

Issue No 18 | Spring 2014 | Co-workers' newsletter

## EDITOR'S NOTES

Dear Colleague

Welcome to the Spring 2014 issue of MHAHS News.

Our recent intensive training on presentation skills was not only successful, but also great fun! The trainer gave excellent guidelines on how to plan and deliver interesting and engaging presentations, provided great tips for overcoming nerves and took us through some practical ways to improve voice projection.

As I'll be on leave during September and October, Belinda Marchesiello, Italian speaking co-worker, will cover my co-worker liaison role. You can contact her via my email address, yamanr@email.cs.nsw.gov.au or call 9515 1234.

#### Changed your address or contact details?

If you change your address or phone number, as well as informing the MHAHS office, please remember to update your details in StaffLink at https://stafflink.hss.health.nsw.gov.au

I also ask that you advise us if you are unavailable for work for any reason, such as travel overseas, family commitments or if you take up a new position.

#### What's new on the MHAHS website?

**Co-worker editorial committee** 

**Co-worker's Viewpoint** 

Around the World

**Feature** 

Section > Media Centre > Our Current Ethnic Media Campaign > 2014 Hepatitis Awareness Week

#### <u>NEWS</u>

#### Welcome

members:

Hoang Hoa Lam

Kanyarat Tresise

Jorge Segovia

We welcome Donatella Cifali who joins the MHAHS as a clinical supervisor for the next 12 months while Effie is on leave.



Farewell and best wishes to Nethanet Assefa, Saroj Chettri, Mina Kim and Angela Zhang who have recently left the Service.

#### Congratulations

To Gai Stackpool on her appointment as our deputy manager, and to Huaying Yang on her recent appointment as Health Information Manager for the HARP Unit, SLHD. Huaying will continue with us in her role as part-time administration officer.

Riza Yaman

#### **Multicultural HIV and Hepatitis Service**

Phone: 02 9515 5030 | Fax: 02 9550 6815 | Email: info@multiculturalhivhepc.net.au | Web: www.multiculturalhivhepc.net.au Street: Level 1 Building 12, Cnr Grose St & Missenden Rd, Camperdown NSW 2050 | Post: PO Box M139, Missenden Road, Camperdown NSW 2050





# **PROJECT**NEWS

## **Clinical issues - Dash and Donatella**

Dash and Donatella are the new dynamic duo for clinical supervision for the rest of 2014. Dash is back from leave and Donatella joins our team while Effie is on leave until July 2015.

Donatella comes to the service with much experience working with diverse groups and communities and is a welcome addition to the team.

With the two clinical supervisor positions now filled, group and individual supervision have recommenced and we look forward to the remainder of the year working with clients and co-workers.

## Viral hepatitis health promotion -Marina

Much has happened since the last update! Four communities (Chinese, Indonesian, Vietnamese and Arabic), from the Hepatitis B Community Alliance NSW, were successful in obtaining community grants to run activities around World Hepatitis Day.

These activities included:

- a press conference for the Chinese media
- a Vietnamese community event
- a series of interviews on Vietnamese TV
- an interview on SBS Arabic radio
- development of a poster for the Arabic-speaking community



In June, co-worker Lucy Mukoko and I ran a hepatitis B community session at the African Health Conference in Parramatta. I also ran two hepatitis B sessions for Chinese and Arabic-speaking community workers in Campsie and Blacktown, respectively. The Hepatitis B Mapping Project report launched last year by ASHM showed that local Italian and Greek communities are significantly affected by hepatitis B. To increase our capacity to work with these two communities, we trained an Italianspeaking, and a Greek-speaking co-worker to run community education sessions.

## Indonesian hepatitis B project -Gustinia

The project has wasted no time in getting important information about hepatitis B out to the Indonesian community. Since June, we have already conducted three community education sessions:

- Campsie, community leaders, workers and volunteers, 15 participants
- Campbelltown, Indonesian Australian Family Association, 80 participants
- Punchbowl, Indonesian Welfare Association, 30 participants



The sessions were a success, with participants demonstrating increased knowledge of the transmission, prevention, and treatment of hepatitis B.

Indonesian Independence Day, or 'Hari Merdeka', was celebrated on Sunday 17 August. The Indonesian Community Council hosted a colourful cultural festival at Leichardt Town Hall. Amongst song, dance, and lots of spicy food, the project engaged community members and distributed resources about hepatitis B.

We look forward to the project's future work, including an interview with SBS Indonesian Radio and holding further community education sessions.

