



ACCESS

Australian Collaboration for Coordinated Enhanced Sentinel Surveillance

Can we eliminate HIV and hepatitis C in Australia?

With new ways to treat and prevent HIV and hepatitis C, Australia is among the first countries globally to contemplate elimination. This exciting prospect is bolstered by political and financial support from around the country.

Achieving elimination requires health surveillance that can assess targets and identify gaps. That is why the Australian Department of Health has funded ACCESS, a sentinel surveillance system that can evaluate and inform health policy, assess interventions, and monitor population health.

Started in 2008, today ACCESS collates de-identified data on blood borne viruses and sexually transmissible infections from over 120 health services and pathology laboratories in every state and territory. ACCESS is an essential component of Australia's efforts to eliminate and manage these infections.

How does ACCESS work?

ACCESS automatically extracts de-identified patient data from participating services using customised health extraction software called GRHANITE™. Developed at the University of Melbourne, the software employs industry-leading cryptography to ensure the secure extraction and transmission of all data. GRHANITE™ has been used to securely and anonymously extract data from hundreds of Australian health services.

Patients are only ever identified using an irreversible signature code, which means that no identifying details such as name or date of birth ever leave a participating service. Extracted data are stored in an encrypted format on a secure server at the Burnet Institute and ACCESS only ever reports aggregate information to further ensure patient anonymity.

Participating in ACCESS

Participating ACCESS sites are required to install GRHANITE™ on a system within their service. Because the software is tailored to the individual database of a participating site, some upfront work is required to properly configure the extractions. Once the system has been established, however, ACCESS employs automated data extraction processes that require little ongoing effort from participating sites. Sites are encouraged to nominate a site investigator to be involved with data interpretation and article authorship. Site investigators are also welcome to propose analyses of the ACCESS database either specific to their service or across the whole network with analytical support available as needed.

What does ACCESS collect?

From electronic patient records, ACCESS extraction software will automatically collate the following details. No patient identifiers are collected.

Not all variables will be available at every service or relevant to every service type.

Domain	Indicators (health services)	Indicators (pathology laboratories)
Visit and service details	Service or clinic name and location Service date Reason for attendance	Laboratory name and location Date of consultation Requesting doctor Clinic name and postcode
Patient details	Unique patient identifier Sex Age Aboriginal or Torres Strait Islander status Home postcode Country of birth Traveller or recent arrival in Australia Preferred language	Sex Postcode Year of birth Age at time of testing Patient ID at request clinic
Pathology and diagnoses	Test(s) requested Test results Recorded clinical diagnosis	Specimen identification number Laboratory of origin Tests requested (STIs and BBVs) Test results (STIs and BBVs) Specimen type Specimen site
Vaccination details	HPV vaccination status HAV vaccination status HBV vaccination status	
Treatment	Treatments Prescriptions issued	
Sexual behaviours and drug use	Gender(s) of sexual partners Number of sexual partners Condom use Sex overseas Sex with a sex worker Sex work Drug use	





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More information

If you are interested in ACCESS and would like more information, please contact the study coordinator or visit the study website.

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