

# NSW BBV and STI CALD Advisory Committee Biannual Recommendation Report 2025-2026



**NSW MULTICULTURAL  
HIV & HEPATITIS SERVICE**

# Contents

|  |             |
|--|-------------|
| <b>Introduction</b> .....  | <b>3</b>    |
| <b>Meetings Summary</b> .....  | <b>4 -5</b> |
| Sexually Transmissible Infections (STIs) .....   | 4           |
| Stigma and discrimination .....  | 5           |
| <b>Current STI and stigma reduction programs /resources for CALD communities</b> ..... | <b>6-7</b>  |
| <b>Recommendations</b> .....   | <b>8</b>    |
| <b>Appendix</b> .....  | <b>9-12</b> |
| <i>Contextual meeting documents provided to CALD representatives</i>                   |             |
| Attachment 1 - STIs overview .....   | 9-10        |
| Attachment 2 - Understanding stigma and discrimination overview .....                  | 11-12       |



# Introduction

The NSW Blood-Borne Virus (BBV) and Sexually Transmissible Infection (STI) Culturally and Linguistically Diverse (CALD) Advisory Committee was established in August 2024. It brings together community representatives from priority CALD communities, along with key stakeholders and health professionals from the HIV, BBV and sexual health sectors. Convened by NSW Multicultural HIV and Hepatitis Service (MHAHS), the Committee ensures that BBV and STI policies, programs and service delivery across the state are culturally responsive and informed by community voice.

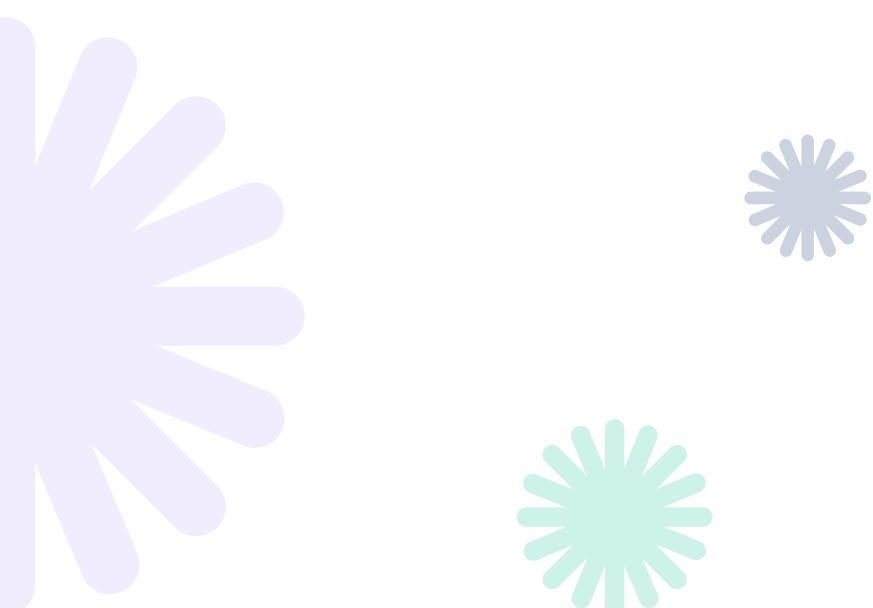
During its inaugural year, quarterly meetings focused on hepatitis B, hepatitis C, liver health and consultation on the new NSW HIV Strategy.

Members identified several priorities including:

- strengthening engagement by working with trusted community partnerships and using culturally relevant communication platforms,
- normalising BBV and STI screening by embedding it into broader health and wellbeing messaging,
- making testing a routine part of healthcare,
- building workforce capability to deliver culturally safe services.

[See the full 2024-2025 Recommendation Report.](#)

Since June 2025, two further meetings were held focusing on STIs and stigma and discrimination. This biannual report summarises the key insights from those discussions, highlights current actions and initiatives, and presents practical, actionable recommendations to strengthen culturally responsive BBV and STI prevention, testing and care across NSW.