# **CO-WORKER'S**VIEWPOINT

# Kanyarat's experience

I visited Australia in 1987 and was impressed by the country. I loved it and thought about migrating. I applied a few times under independent grounds, but my applications were unsuccessful. Finally, in 1990, my application was accepted under spouse grounds after I married an Australian. I currently work as a translator/interpreter for Centrelink, and volunteer at Vinnies and the Aboriginal Art Gallery.

I first became involved with the MHAHS in 2008 as an Advisory Committee member for a Thai community project. Around that time, my nephew in Thailand died from HIV. So I became interested in the area at both a personal and professional level. I was aware that HIV is an issue for the Thai community both at home and in Australia, and I wanted to use my knowledge and experience to help.

After my involvement with Thai project, I became a co-worker in 2009. Since then, I have been on the newsletter editorial committee, contributed to developing content for the website, and also provided support to clients. I have two HIV clients, and share one hepatitis C client with another co-worker.

With my HIV clients, I act as a link between them and other organisations and services. One of my clients has just moved to Sydney from Darwin, so I also play the role of a 'tour guide' to show her around and introduce her to the Thai community in Sydney.

Interestingly, my hepatitis C client comes from a different background from me. However, our cultures are similar and we feel quite comfortable when we communicate. I accompany her to medical appointments, and also provide emotional support to build her self-esteem.

I've also found myself helping a client who is in a crisis situation. I have found that as a woman, migrant, and a trained co-worker, I have been able to be very supportive and help her through this difficult time.

Supervision gives me the opportunity to share my

experiences with other co-workers. I was extremely nervous the first time, but with the support of the whole team I am now confident. My supervisors are fantastic. They have helped me to prepare both professionally and emotionally before working with clients. Another good thing is that my supervisors listen to my suggestions. They don't let me feel that they are 'above' me or they are my 'boss'.



The training provided by MHAHS is very good, but the sessions are never long enough! I always feel that we run out of time and there isn't time for questions and discussion. The most recent training session on presentation skills was excellent. It would be great for all co-workers, especially newer ones, to undergo this training. I also appreciate that MHAHS consults with co-workers about choosing topics for training. It makes me feel that the service respects our feedback and opinions.

It's excellent the MHAHS helps clients from various backgrounds with issues around HIV and hepatitis. I know many people who are unable to access support due to language and cultural barriers. Coworkers can encourage clients to overcome those barriers and access the support they need. I'm grateful for the opportunity to do this meaningful job at MHAHS. For me, the reward is sharing the time with clients, and helping them on their way in fighting their disease.

# FEATURE

# AIDS 2014: A week of heartbreak, hope, and renewed commitment

The 20th International AIDS Conference convened in Melbourne to share reports on progress, breakthroughs, and best practices in controlling the HIV/AIDS epidemic. The conference included thousands of delegates from more than 200 countries representing the medical, research, government and advocacy sectors, as well as from the communities most affected by HIV/AIDS, including young women, men who have sex with men, transgender people, sex workers, and people who inject drugs. Keynote speakers highlighted the need to focus efforts on specific geographic areas and key affected populations. For example, greater work needs to be done to reduce the staggering HIV burden that is borne by adolescent girls and young women in sub-Saharan Africa.





The new UNAIDS Gap report, released in advance of the conference, underscored the tremendous progress that has been made in combating HIV/AIDS. Worldwide, new HIV infections have fallen by 38 per cent since 2001; AIDS-related deaths have declined by 35 per cent since 2005; and nearly 13 million people had access to lifesaving antiretroviral therapy at the end of 2013.

Despite this unprecedented progress, a number of critical gaps remain. For one, an estimated 19 million of the 35 million people living with HIV/AIDS globally do not know their HIV-positive status. This lack of awareness not only impedes people living with HIV/AIDS from receiving care and treatment, but also facilitates onward transmission of HIV.

In session after session, the conference also heard the devastating impact of stigma and discrimination in hindering access to HIV services and information. In communities where stigma and discrimination prevail, so does HIV.

Other key themes of the conference included the effective use of data to develop innovative programs, enabling social justice and human rights to empower sexual decision making, and the deliverability of new technologies.

On a final note, the conference was deeply affected by the tragic loss of life on Malaysia Airlines Flight MH17, including the death of six global health colleagues who were en route to the meeting. As a community, the conference rallied to affirm their lives and hopefully inspire a new generation of global health advocates, activists, scientists and clinicians to dedicate their lives to saving others.

