



A statewide service hosted by
Sydney Local Health District

MHAHS NEWS

Issue No 24 | Autumn 2016 | Co-worker newsletter

EDITOR'S NOTES

Dear Colleague,

Changed your address or contact details?

You need to make that change through StaffLink to inform Human Resources, but it is also very important to let us know. We can update our records only by this information from you. Please advise me of any changes to your personal circumstances like overseas travel, phone numbers, starting a new full-time position or being unavailable for us due to other reasons. Please refer to the Co-worker Handbook, hard copy - page 9 or on website under MHAHS Co-workers.

Reporting work hours

Co-workers are required to email their work hours to the MHAHS at cowork@sswahs.nsw.gov.au. Work hours must be reported within 24 hours of the work being completed and no later than midnight on Sunday. Late reporting of hours will result in a delay in payment. Please refer to the Co-worker Handbook, hard copy - page 10 or on website under MHAHS Co-workers.

Reading instructions carefully

When you are assigned a task and given instructions, please read them carefully to prevent unnecessary waste of time and to increase efficiency.



Africultures festival -13 March 2016 at Lidcombe

Co-worker editorial committee

Adrian Pedra

Co-worker's Viewpoint

Nadia Matti

Around the World

Rocio Pizarro Marroquin

Feature

NEWS

Congratulations

Welcome to Faten Solaqa who has just started as the Arabic Community Development Project Officer on hepatitis C.

We also welcome Kim Trang Ha as the Vietnamese Community Development Project Officer on hepatitis B.

Goings

Best wishes and farewell to Solomon Wong as our Publications Officer. He has taken up the Health Promotion Officer role at the HIV and Related Programs Health Promotion Team.

Riza Yaman

Multicultural HIV and Hepatitis Service

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How schools are getting it wrong on HIV



Leo (not his real name) found out he was HIV positive when he was 12. A few months later, the teacher was discussing HIV. Some of the pupils were joking around and the teacher said, “Guys, it’s not funny. If you have HIV, you don’t have long to live. If you have HIV, you’re going to die.”

Leo couldn’t remain composed. His teacher noticed tears running down his face, took him out of the classroom and asked “What’s wrong?” Leo said, “Is that what’s going to happen to me, sir? I’m HIV positive.” Leo’s tale is one of many examples of how wrong schools often get it.

Fewer than half of teachers were aware mother-to-child transmission is the most common route of infection to children, according to a survey by the Children’s HIV Association (CHIVA) in the UK.

“Teachers aren’t a bad lot, but many of them are ill-informed,” says Magda Conway, CHIVA’s project manager, “The problem is that many of them got their information about HIV from the notorious AIDS campaign of the 1980s.”

CHIVA recently reissued guidelines to schools regarding pupils living with HIV.

According to Conway, schools need to ensure a pupil who discloses their HIV diagnosis will be sensitively and professionally supported.

“The biggest thing we’re fighting is the stigma that surrounds HIV, and the biggest problem for pupils who live with HIV isn’t physical health issues, it’s mental health issues. Children who are HIV positive are more likely to have mental health problems, more likely to self-harm, and more likely to take their own lives. And that’s all connected to the pressures that go with being HIV positive – and that’s what we want schools to help change.”

Source: *guardian.com*, 24 November 2015

Did you know?

- One child gets infected with HIV every two minutes.
- Mother to child transmission can be reduced to less than 5% if she has access to HIV treatment during pregnancy, delivery and breastfeeding.
- There is a liquid form of HIV treatment making it easier for children to take.



Source: UNAIDS, *Children and HIV Factsheet 2014*

New lifesaving hepatitis C treatments

New hepatitis C treatments are now available

From 1 March 2016, new generation, direct-acting antiviral (DAA) medications are available to Australians living with chronic hepatitis C. They are more effective, easier to take and have fewer side-effects than the older medications.

The new treatments are much better than old ones

Old treatments	New treatments
45-65% cure rate	90-95% cure rate
Weekly injection plus daily tablets	Daily tablets
Can have severe side effects (e.g., fatigue, nausea, vomiting)	Very few side effects
26-52 week course duration	8-12 weeks course duration in most cases

Anyone can get the new treatment

The new treatments are available to all people living with hepatitis C over the age of 18 and who have a Medicare Card. This includes people in prisons and people who inject drugs.

GPs can prescribe the treatment and it can be picked up at most local pharmacies. There is no cost for the medicine. Patients must pay the usual dispensing fee, per medicine, of \$38.30 for general patients or \$6.20 for concessional patients.