# Meetings summary

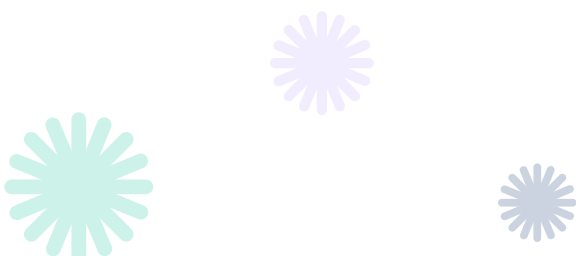
## Sexually Transmissible Infections (STIs)

Syphilis cases are increasing across NSW, especially amongst women of reproductive age, contributing to a rise in congenital syphilis (transmission from mother to baby during pregnancy or birth). Through early testing and treatment during pregnancy congenital syphilis is preventable, however if untreated it can cause serious harm to mother and baby. South Western Sydney Local Health District (SWSLHD), has experienced the highest increase, accounting for 30% of the national congenital syphilis notifications in 2024 and 25% of related infant deaths. Late presentation to care, reinfection, accessibility of services, limited sexual health literacy, language barriers and socioeconomic disadvantage were identified as key contributing factors. In recognition of the escalating public health risk, syphilis was declared a Communicable Disease of National Significance in August 2025, underscoring the criticalness of collective action to increase awareness and screening and reduce rates.



The CALD Advisory Committee representatives noted that sexual health remains a “hidden” topic in many communities, with cultural taboos, stigma, fear and shame discouraging open discussion and timely seeking of care. While younger generations are becoming more open to these discussions, they often rely on peers or unreliable online sources for information. Existing STI in-language resources can be found to be overly technical or text-heavy for those with lower literacy and there are gaps in available translated materials, particularly for smaller or newly arrived refugee communities. Limited awareness of available sexual health services, coupled with cost barriers for Medicare-ineligible individuals, further restrict access to testing and treatment.

Strategies to improve community engagement were consistent with insights from previous advisory meetings. Members strongly advocated for partnering with religious and community leaders to introduce sexual health topics in trusted, respectful and culturally appropriate ways. They noted that building relationships and face-to-face education in familiar community settings, such as churches, religious classes, playgroups and peer support groups, as more effective than passive resource distribution. Ensuring reliable access to interpreters was also emphasised as essential for delivering equitable and culturally safe services.



# Meetings summary

## Stigma and discrimination

Stigma and discrimination remain persistent barriers to effective BBV and STI prevention, testing and care for CALD communities as well as other priority populations. As such, stigma reduction is included as a dedicated pillar across the NSW Health BBV and STI strategies to help improve equity and access to health care. Reflections from CALD Advisory representatives strongly resonated with findings from stigma research presented by the Centre for Social Research in Health (UNSW), reinforcing that stigma continues to impact engagement, operating simultaneously at individual, community, and structural levels.

Key themes that emerged from the discussion are outlined below.

### ■ **Stigma and intersecting barriers to care**

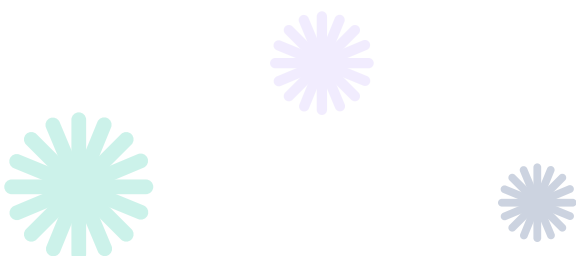
Representatives indicated that while stigma has improved over time, many individuals continue to conceal their BBV or STI status due to fear of judgment or discrimination. HIV and STIs remain taboo across many communities, whereas comparatively hepatitis has become more normalised in some contexts. Comfort levels in discussing sexual health vary between communities, with some individuals avoiding care or seeking separate GPs for sexual and general health due to shame, particularly when providers are from their own community. Visa insecurity and fear of jeopardising permanent residency were identified as significant stressors for some migrant communities, depicting that stigma is embedded within structural and policy contexts. Experiences of racism and stereotyping in healthcare settings were also noted as contributing to mistrust and reduced confidence in services.

### ■ **Significance of trusted leaders and cultural workforce representation**

Working closely with religious leaders, community champions and local networks was strongly encouraged, given their influence in shaping attitudes and norms. Bilingual workers and healthcare providers who understand/ share cultural context were seen as critical to building trust and improving communication, especially within clinical settings.

