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MHAHS NEWS

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MANAGER'S MESSAGE

Dear Colleagues,

This year we have welcomed a number of new co-workers from a very diverse range of backgrounds, Solomon Wong to the permanent role of Publications Officer and Donatella Cifali to the part-time role of Clinical Supervisor. And after a long and well deserved break, we have also welcomed back Effie Katsaros to her role of Clinical Supervisor.

Throughout the year the MHAHS has continued to undertake a range of new and innovative projects focusing on HIV and hepatitis B. All of this work would not be possible without the support of our key partners and the work of all our staff.

I would like to thank you for your hard work and wish you a relaxing and happy break.

Barbara Luisi

EDITOR'S NOTES

I would like to wish you all the best for the festive season and a wonderful New Year!

The MHAHS office will be closing on Friday 25 December 2015 and will reopen on Monday 4 January 2016.



End-of-year party, 3 December 2015

Co-worker editorial committee

Natali Smud

Co-worker's Viewpoint

Yuliana Ada

Around the World

Jim Tan

Feature

NEWS

Welcome

To Effie who returns to her Clinical Supervisor role after more than a year of leave.

To Donatella who accepted to stay as a part-time Clinical Supervisor.

To Solomon in his permanent role as Publications Officer.

Goings

Best wishes and farewell to Fakhria Kakar, Kim Tien Du and Vikas Parwani who have recently resigned due to other commitments.

Farewell to Kanyarat Tresise as our Community Development Project Officer. In October, Kanyarat successfully completed the Thai HIV Project. Kanyarat continues with the service as a co-worker.

Riza Yaman

Multicultural HIV and Hepatitis Service

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Be 'PrEP'ped for the Fight Against HIV



A major breakthrough in the fight against HIV is generating a lot of buzz - PrEP, is being described as a "game changer".

PrEP stands for pre-exposure prophylaxis and is a new HIV prevention method in which people who are HIV negative take a daily pill to reduce their risk of contracting HIV. The pill is called Truvada and it contains two antiretroviral medicines (tenofovir and emtricitabine).

International clinical trials have shown that when taken daily, PrEP can reduce the risk of infection by up to 92%.

In the U.S., a study of people taking PrEP found not a single person contracted HIV over two and a half years of observation. The research showed despite rising rates of sexually transmitted infections (STIs) in the group, as well as a decline in condom use, PrEP protected everyone involved from acquiring HIV.

However, some HIV experts are critical of PrEP, arguing it promotes irresponsible sexual practices and may be responsible for declining condom use and rising rates of other STIs.

Short-term side effects of PrEP

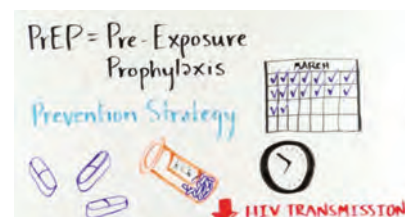
may include nausea, vomiting, fatigue and dizziness. Prolonged use may also affect kidney health and bone mineral density. If anyone is considering PrEP, they should talk with their doctor.

Truvada has been licensed for use as PrEP in the U.S. since 2012 but it is *NOT* yet licensed in Australia. Australians seeking PrEP have three options:

1. Join a clinical study. A new study in NSW will begin in 2016 with 3700 places.
2. Obtain an "off-label" prescription from the doctor and buy direct from local supplier, Gilead Sciences Australia (AU\$850 per month)
3. Get a prescription from the doctor and personally import or buy online the generic version of the drug (AU\$130 per month)

The history of HIV prevention has evolved over time just as much as its treatment. Those at risk of acquiring HIV need a range of options to best meet their individual circumstances.

PrEP may not be a magic bullet for all people; for one, it's too expensive for people at low risk of acquiring HIV. However, for people at risk of acquiring HIV who don't consistently use condoms, it offers a new way to reduce the risk.