New medicines

sofosbuvir + ledipasvir (Harvoni®)

sofosbuvir (Sovaldi®)

daclatasvir (Daklinza®)

ribavirin (Ibavyr®)]

Will the new treatments affect client support at the MHAHS?

The MHAHS will continue to provide support to people who have been assessed for or are undergoing hepatitis C treatment as deemed appropriate.

AROUNDTHEWORLD

FRANCE | 24 Nov 2015 | www.aidsmap.com

PrEP approved

France has become the first country outside the USA to approve free pre-exposure prophylaxis (PrEP) for people who need it. PrEP is the use of drugs taken by HIV negative people to prevent HIV. PrEP will be available for people who cannot use condoms regularly and belong to high risk groups.

CANADA | 25 Jan 2016 | www.news.vice.com

Hepatitis C can be cured

Hepatitis C transmissions continue to rise in Canada, despite there being a cure. New 'direct acting antiviral' (DAA) medicines can cure more than 95% of patients through a 12-week program. However, a full course of treatment averages AU\$62,000 and is not covered by all public health plans.

SPAIN | 18 Nov 2015 | www.aidsmap.com

PrEP study

A study in Barcelona found PrEP is a cost-effective measure for two thirds of highly sexually active gay men (more than ten partners in six months). The study also found single men and men in open relationships had twice the chance of acquiring HIV than men in monogamous, committed relationships.

JAMAICA | 23 Nov 2015 | www.jamaicaobserver.com

Relationship violence increases HIV risk

Jamaican researchers say women in abusive relationships are at higher risk of getting HIV. These women find it difficult to refuse sex, get their partners to be faithful, or use a condom. The United Nations is funding projects to train community educators about recognising abusive relationships and how to help.

AFRICA | 2 Dec 2015 | www.keycorrespondents.org

Largest HIV self-testing project launched

Malawi, Zambia and Zimbabwe are taking part in the largest HIV self-testing project in Africa. Over four years, 2.7 million HIV self-testing kits will be distributed. Self-testing kits address multiple barriers to HIV testing in Africa, including high levels of stigma, long distances to reach testing sites and long waiting times.

RUSSIA | 2 Dec 2015 | www.washingtonpost.com

TV host-announces he is HIV-positive

Pavel Lobkov, a Russian television host, announced on air he was diagnosed as HIV-positive in 2003. It was the first time in recent memory any Russian celebrity, major or minor, has publicly made such an announcement. Lobkov received mostly positive support through social media, reflecting improving attitudes towards HIV in

TAIWAN | 23 Dec 2015 | www.taipeitimes.com

Hepatitis B carriers unaware

Taiwan has a high rate, 10-15 per cent, of people exposed to hepatitis B. The disease is more common in people above 30 years of age, as hepatitis B vaccinations for newborns were launched in 1984. Researchers say about 1 million people living with hepatitis B need treatment but only 170,000 are accessing it.

PAKISTAN | 22 Jan 2016 | thenews.com.pk

80,000 die every year due to hepatitis C

Latest reports show there are about 8 million people living with hepatitis C in Pakistan, with almost 80,000 dying every year due to liver disease. The government is establishing more liver transplant facilities and working with the World Health Organisation to launch training campaigns for treating hepatitis.

