



**Queensland University of Technology**  
**Response to the**  
**Draft Second National**  
**Blood Borne Viruses and Sexually Transmissible Infections**  
**Research Strategy 2026-30**

QUT welcomes the opportunity to comment on the Draft Second National Blood Borne Viruses and Sexually Transmissible Infections Research Strategy 2026-30 (the Strategy).

Expert QUT reviewers are comfortable with the form and overall direction of the Strategy, and we thank the Australian Centre for Disease Control for its effective leadership in this important health research domain.

Our main overarching observation regards the paucity of references to specific Sexually Transmitted Infections (STIs) and their vectors, whether viral, bacterial or fungal. Presumably this is a deliberate choice of the authors, however, so we do not necessarily recommend amendment to rectify this, but if consideration is being given to making explicit reference to the broader range of common specific STIs we would support their inclusion.

Beyond that we have only two minor comments, with associated recommendations for amendment.

1. Clinical trial

In the right-hand column on page 7, the Strategy mentions achievements in health care directly attributable to research:

Research has enabled advances in the prevention and treatment of BBV and STI, such as:

- The development of vaccines, such as for gonorrhoea and Human Papilloma Virus (HPV)

(Strategy, p.7)

This would be an excellent opportunity to showcase a current contribution of specifically Australian vaccine research, namely the Sanofi Phase 1/2 Chlamydia vaccine trial that has commenced in Queensland.<sup>1</sup> The trial is a major development in Australian Chlamydia research, and the fact that Sanofi has chosen Australia for this clinical trial would be well worth noting in this list. We suggest the insertion of another dot-point below the one quoted above:

- Global clinical trials, such as the Sanofi Phase 1/2 trial for a Chlamydia mRNA vaccine candidate being conducted in Queensland

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<sup>1</sup> <https://www.sanofi.com/en/media-room/press-releases/2025/2025-03-26-06-00-00-3049326>

## 2. Prevention

While the Strategy does mention prevention alongside treatment as a priority for research, specific focus tends to concentrate mostly on the management of current infections; where prevention is foregrounded, it is concerned specifically with aetiological agents of disease without reference to other contributing factors (and potential strategies to mitigate them).

Genital tract dysbiosis is a significant risk factor for STIs, for example, so it would be useful to include references to the potential preventative value of research into this aspect of sexual health education. This could include work on contact tracing as a preventative strategy (made familiar to citizens during the COVID pandemic, and particularly important given the post-COVID increase in STI rates globally). Inclusion of references to research into environmental, contextual and personal health management strategies would strengthen links to preventative care (beyond the predominant focus on treatment once patients are infected) that could be leveraged by research into genital tract microbiota more broadly, rather than focussing solely on specific vectors of disease.

We suggest the addition of references to research into human factor contributions to prevention of STIs such as sexual health education, and offer the example of prevention or correction of genital tract dysbiosis as a specific example to illustrate the value of this inclusion to the overall STI research strategy.