### ■ **Normalise BBV/STI discussions and care through integrated and tailored health messaging**

As was raised in the previous meetings, embedding BBV and STI discussions within broader health messaging was seen to help normalise testing in primary care. Ongoing education initiatives and culturally tailored social media campaigns were also recommended to improve awareness and reduce stigma. Offering anonymous and discreet channels for information and support was suggested for those hesitant to engage and disclose publicly.



# Current STI and stigma reduction programs and resources for CALD communities' - Snapshot

| Initiative / Program                     | Resources   |
|--|---|
| <b>STI multilingual resources</b>        | <ul style="list-style-type: none"> <li>· <a href="#">NSW Health STI factsheets</a> - translated factsheets on chlamydia, gonorrhoea, syphilis, HIV, genital herpes</li> <li>· <a href="#">STI Prevention Multilingual Toolkit</a> - features a range of multimedia resources and videos, ready-to-use social media assets and messaging to support raising STI awareness among diverse communities.</li> </ul>  |
| <b>Syphilis awareness and management</b> | <ul style="list-style-type: none"> <li>· Universal antenatal screening for syphilis at first antenatal visit and now testing again at 26-28 weeks (introduced in November 2023).</li> <li>· <a href="#">Syphilis Fact Sheets</a> in plain English and over 14 community languages, developed by SWSLHD and MHAHS.</li> <li>· <a href="#">NSW Health 'You, your baby and syphilis' factsheet</a> – available in nine languages</li> <li>· <a href="#">SWSLHD Syphilis in Pregnancy &amp; Newborns referral pathway</a></li> </ul>  |
| <b>International students</b>            | <ul style="list-style-type: none"> <li>· <a href="#">NSW International Students Health Hub</a> – international student-friendly information on the Australian healthcare system, Overseas Student Health Cover, safer sex and screening, and wellbeing. Features translated STI factsheets, online learning hub, nurse Q&amp;A and clinic locator tool.</li> <li>· Sexual Health and Peer Education (SHAPE) program delivery for student leaders within university and student accommodation settings across LHDs to improve sexual health literacy and peer capacity.</li> <li>· International Students STI Awareness Media campaign in development, led by MHAHS and the NSW International Student Advisory Committee.</li> </ul>     |
| <b>PALM Scheme support</b>               | <ul style="list-style-type: none"> <li>· New PALM <a href="#">website landing page</a></li> <li>· <a href="#">PALM Scheme Workers Resource Kits</a> provide clear, practical information to help workers feel safe, healthy, and confident while living and working in Australia. Includes content on STIs, HIV, Hepatitis.</li> <li>· Employer health education package and PALM-specific safe-sex kits and condom dispensers.</li> <li>· Map of sexual and reproductive health services: This map shows the locations of some GPs, NSW public hospitals, and other sexual and reproductive health services close to known PALM employers in NSW. You can access the map here: <a href="#">PALM Scheme Providers in NSW</a></li> </ul> |

|  |  |
|--|--|
| <p><b>Outreach &amp; mobile testing</b></p>        | <ul style="list-style-type: none"> <li>· The Western Sydney Outreach Van – provides free, confidential STI and blood borne virus testing and health promotion for vulnerable populations including overseas born people.</li> <li>· a[TEST] Chinese Clinic – offering a Mandarin peer-led HIV/STI testing service in Surry Hills operating one afternoon per week.</li> <li>· SWOP and ACON outreach to multicultural communities across NSW.</li> <li>· Opportunistic mobile STI/BBV screening at community and health events – recently offered at student event in university setting in partnership with ACON, MHAHS, local Priority Populations team and sexual health centre.</li> </ul>   |
| <p><b>Workforce capacity building</b></p>          | <ul style="list-style-type: none"> <li>· Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (<a href="#">ASHM</a>) <a href="#">Syphilis Learning Hub</a></li> <li>· Development of stigma training modules for NSW Health staff.</li> <li>· <a href="#">MHAHS education packages</a> on Understanding STIs, HIV, liver health, hepatitis B and hepatitis C for multicultural audiences. Includes a facilitator guide and presentation slides in over 10 languages, to support delivery of community information sessions.</li> <li>· RACGP’s training and mentorship program for GPs in Greater Western Sydney to improve culturally responsive care. Syphilis Support Program established to strengthen management and referrals; partner notification service enhanced.</li> <li>· Online learning module ‘Introduction to Syphilis for Midwives and Clinicians Providing Antenatal Care’ on My Health Learning for NSW Health staff.</li> </ul> |
| <p><b>Stigma &amp; discrimination research</b></p> | <ul style="list-style-type: none"> <li>· Centre for Social Research and Health, UNSW nationwide surveys conducted with priority populations to understand experiences of STI/BBV stigma and discrimination.</li> <li>· MHAHS 2025 Migration Trends Report – presents latest migration data, key migration pathways, BBV/STI patterns and evolving needs of high-risk CALD populations.</li> </ul>  |
| <p><b>Support and referrals</b></p>                | <ul style="list-style-type: none"> <li>· <a href="#">Sexual Health Info Link (SHIL)</a> – 1800 451 624 (Mon–Fri). Free, confidential phone line to nurses for the public and clinicians.</li> <li>· <a href="#">NSW Sexual Health Clinics</a> – located across NSW, many provide free services and can help book appointments.</li> <li>· <a href="#">Family Planning Australia</a> – state’s leading provider of reproductive and sexual health services. Offers clinical services, factsheets, Talkline nurse Q&amp;A service.</li> <li>· <a href="#">Let Them Know</a>- a free notification service for people who have been diagnosed with an STI to easily anonymously let their sexual partners know they might be at risk.</li> </ul>   |