Sources:
huffingtonpost.com.au,
bbc.com, theguardian.com,
endinghiv.org.au, abc.net.au,
unsw.edu.au

HIV medications are now free

If you take HIV medications, you can now get them for free.

Before 1 October 2015, a co-payment of \$37.70 or a concessional co-payment of \$6.10 applied for each HIV medicine prescribed.

To get medication for free:

- Ask your doctor for a 'patient consent form'. Make sure you both sign the form.
- Take this form with your prescription to the pharmacy. You will not be charged for your medication.
- You need a new form every time you pick up medications, including repeats.

This process is currently under review, so stay tuned for new information. Learn more at thechoiceisyours.positivelife.org.au

What's new in HIV?

THEN

Any anal/vaginal sex without condoms between an HIV-positive person and an HIV-negative person was considered high risk.

No pills to protect from getting HIV.

Treatment often delayed until necessary.

Payment of \$37.70 every time HIV medication is picked up.

HIV medications can only be picked up from hospital pharmacy.

NOW

If a person with HIV is on treatment and has an undetectable viral load, the chance of passing on HIV, even without a condom, is considered extremely low.

Read more about pre-exposure prophylaxis (PrEP) on the previous page.

Treatments recommended for all people living with HIV, as soon as possible.

No payment required when picking up HIV medication. Read more on the previous page.

HIV medications can also be picked up from local pharmacies.

Sex without condoms



"Prevention Pills"



Starting Treatment



Paying for treatment



Picking up treatment



Living longer with HIVDENMARK | 23 SEP | aidsmap.com

The life expectancy of older HIV-positive patients has improved substantially, according to Danish researchers. Investigators analysed mortality rates among HIV-positive patients aged 50 years and over between 1996 and 2014 and found the total life expectancy improved from 62 years to 73 years.

Top five concerns for aging with HIVSCOTLAND | 11 AUG | www.hivscotland.com

Through community forums, many people with HIV in Scotland have made it clear they are very concerned about growing older with HIV. The top five concerns were confidentiality, the effects of HIV medications, drug interactions, financial stability and ignorance and stigma.

Rapid HIV tests attract heterosexualsSPAIN | 16 SEP | aidsmap.com

30-minute HIV tests offered in local pharmacies in three Spanish regions were particularly successful in reaching heterosexual men, who amounted to nearly half of those tested. Seventy per cent of the 50 heterosexual men who tested HIV-positive had never taken a test before.

PrEP study engages transgender womenBRAZIL | 11 AUG | aidsmap.com

For the first time in a PrEP study, the researchers demonstrated high uptake and interest among a small but significant group of transgender women. The project found people at higher risk of HIV were more likely to seek and use PrEP.

2.5 year study shows no new HIV**infections among PrEP users**U.S. | 3 SEP | sfist.com

A San-Francisco study following 657 people taking PrEP reported no new HIV infections after 32 months. This is the first 'real-world' study of the drug, after clinical trials have convinced authorities to recommend its use in preventing HIV infection among at-risk individuals.

Free hepatitis C medicationICELAND | 7 OCT | icelandmonitor.mbl.is

The Icelandic government made a contract with pharmaceutical companies to provide new and powerful hepatitis C medication for 1,200 people. With approximately 1,000 individuals in Iceland who have hepatitis C, this news means everyone in Iceland diagnosed with the disease can receive treatment.

Alarming rates of hepatitis C in drug usersTURKEY | 29 AUG | ncbi.nlm.nih.gov

A recent study showed hepatitis C infection was an alarming problem among opiate users in the eastern part of Turkey. It is suggested to rapidly diagnose the infected persons; so preventative measures and appropriate control may limit further transmission.

Health workers at higher risk of hep CGERMANY | 10 OCT | reuters.com

Compared to the general population, health workers had 60 per cent greater chance of getting hepatitis C, according to German researchers. For those working directly with blood, the risk is almost tripled. The researchers say the accidental exposure to patients' blood is common among health care workers and grossly under-reported.

