



Public health planning and communicable diseases

Sexual health and blood-borne viruses

The Department of Health's Sexual Health and Blood-borne Virus Program (SHBBVP) uses a partnership approach with sector partners to direct and coordinate the prevention and control of sexually transmissible infections (STIs) such as chlamydia, gonorrhoea and syphilis and blood-borne viruses (BBVs) such as hepatitis B, hepatitis C and human immunodeficiency virus (HIV), and to minimise their social impact. This involves co-design of statewide strategies and guidelines in partnership with affected communities, management and administration of the state-wide needle and syringe program, workforce development, health promotion and community engagement.

Email queries to shbbvp@health.wa.gov.au.

Strategies, policies and guidelines

The [WA Sexual Health and BBV Strategy 2024-2030](#) (the strategy) provides a roadmap to prevent and control STIs and BBVs and also aims to minimise the impact of stigma and discrimination experienced by the affected populations.

The strategy has been co-designed with statewide stakeholders, in partnership with the SHBBVP and the Aboriginal Health Council of WA.

Further information

- [Sexual health and blood-borne viruses – strategies, policies and guidelines](#)

Consumer resources

Health promotion websites and other resources reinforce STI and BBV preventative measures, such as using condoms and water-based lubricant consistently, or ensuring the use of new needles and syringes. The resources also encourage STI and BBV testing so that health workers can provide treatment and management, minimising health impacts for individuals and preventing further transmission.

If you would like to download or order hard copies of our resources, please go to the [WA Department of Health Quickmail](#) and sign-up for a free account. From there you can search by categories or keywords for any WA Department of Health resources.

Further information

- [Get The Facts](#) provides accurate and reliable information on sexual health, blood-borne viruses and relationships for young people aged 13-17 years in WA, including free online STI testing.
- [Healthysexual](#) provides a variety of information on sexual health, STI testing, prevention, and includes a question box for members of the public to have their queries directly answered.

- [Look After Your Blood](#) provides information about blood-borne viruses, particularly in relation to injecting drug use.
- [Sexual health](#) provides information on safe sex, cercal screening, contraception, fertility awareness, relationships, sterilisation, and a guide for parents talking to their kids about sex.
- [Sexually transmissible infections](#) provides information about different types of STIs.
- [Blood-borne viruses](#) provide information on hepatitis B and C, HIV, tattoos and body art, and getting tested.
- [Order STI and BBV resources](#) such as brochures, booklets and leaflets to provide sexual health and BBV information to community members.

Needle and syringe programs

[Needle and syringe programs](#) (NSPs) provide sterile needles and syringes to people who inject drugs.

This helps prevent people who inject drugs from getting blood-borne viruses such as HIV, hepatitis C and hepatitis B.

NSPs provide a range of services, including:

- provision of new injecting equipment and disposal items
- education and information
- referral to other services.

Local governments provide important services to support needle and syringe programs, for example, by installing needle and syringe disposal bins in public amenities and providing community information about safe sharps disposal.

Further information

- [Safe disposal of needles and syringes for people who inject drugs](#)
- [Information for NSP providers](#)

Healthy Body Art

Personal appearance procedures including body art, tattooing, beauty treatments and hairdressing are popular among people of all ages. A certain level of health risk may be associated with these procedures if proper hygiene and infection control procedures are not followed.

Further information

- [Body art and personal appearance](#)
- [Body art](#)

Examples

Some example strategies that could be implemented by local governments are provided below.

Examples
Provide community education regarding safe disposal of needles and syringes. For example, publish information about safe disposal of sharps on LGA websites.
Support needle and syringe programs and provide a range of safe disposal options for used needles and syringes. For example, provide sharps disposal bins in public amenities and hazardous waste disposal drop off points for sharps.
Provide sexual health and blood-borne virus information and campaign materials in appropriate youth services.
Ensure that body art studios comply with the Code of Practice for Skin Penetration Procedures.

Immunisation

Immunisation is a process where the body develops immunity to diseases through vaccination, allowing it to fight off infections.

Immunisation protects people from serious diseases before they are encountered. It uses the body's natural defences to strengthen resistance against specific illness. If a person encounters the disease in the future, the immune system recognises the disease and responds quickly to prevent severe illness.

Immunisation reduces the likelihood of a person contracting a disease that they have been immunised against. Even if the illness develops, it will likely be milder, and recovery will be faster compared to someone who has not been immunised.

Consumer information

Vaccine-preventable diseases are still found in the community, and immunisation is the best way to protect people against these diseases.

The WA Department of Health has a series of [videos and information](#) to help the public learn more about diseases which vaccines protect against. On this website, there is also information about how these diseases are spread and which groups certain vaccines are recommended for.