# Recommendations

The following practical recommendations are designed to support community organisations, sector partners and clinicians to increase awareness, strengthen workforce capability, and improve CALD communities' engagement in BBV/STI prevention, testing and care.

## ► **Share existing resources to increase BBV/STI awareness**

- Share multilingual resources from the [STI Multilingual Toolkit](#) through networks and community preferred platforms (e.g. social media, messaging apps).
- [Order](#) and display the free multilingual syphilis factsheets in community venues, alongside Sexual Health Info Link (SHIL) and local clinic details.
- Use [MHAHS Education Packages](#) (STI, HIV, Liver health, hepatitis B and hepatitis C) including ready-to-use in-language slides and facilitator guides to support community education delivery.
- Stay updated about new resources and programs by subscribing to [NSW MHAHS](#) and other sector newsletters and [socials](#).

## ► **Engage communities through culturally appropriate strategies and trusted settings**

- Share BBV/STI information at community events and cultural celebrations where appropriate (e.g. TET Festival) using simple, culturally relevant messaging.
- Use awareness days and weeks (e.g., World Sexual Health Day -4th September, World Hepatitis Day –28th July, HIV Awareness Week-late November) to promote positive, wholistic messages and encourage testing.
- Engage women's groups, playgroups and faith-based organisations to share information about antenatal care, reinforcing that routine testing (including for syphilis) and protects both mother and baby.
- Partner with local community and health services to run education sessions. Invite bilingual educators or peer workers to deliver sessions (MHAHS Cultural Support Workers can be requested by emailing [info@mhahs.org.au](mailto:info@mhahs.org.au)).

## ► **Strengthen workforce capacity and cultural responsiveness**

- Work with Primary Health Networks (PHNs) to support GPs and nurses to offer comprehensive, routine STI and BBV testing, including sharing information and resources through PHN newsletters, especially during awareness days.
- Run workforce training sessions with PHNs and local partners, including in regional and rural areas.
- Encourage health professionals to complete training through Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), including syphilis and stigma modules.
- Explore and share insights from the [2025 NSW MHAHS Migration Trends Report](#) to plan targeted local activities and better understand latest migration data, BBV/STI patterns, and emerging needs of CALD populations.

# Sexually transmissible infections (STIs) - Overview

## Introduction: Why STIs matter for CALD communities

- STIs remain common and often have no symptoms. Untreated, they can affect fertility, pregnancy, and overall health.
- In NSW, CALD communities are a priority in the STI and BBV strategies due to barriers such as language, limited health literacy, migration or visa status concerns, and navigating an unfamiliar health system.
- The good news: STIs are preventable, testable, and treatable. Care is confidential and available via GPs and publicly-funded (free) sexual health clinics. Community leaders can help by sharing clear information and pointing people to trusted services.

## The Big Three STIs in NSW

### Chlamydia

(most commonly notified)

#### What it is:

A bacterial infection spread through vaginal, anal, or oral sex. Most people have no symptoms.

#### Why it matters:

Can lead to pelvic inflammatory disease and infertility if untreated. Easy to test (urine or swab) and treatable with antibiotics.

