. **STI Treatment Interval:** Time (days) from date of positive STI (chlamydia, gonorrhoea, trichomonas) investigation request to date of treatment
6. **STI Retesting Rate:** Testing approximately three months (60 to 120 days) following treatment for an initial positive STI (chlamydia/gonorrhoea/trichomonas) result
7. **STI Repeat Positivity Rate:** Positive retesting for chlamydia/gonorrhoea at approximately three months (60 to 120 days) following treatment for an initial positive chlamydia/gonorrhoea result
8. **Hepatitis B Virus Testing and Positivity Rate:** Proportion of clients receiving a hepatitis B virus test and among those testing negative, the proportion subsequently vaccinated.



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9. **Hepatitis C Virus Testing and Positivity Rate:** Proportion of clients tested for the hepatitis C virus and among those testing positive, the proportion subsequently tested for RNA or viral load.
 10. **Hepatitis C Virus Treatment Uptake:** Proportion of clients prescribed Direct Acting Antiviral (DAA) treatment
 11. **Hepatitis C Virus Sustained Virological Response (SVR):** Proportion of clients who, after having been prescribed Direct Acting Antiviral (DAA) treatment, achieve an undetectable viral load
 12. **Human Papillomavirus (HPV) Screening Rate:** Proportion of female clients screened for human papillomavirus (HPV) in line with national guidelines

Additional clinical indicators addressing VPDs will be developed in collaboration with the ATLAS clinical stakeholders, Communities and investigator group.

These data and performance measures also form the basis for a **secure online data dashboard**, through which health services can interactively access their own data to produce customised analyses and visualisations, to focus on local priorities or concerns.

Access to the ATLAS Dashboard is only provided to authorised staff and requires two-factor authentication. Access and support for use of the Dashboard is provided by the ATLAS team. The Dashboard data tables are updated fortnightly, giving near real-time access to the surveillance network and analyses.

Examples of how services might use ATLAS

Aboriginal Health Worker, Doctors and Nurses, Aboriginal health checks: monitor progress towards service improvement goals overtime. For example,

- Increasing STI testing rates for pregnant women
- Increase health service access for young men

Senior Clinical Staff: regularly review surveillance reports and dashboard to set service improvement goals and evaluate the effectiveness of strategies.

- Increase adherence to clinical guidelines
- Inform decision-making and service planning

CEO, Senior Executive: use network comparisons for benchmarking, data for informed decision making around resource allocation and policy, summary outputs and/or reporting to communicate with Board and community.

- Reporting that aligns with nKPI25 (currently in development)

The ATLAS network is led by Professor James Ward, Director of the University of Queensland's Poche Centre for Indigenous Health. It is funded by grants from the Australian Government Department of Health, Medical Research Future Fund and National Health and Medical Research Council.

Your key contacts

If you have any questions or concerns, please feel free to contact:

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