> www.huffingtonpost.com Amb Deborah L. Birx, M.D 11 August 2014

# **FEAT**URE

The 20th International AIDS conference, one of the largest health conferences in the world, was held in Melbourne, July 20th-25th. Four MHAHS staff - Barbara, Gai, Marina, and Solomon -joined 14 000 delegates from more than 200 countries to discuss progress, breakthroughs, and best practices in responding to the HIV/AIDs epidemic.

The conference, "AIDS 2014: Stepping Up the Pace", was held in the expansive Melbourne Convention and Exhibition Centre. The program covered a truly exhaustive breadth of topics, delivered through panel discussions, workshops, cultural performances and more. Keynote speakers included Executive Director of UNAIDS Michel Sidibe, 42nd President of the United States Bill Clinton and musician/activist Sir Bob Geldof.

While the week was demanding, it was undoubtedly worthwhile. Our staff return from Melbourne with fresh ideas, new knowledge and a deepened sense of unity with the global HIV movement.

# Reappearance of HIV in "Mississippi Baby"

One of the biggest announcements at the AIDS 2014 conference concerned the reappearance of HIV in a girl who had maintained an undetectable viral load off therapy for more than two years. This case has implications for cure research and for post-exposure prophylaxis (PEP) because it implies that lifelong infection may become established much earlier than previously thought.

In the case of the 'Mississippi baby', a young girl was started on HIV therapy within hours of birth. Her viral load had dropped to below 20 copies/ml within four months. When 18 months old, she dropped out of care and stopped taking treatment. When her mother re-presented for care 11 months later, the little girl still had a viral load below 20 copies/ml.

The case attracted a lot of attention as a possible cure. Tests indicated that the girl had lost her antibody response to HIV and became HIV-negative. It was possible to find HIV DNA within white blood cells, but at the exceedingly low level of less than 2.6 copies per million cells.

It was therefore disappointing when, at the age of three years and nine months, tests showed that HIV had reappeared and the young girl had a viral load presented a developed antibody response, meaning of 16 750 copies/ml. In further tests, the girl she was again 'HIV positive'.



Researchers propose the virus had probably been carried as a single piece of HIV DNA within a handful of dormant cells until some kind of immune stimulant such as another infection caused the reappearance of an active infection. The challenge now was to understand the unpredictable nature of viral rebound.

Meanwhile, the little girl herself is back on treatment and her viral load heading back down towards undetectability.

www.aidsmap.com 22 July 2014

# AROUNDTHEWORLD

#### GLOBAL

#### **HCV Community Advisory Board**

The first Hepatitis C World Community Advisory Board Meeting met in Bangkok in February 2014. More than 40 international activists strategised how to increase international treatment access for the hepatitis C virus. Key issues addressed included intellectual property, patent updates, pharmaceutical negotiations and outreach to at-risk populations.

www.treatmentactiongroup.org 14 July 2014

## **KENYA**

#### 13,000 babies born with HIV each year

Kenya's Ministry of Health recently released statistics stating that approximately 13 000 babies are born with HIV annually, averaging 35 infants each day. Health Secretary James Macharia said, "This trend is unacceptable and must be reversed. There is need to ensure continuity care throughout pregnancy and beyond. This will eliminate

mother-to-child transmission of HIV and reduce maternal and child deaths."

Allafrica.com 21 June 2014



# **CENTRAL AMERICA**

#### HIV-positive women pressured to sterilise

HIV-positive women in Central America are being pressured to undergo sterilisation by prejudiced health workers, a study showed.

"Women are told that if they have another pregnancy that either they will die or their children

will almost surely acquire HIV and die," a researcher said. In one case, a young Salvadoran said nurses threatened to deny her a Caesarean unless she signed up to be sterilised.

www.aidsmap.com 23 June 2014

## VIETNAM

**HIV rising among MSM** 



From 2006 to 2009, HIV prevalence among MSM in Hanoi jumped from 11% to 20%, and in Ho Chi Minh City HIV prevalence doubled from 6% to 14% over the same period, according to 2012 surveillance.

Social stigma has forced the Vietnamese MSM community to operate mainly underground, which makes it difficult for advocacy services to reach.

A 2012 UNAIDS report noted that only 2% of total HIV prevention funding in Vietnam went toward MSM in 2010, and that the country has no specific strategy for this high-risk group.

www.iasociety.org 16 May 2014

#### MALAYSIA

#### New HIV cases drop by half within 11 years

Malaysia has seen 50% fewer new HIV cases since 2002, according to the Health Ministry. This reduction has been attributed to the country's needle-exchange and methadone replacement therapy programs launched in 2006. However, the country has seen a dramatic rise of sexual transmissions, contributing to 74% of new HIV cases compared with only 32% just five years ago.