#### NSW snapshot (2024):

~29,000 notifications; overall rate decreased ~8% from 2023, with testing up compared to 2023. Young people remain most affected.

### Gonorrhoea

#### What it is:

A bacterial infection spread through vaginal, anal, or oral sex.

#### Why it matters:

Can cause pelvic/testicular pain, infertility; sometimes infects throat or rectum. Antibiotic resistance is increasing, so correct treatment and follow-up are important.

#### NSW snapshot (2024):

~14,000 notifications; rate increased ~12% from 2023. Concentrated in metro Sydney but rising in several areas.

### Syphilis and Congenital Syphilis

#### What it is:

A bacterial infection with stages; can look like a painless sore or rash, or have no symptoms.

#### Why it matters:

Can cause serious long-term illness if untreated. In pregnancy, it can pass to the baby (called congenital syphilis). Congenital syphilis is preventable with early testing and treatment.

#### NSW snapshot (2024):

Infectious syphilis rate decreased ~13% from 2023 but remains above strategy target; 133 cases in women of reproductive age, 12 were pregnant at time of diagnosis; 3 congenital syphilis cases notified

#### Pregnancy testing:

NSW now screens in the 1st trimester and again at 26–28 weeks

## Prevention: Practical messages for communities

- Condoms & dams: Use with new or casual partners; correct and consistent use reduces risk.
- Routine testing: Encourage testing with new partners, after unprotected sex, or if there's any concern. Many STIs have no symptoms.
- Limit risk: Fewer concurrent partners, avoid sex when unwell/with symptoms, don't share sex toys (or use condoms on them).
- Vaccination: HPV vaccination prevents most genital warts and some cancers; check status for young people/new arrivals.
- Reduce stigma: Emphasise privacy and confidentiality, normalise testing as part of self-care and routine health screening.



## Testing: When, where, and what to expect

- **Where:** Click to find an STI testing location in NSW (non-Medicare and/or Telehealth service is available).
- **What happens:** Simple urine test and/or swabs; sometimes a blood test. Quick, confidential, often free.
- **When to test:** If sexually active with new partners in the last year; after unprotected sex; if a partner tests positive; during pregnancy (as scheduled). Young people and MSM may need more frequent checks.
- **Partner notification:** Clinics can help notify partners anonymously.



## Treatment: Simple and effective

- **Chlamydia:** A short course of antibiotics. Avoid sex until treatment is complete (and a follow-up test if advised).
- **Gonorrhoea:** Antibiotics as per medical professional's advice. Because of potential resistance to antibiotics, a check-up may be needed.
- **Syphilis:** Antibiotics (e.g., penicillin) with follow-up blood tests. In pregnancy, urgent treatment prevents congenital syphilis.
- **Always:** Take all medicine, follow test/retest as advised, and make sure partners get treated.



## Support & Information

- **NSW Sexual Health Infolink (SHIL):** 1800 451 624 (Mon–Fri). Free, confidential phone line to nurses for the public and clinicians.
- **Play Safe** (for young people 15–29): Information, nurse Q&A (Nurse Nettie), forums, clinic finder, condom access.
- **International Students Health Hub:** Sexual and reproductive health info, how to use the health system, confidentiality, and Nurse Nettie Q&A.
- **NSW Sexual Health Clinics:** Find local clinics; many provide free services and can help book appointments.
- **STI Prevention Multilingual Toolkit 2025:** Latest resources and social media campaign assets for education and promotion.
- **You, your baby and syphilis:** In-language resource on how syphilis may impact mothers and babies in pregnancy.
- **Multicultural HIV & Hepatitis Service (MHAHS):** Health information and support in multiple languages; community partnerships for CALD groups.



## How community leaders can help

1. Share clear, judgement-free messages and resources in community languages.
2. Promote testing as routine self-care and pregnancy screening.
3. Display clinic and Sexual Health Info Link contact details at community spaces/events.
4. Partner with local health services to run education sessions; invite bilingual educators/peer workers (Request Cultural Support Workers by emailing [info@mhahs.org.au](mailto:info@mhahs.org.au)).
5. Encourage questions: "It's normal to ask. It's private. Help is available."



# Understanding stigma and discrimination around BBVs and STIs among migrant communities - Overview



## What is stigma?

Stigma happens when people are treated unfairly or left out because certain conditions, identities, or behaviours are seen as negative. It can happen at different levels: in society (laws, media, public attitudes), in organisations (policies and practices), between people (behaviour and language), and within a person (how they see themselves).