INDIA | 5 June 2015 | zeenews.india.com

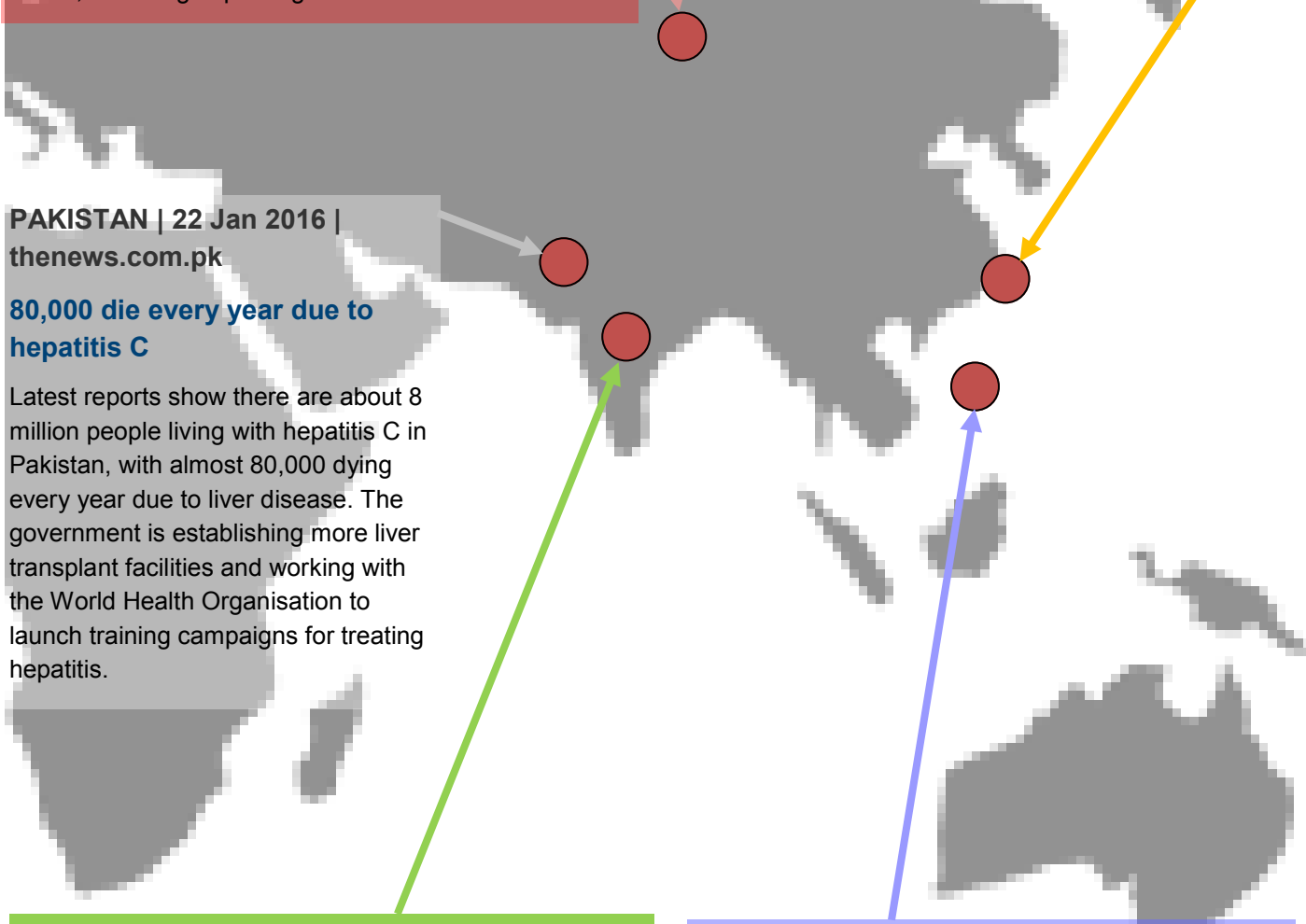
Hepatitis C can be eradicated by 2050

New hepatitis C medicines give hope to ridding India of hepatitis C by 2050. It is estimated 288,000 new infections occurred in India in 2014, with 96,000 people dying of the virus each year. Areas of high burden include Haryana and Punjab.

PHILIPPINES | 22 Jan 2016 | www.pulitzercenter.org

HIV: State of emergency

The number of reported HIV cases in the Philippines has increased by more than 277 per cent over the last five years. More than 80 per cent of recorded HIV infections are concentrated among men who have sex with men. Safe sex campaigns are routinely stalled in the devout Catholic country, as they are seen to be promoting promiscuity.



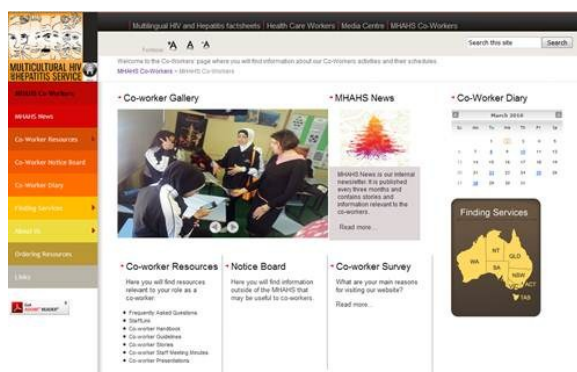
Education and Media - Sonam

2016 promises to be another exciting year as we build on our work in 2015, when we gained wide coverage in ethnic media. We look forward to working with our co-workers, community organisations, health care services and the community media. Our common aim is to increase awareness of HIV and viral hepatitis in our communities.

Our website www.mhahs.org.au remains an important tool to help us communicate with our partners. Whilst our website contains information on various issues, multilingual factsheets on HIV and viral hepatitis remain the most popular information for our visitors.

Please continue to check-in at our co-worker section of the website using password coworker@mhahs. The section features stories

about co-workers, details of upcoming training and meetings, news, guidelines and commonly asked questions.



World Tuberculosis Day—24 March

Visit www.mhahs.org.au for interviews and more information.