# AROUNDTHEWORLD

## SOUTH AFRICA

#### High rates of drug resistance among HIV-positive infants

A study from Johannesburg has reported a high prevalence of drug resistance to a particular class of antiretroviral drug (NNRTI) among infants newly diagnosed with HIV.

The investigators believe their data confirm "that the majority of newly diagnosed HIV-infected infants and young people will carry NNRTI-resistant virus." The study recommends that all children and young people living with HIV should start HIV therapy with a regimen based on a protease inhibitor.

www.aidsmap.com 13 July 2014

#### ZIMBABWE BOTSWANA MOZAMBIQUE Pretoria SWAZILAND NAMIBIA Johannesburg LESOTHO Bloemfontein Durban Atlantic Ocean SOUTH AFRICA Indian Port Cape Town Ocean Elizabeth

# EUROPE

#### **Recession fuels HIV infections**

In European countries, increases in rates of reported HIV infections among people who inject drugs in recent years have been associated with the economic downturn and income inequality.

Greece and Romania experienced an almost 20-fold increase in new diagnoses between 2010 and 2012. Research has suggested that mechanisms through which economic problems lead to infections remain unclear, but it is unlikely to be entirely due to less provision of harm reduction services – in many settings, very few services were available even before the recession.

www.aidsmap.com 21 July 2014

## GHANA

#### Rapper vaccinates hundreds against Hepatitis B

One of Ghana's stalwart rappers Okyeame Kwame a.k.a. "The Rap Doctor", has realised his humanitarian dream as hundreds turned out for Okyeame Kwame Foundation's free hepatitis B screening and vaccination exercise held at James Town, Mantse Agbonaa in Accra in July this year. "We want everyone in Ghana to know about the effects of hepatitis B so as to get vaccinated", Kwame said.

www.ghanaweb.com 27 July 2014

## NORTH AMERICA

#### New hep C drug helps HIV co-infection

In Washington, a new hepatitis C drug has shown early promise in patients whose infection with both HIV and hepatitis C has made them traditionally difficult to treat, said a recent study.

Patients were given Gilead Sciences' sofosbuvir, a drug approved for the US market in 2013 that has stirred controversy due to its high price tag - about \$1000 per pill, along with another well-known drug, ribavirin.

The results of the study were encouraging, with between 67% and 94% seeing their liver disease disappear and stay away for 12 weeks after they stopped treatment.

www.dailystar.com.lb 20 July 2014



# **PROJECT**NEWS

Cont. from page 2

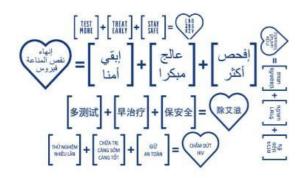
## **Publications - Solomon**

Did you know that most organisations send their 'mass emails' (e.g. newsletters, announcements) with the help of an online service? These services are called Email Service Providers (ESPs), and the MHAHS will begin to use one for Diversity News, our external newsletter.

Since June, we have researched several ESPs and compared their ability to meet our needs. From this analysis, we have selected a provider and are now poised to develop our first digital edition of Diversity News!

## **Education and Media - Sonam**

The MHAHS launched the *Ending HIV* equation in 18 languages to coincide with NSW HIV Testing Week (14-20 July) and the 20<sup>th</sup> International AIDS Conference. Aimed at encouraging people from culturally and linguistically diverse backgrounds to get tested for HIV, our campaign explained how the equation spells out what is required to make Ending HIV a reality as well as the changing nature of HIV prevention by highlighting new ways of testing, treating and engaging in safer sex.



During NSW HIV Testing Week, we also collaborated with ACON to launch a new health education initiative targeting Chinesespeaking gay men. The campaign uses Chinese proverbs to invite migrant Chinese gay men to join in Australia's response to HIV and highlights local cultural norms around HIV testing, patient confidentiality, and reinforces safe sex behaviour. Find out more about the resource at www.acon.org.au/chinesecampaign



The busy period continued with World Hepatitis Day/Hepatitis Awareness Week (28 July-3 August). Funded by Hepatitis NSW community grants, several groups from the Hepatitis B Community Alliance NSW had the opportunity to implement a range of community events and media work including interviews on popular community TV and radio programs.

We supported these groups to ensure their messages were clear, accurate and consistent. In addition, we produced several media releases covering the range of community activities surrounding this significant week. Overall, we engaged more than 20 community leaders from priority groups in our effort to raise awareness of hepatitis B.