## What is discrimination?

Discrimination is stigma in action. It involves unfair behaviour, negative actions, or hurtful language toward people because of their characteristics, conditions, identities, or practices.

## What is structural stigma?

Structural stigma happens when government policies and practices, unfair laws and cultural beliefs work together to treat certain groups unfairly. This can make it harder for communities to access healthcare and can lead to poorer health.

Stigma and discrimination make it harder for people to stay healthy, especially those living with HIV, other blood-borne viruses, or sexually transmitted infections. These issues can harm people's health and daily lives, impact entire communities, and increase healthcare costs.

This meeting aims to explain the stigma and discrimination related to blood-borne viruses (BBVs) and Sexually Transmissible Infections (STIs), understand how widespread they are, and discuss culturally appropriate solutions to address them.

## What is the impact of stigma and discrimination on the health and well-being of multicultural communities?

Stigma and discrimination around BBVs and STIs can have serious impacts, making it harder for people to access health care and stay healthy. For multicultural communities, this can mean:

- People feel scared or worried about being judged or blamed if diagnosed. This can lead to delay in testing or seeking help.
- Concerns about discrimination, for example, fear of losing work or study opportunities can make people avoid telling health professionals about their HIV/ hepatitis status.
- Discrimination in health care settings may cause people to miss follow-up appointments or seek alternative options.
- A lack of correct information, or the spread of misinformation, may prevent people from accessing vaccines or treatment.



# Research highlights



Recent research from the Centre for Social Research in Health (CSRH) shows that stigma and discrimination related to BBVs and STIs are still common in Australia, even though things have improved over time.

## HIV (2021–22)

Although experiences of stigma among people living with HIV have declined over time, concerns remain in healthcare settings. Almost half of the participants were not willing to disclose their HIV status to avoid negative treatment<sup>1</sup>.

## Hepatitis C and injecting drug use (2023)

Stigma in healthcare has decreased over time, however, nearly 50% still experienced negative treatment<sup>3,4</sup>.

## Hepatitis B (2024)

Mixed attitudes were observed among migrants from high-prevalence countries. Although most respondents rejected the idea of isolating people with hepatitis B, about one-third said they would avoid close contact with someone who has it<sup>2</sup>.

## Public attitudes (2024)

Among Australian public, stigma and negative behaviours toward groups affected by BBVs and STIs persisted. People with more conservative social views were more likely to express negative or stigmatising behaviour<sup>5</sup>.


These findings demonstrate that people's attitudes differ a lot across the community. They also highlight the need for wide-reaching, culturally appropriate health education and support at many levels to help reduce stigma.


## References

1. Broady, T., Brener, L., Cama, E., Norman, T., Power, J. & Treloar, C. (2022). Stigma snapshot: People living with HIV 2022. Sydney: Centre for Social Research in Health, UNSW Sydney. <http://doi.org/10.26190/eycp-et5>
2. Informing hepatitis B prevention, testing, and linkage to care in four migrant communities: Filipino, Korean, Chinese and Vietnamese communities in Australia. Prepared for: Australian Government Department of Health
3. Broady, T., Brener, L., Cama, E., & Treloar, C. (2023). Stigma snapshot: People living with hepatitis C 2023. Sydney: Centre for Social Research in Health, UNSW Sydney. <http://doi.org/10.26190/svt5-dk21>
4. Broady, T., Brener, L., Cama, E., & Treloar, C. (2023). Stigma snapshot: People who inject drugs 2023. Sydney: Centre for Social Research in Health, UNSW Sydney. <http://doi.org/10.26190/cpyt-yz29>
5. Broady, T., Brener, L., Cama, E., Xie, Y., & Treloar, C. (2024). Stigma snapshot: General public 2024. Sydney: Centre for Social Research in Health, UNSW Sydney. <https://doi.org/10.26190/unsworks/30441>



# NSW MHAHS

[www.mhahs.org.au](http://www.mhahs.org.au) 

[info@mhahs.org.au](mailto:info@mhahs.org.au) 

[@TheMHAHS](https://www.facebook.com/TheMHAHS) 



**NSW MULTICULTURAL  
HIV & HEPATITIS SERVICE**