New hepatitis B vaccineCUBA | 14 AUG | jamaicaobserver.com

A new Cuban vaccine for chronic hepatitis B is currently undergoing clinical trials. Researchers say the new product – HeberNasac – is more effective and safer than the rest of those existing in the world. Clinical evaluation studies have been approved in Australia, New Zealand, South Korea, Singapore, Taiwan, Hong Kong, the Philippines and Thailand.

Liver cancer to remain highVIETNAM | 25 AUG | channelnewsasia.com

Vietnam introduced hepatitis B vaccinations for newborns in 2003, but doctors say it would take time for the benefits to show. This means liver cancer numbers are expected to remain high in Vietnam for the next 10 to 15 years unless authorities invest heavily in the life-saving work of treatment, monitoring and follow-up.

Petition for hepatitis B immunisationUGANDA | 2 SEP | allafrica.com

Residents of Ajuku village in Unyama sub-county are petitioning the government to implement mass immunisation of hepatitis B. Various studies have shown hepatitis B infection is highly prevalent in northern Uganda, ranging from 19-25% prevalence.

HIV travel ban liftedUKRAINE | 6 AUG | ibitimes.com

Ukraine announced it has lifted its ban on entry and foreign travel for HIV-positive people. The European Union demanded the repeal of the ban, which has lasted 14 years. Countries that still completely bar HIV-positive people from entering include Brunei, Oman, Sudan, United Arab Emirate and Yemen.

Education and Media - Sonam

These past few months the MHAHS ran a series of hepatitis B campaigns in African, Arabic, Chinese, Greek, Indonesian, Italian and Vietnamese communities. The campaigns were developed in partnership with the Hepatitis B Community Alliance NSW. It looked at hepatitis B from the perspective of a community leader (#TimeForAction), medical doctor (#KnowYourHepatitisBStatus) and a person living with chronic hepatitis (#ValueYourMind). Overall, the campaigns registered 39 media pickups including 17 interviews.

We take this opportunity to acknowledge all the support from co-workers during the campaigns. Co-workers helped as proof readers, language developers, spokespeople and information stall holders. Thank you to everyone!

HIV Awareness Week began Tuesday 24 November with a focus increasing HIV testing. The MHAHS supported the campaign by highlighting how increasing HIV testing across health care settings can benefit people from CALD communities.



MHAHS staff supporting the HIV Awareness Week activities in Newtown

Health Promotion - Marina

We have been working in partnership with the South Eastern Sydney Local Health District HIV/AIDS and Related Programs Unit, St George Liver Clinic and Navitas Hurstville (English school) to provide hepatitis B community education sessions and testing for their Chinese



Arabic community education session with Ghalib

students. Jim, one of our Mandarin and Cantonese speaking co-workers, ran three sessions in one day. It was a truly successful day, with more people registering to test than we could have expected!

Newly hepatitis B trained co-workers put their skills into practice with Vietnamese and Arabic carer community sessions. It's always a great pleasure to see co-workers delivering such important messages to their own communities in their own language! We also ran a session at the end of September for 25 care workers from the Greek community.

On Monday 16 November, we held a joint presentation on hepatitis B with Catherine Stevens, hepatitis B clinical nurse consultant from RPA. Around 16 staff attended and we received very good feedback.

Clinical Support - Dash and Donatella

Dash, Effie and Donatella will continue to be the team of Clinical Supervisors for 2016. Please be aware we all work part time and on different days. If you are communicating via email then it's best to email all of us. This way a timely response to your queries or issues can be assured.

Dash – Dash.Gray@sswahs.nsw.gov.au

Effie – Efimia.Katsaros@sswahs.nsw.gov.au

Donatella - Donatella.Cifali@sswahs.nsw.gov.au

The Clinical Support Program does not wind down over the end of year season. Indeed this can be a challenging time for many of our clients who are isolated or estranged from family, community and friends. While the MHAHS office will close from 25 December 2015 until 4 January 2016, the Clinical Supervisors will continue to be on-call and can be contacted on 0425 262 557 seven days per week 9am – 9pm. Please do not

hesitate to call if any client issues arise.