Health Promotion - Marina

On 4 December we held a HIV forum for CALD workers in St George. The forum was held in partnership with the HARP Health Promotion Team from South Eastern Sydney Local Health District (SESLHD) and Short St Clinic. About 15 people attended and their feedback was very positive.

On 23 December, our Arabic speaking co-workers ran a hepatitis B community education session in Auburn for a group of 20 seniors.

January has been quiet in terms of activities, but not in terms of planning! We are working in partnership with HARP SESLHD and 3 Bridges (a community organisation based in the St George area) on a HIV project for the Chinese community. They have recruited 17 Cultural Ambassadors. We will hold training and focus groups with the ambassadors to develop culturally appropriate messages. Watch this space for updates!

The hepatitis B testing clinic we ran last year at Navitas for Chinese speaking students was really successful with 44 people tested. We are planning a second one for May.



Jim Tan presenting at Navitas hepatitis B testing clinic.

Clinical Support - Effie, Dash and Donatella

The period over summer has been both quiet and busy, with the holiday season break, and the clinical supervision team responding to a spike in referrals in late 2015. Newly-referred clients have been linked to some of the more recently recruited co-workers, who are in turn the latest members of the monthly supervision groups.

Effie, Dash and Donatella have been focussing on reviewing their client load and individual supervision arrangements. Having three Clinical Supervisors has allowed for an additional Wednesday evening supervision group to be offered, allowing more choice to co-workers.

An in-service at Bobby Goldsmith Foundation, participation in the Southeast Sydney CALD HIV Forum and the last training and Christmas party for co-workers for 2015 was a productive end to

the year. 2016 will be a busy and interesting year for us all.



Community Development

Community Development – Wa’el



I am very pleased and excited for this year’s community development projects.

We will work with the Arabic community in the area of hepatitis C and the Vietnamese community in the area of

hepatitis B. Both projects aim to increase the capacity of communities to deal with viral hepatitis. We will work closely with grass roots community organisations including mosques, churches and Buddhist temples as well as community leaders, community workers and the community media.

New Project Officer - Faten Solaqa

I am very excited and pleased to join the team at MHAHS as the Arabic Project Officer to work with the Arabic community in the area of hepatitis C.

The project will work with men, women and young people to increase the capacity of the Arabic community in NSW to respond to hepatitis C issues.

I am sure that with the support of my Arabic co-workers and my colleagues at MHAHS, we can do a lot together.



Jenny's experience

Ni hao, my name is Jenny. I was born in China and worked in Shanghai as an electrical engineer. In 1989, I came to Australia by myself to study a Diploma in Community Welfare Services. After graduating, I worked as a case worker assisting newly arrived migrants, refugees and humanitarian entrances to settle in Australia. It was a very interesting job that provided me with valuable skills and knowledge in the community sector.

Now I provide home-based social support for frail elderly people and people with disabilities. I love my job. It gives me the opportunity to meet people from diverse cultural backgrounds and learn different customs and cuisines. During my free time, I enjoy cooking, knitting, reading, bush walking and travelling. I like healthy hobbies!



Before joining the MHAHS in 2007, I did not know much about HIV or hepatitis. When I saw the co-worker job advertisement, I was curious. I knew the Chinese community avoided talking about HIV and there were many misunderstandings. I wanted to change that so I applied and became a co-worker.

On the first day of training I thought, "Wow, what an amazing place to work!" The MHAHS is a friendly and supportive working environment. I have learnt so much in my time as a co-worker – from updates about HIV and hepatitis to how different cultures manage disease and illness. I have enjoyed learning so many new things!

I have been involved in many campaigns at the MHAHS, such as World AIDS Day, World Hepatitis Awareness Day and World Mental Health Day. I have edited media releases, conducted focus groups and performed radio interviews. I really enjoy the work because it helps me develop my existing skills as well as learn new ones.

My first client was in 2013. She was from Burma and living with hepatitis C. We built rapport right away. I helped her to be more independent. I gave her information about nearby local services, guided her to obtain legal advice and taught her how to find services using the internet.

At the moment I have a female HIV positive client from China. She does not speak English. We meet and sit in her car. I give her information about services and provide emotional support. My focus with client work is "empowerment". I want them to be independent after they are discharged from the service. To do this well, it is important to talk about their individual issues and help them find solutions.

I feel sad when a client's issues are beyond our ability to solve. Sometimes the client puts great hope into our service and expects positive outcomes. However, when the outcome is not what was expected they can be very disappointed. This is the biggest challenge for me.

Being a co-worker is a wonderful experience. I have learnt so much and keep on learning!