Further information

[Immunisation](#)

Health care provider information

The [Western Australian Immunisation Strategy 2024-2028](#) envisions that every individual, in every community, at every stage of life, can confidently engage with immunisation, supporting robust health for all Western Australians.

The strategy aims to reduce the incidence of, or maintain elimination of, vaccine preventable diseases by:

- improving immunisation access, acceptance, and increase demand and uptake
- enhancing the systems that provide and support immunisation service delivery.

The strategy gives immunisation stakeholders from across the state clear direction for the next 5 years.

The strategy is informed by the evaluation of the previous strategy (2016-2023), trends in immunisation coverage, and consultations with WA HSPs, health professionals, research institutes and other stakeholders across WA to identify gaps and opportunities for immunisation service delivery.

Email queries to Immunisation@health.wa.gov.au.

Further information

[Immunisation provider information and resources](#)

Example

An example strategy that could be implemented is provided below.

Examples
Utilise all opportunities to support the promotion of immunisation and increase community awareness on immunisation in avenues focusing on specific community cohorts such as the older adults and young families (e.g. library “rhyme time” sessions, or similar events/groups frequented by mothers of young babies). Local councils can order immunisation resources to display at locations by emailing immunisation@health.wa.gov.au .

Enteric infections

Gastroenteritis, also known as infectious diarrhoea or simply as gastro, is an inflammation of the gastrointestinal tract, including the stomach and intestine. Symptoms may include diarrhoea, vomiting, fever and abdominal pain.

Enteric diseases are a group of diseases associated with ingestion of food/water contaminated by microorganisms or toxins that cause gastroenteritis. Microorganisms include bacteria (e.g. salmonella, campylobacter, shigella), viruses (e.g., norovirus, rotavirus, hepatitis A) and parasites (e.g. giardia, cryptosporidium).

Some enteric diseases can cause more severe illness resulting in hospitalisations, and susceptible individuals (e.g. elderly, immunocompromised) have higher levels of associated morbidity (sickness) and mortality (death).

Enteric infections in the community are mostly sporadic cases, but can occur as small clusters of cases, or as point source outbreaks that may vary in size and last from hours to weeks, or even months. For most sporadic cases, the vehicle of infection remains unknown even after investigation.

Further information

- [Enteric infections](#)
- [Enteric infection reports and publications](#)
- [Food](#) includes information to support local government Food Act authorised officers, food safety auditors, laboratories and analysts, and about local government food safety activity, including interactive maps.

- [Food poisoning provides public information.](#)

Examples

Some example strategies that could be implemented by local governments are provided in the Environmental Health factsheet [Access to safe food and water](#).

Mosquito-borne infections

Mosquito-borne diseases are caused by the transmission of a pathogen (e.g. virus, parasite) from an infected mosquito to a person. Mosquitoes transmit disease-causing pathogens when the adult female seeks out a blood meal, required for egg maturation. Transmission (spread) can only occur through the bite of an infected female mosquito and not by direct contact with another individual or animal.

During the transmission cycle, female mosquitoes pick up pathogens from one vertebrate host (either animal or human) and pass them on to another, in subsequent blood feeds. Symptoms of disease may or may not occur.

In WA, there are five mosquito-borne diseases of public health significance, all are caused by the transmission of viruses:

- [Ross River Virus \(RRV\) disease](#)
- [Barmah Forest Virus \(BFV\) disease](#)
- [Murray Valley Encephalitis \(MVE\)](#)
- [Kunjin \(KUN\) virus infection](#)
- [Japanese Encephalitis Virus \(JEV\)](#)

In nature, the viruses that cause RRV, BFV, MVE, KUN and JEV diseases are passed back and forth in a cycle between wildlife (vertebrate hosts) and vector mosquito species. Infected animal hosts play an important role in pathogen transmission but rarely display clinical signs associated with disease. Whilst it's possible that people can contribute to transmission, they are generally considered dead-end hosts for those viruses acquired in WA.

People are at risk of infection when they are near the virus transmission cycle. As urban sprawl continues to encroach upon natural mosquito breeding and wildlife habitats, this risk continues to grow.

The Department of Health conducts a [surveillance program](#) to determine when mosquito numbers are on the rise and virus is active within the environment. This information is used by both local government and the Department of Health to inform mosquito management activities and media statements regarding the increased risk to public health.

Examples

Some example strategies that could be implemented by local governments are provided in the Environmental Health factsheet [Reducing harm from environmental health hazards](#).

Information on other communicable diseases

- [Rabies and other lyssaviruses \(including Australian bat lyssavirus\)](#)
- [MRSA \(methicillin resistant staphylococcus aureus\)](#)

This document can be made available in alternative formats on request for a person with disability.

© Department of Health 2026

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

health.wa.gov.au