Co-workers are also reminded that work on public holidays can **not** be authorised. Please do not work on the public holidays (listed below). If there is an emergency situation with a client you will need to call the clinical supervisors on 0425 262 557.

Public holidays are:

Wednesday 25th December – Christmas Day

Monday 28th December – Boxing Day Observed

Thursday 31st December – Extra public holiday

Friday 1st January – New Year's Day

Tuesday 26th January – Australia day

We look forward to seeing everyone in 2016!

Community Development – Wa'e'l

Two community development projects were successfully completed in 2015 - the Indonesian hepatitis B project and the Thai HIV project. Both projects aimed to raise awareness, improve access to services and increase community capacity.

The highlight of the Indonesian project was the establishment of the Indonesian Health Committee of NSW, a community based structure



Kanyarat and Surinee at the Thai golfer workshop

to facilitate greater dialogue and debate within the Indonesian community about chronic hepatitis B.

In the case of the Thai project, beautiful Thai desk calendars were designed and distributed to raise awareness of HIV. The free calendars feature photography from local Thai artists along with messages promoting HIV testing, acceptance and knowledge.

I would like to acknowledge the work and efforts of Gustinia Dauner, the Indonesian Project Officer and Kanyarat Tresise, the Thai Project Officer, for their amazing abilities in accessing and mobilising their communities. Without their great work these projects would not have been as successful as they were.

2016 will see further community development work in both HIV and hepatitis B.

Huong's experience

Xin chào, my name is Huong and I am from Vietnam. I grew up in Saigon, a city in the south. In the past it was known as "the pearl of the Orient". Now it is officially called Ho Chi Minh City.

I have always worked in education. In Vietnam I completed a Bachelor of Arts and worked as a college teacher from 1985 to 1990. I moved to Australia in 1991 and married in the same year.

For five years I worked as a Community Development Officer, delivering educational sessions to raise awareness of gambling addiction in the Vietnamese community. From 2000 to present, I have worked at Centrelink, supporting people seeking employment and financial assistance.

In 2000 I was invited to participate in a HIV focus group for the Vietnamese community. It was the first time in my life I was involved with HIV. Through this experience, I discovered denial and stigmatisation of HIV in the Vietnamese community. I was shocked and felt an urgency to join the MHAHS. I knew it would be a great opportunity to provide proper education and support for my community. I joined the MHAHS in 2001.

As a co-worker, I organised education sessions, participated in information stalls at the Lunar, Chinese and Vietnamese New Year Festivals, collaborated in the development of numerous resources as well as contributed to the translation of factsheets and media releases. In addition, I participated in media interviews on SBS Vietnamese Radio as well as the famous Vietnamese broadcasting network 2VNR.

I have one client. She lives four hours from Sydney. In the beginning, she travelled here every three months for her check-ups. She needed a lot of support, not only because she was very ill while diagnosed with HIV, but also because of emotional and financial difficulties. Fortunately my client is doing very well now: she

is working part time and travels to Sydney only every six months to visit her specialists. I admire my client. She is a strong person with amazing survival skills.

I have learnt so much from clinical supervision sessions. It is great to share experiences with other co-workers and to have so many colleagues from different backgrounds. You share work experiences together with food, cultural beliefs... all aspects of life!



For me, the most challenging part of being a co-worker is the emotional side. While I perform a similar role at Centrelink, what I do at the MHAHS really touches my heart.

I am grateful for the support I receive from the clinical supervisors and the place they give us to explore, discover and prepare ourselves for the challenges of being a co-worker. The opportunity to work with my community and be involved with community education is the most rewarding part for me being a co-worker at the MHAHS!