



A statewide service hosted by
Sydney Local Health District

MHAHS NEWS

Issue No 26 | Spring 2016 | Co-worker newsletter

MANAGER'S MESSAGE

HEALTH ROSTER & WHAT IT MEANS FOR YOU

As you heard at the recent co-worker staff meeting, the SLHD is moving to a new system to record and pay hours worked by all staff. This system will start on 10 October 2016. There will be NO change to the way you report your hours; you will continue to send an email, just as you do now.

HOWEVER, you must report your hours as soon as they are worked as the new system does not have the capacity to go back once the pay period has ended. Please call Alan or Barbara if you have any questions.

Barbara Luisi

EDITOR'S NOTES

Welcome to the Spring issue of MHAHS News for 2016. Hope you will enjoy reading it.

Thank you to everyone who attended the co-worker staff meeting on 7 September night and for your great interaction with the guest speakers. They provided very positive feedback.



Wa'el, Faten and Kim at the Granma Multicultural Festival,
Addison Road Community Centre, Marrickville

Co-worker editorial committee

Tanni Summers

Feature

Surinee Record

Co-worker's Viewpoint

Tim Chen

Around the World

NEWS

The annual intensive training was held on Saturday 16 July in Camperdown and Saturday 23 July in Auburn. 'Communication and Negotiation Skills' was the topic of the training and was very well received by the attendees.



Goings

We say farewell to Amy Won, Korean speaking co-worker, who moved down to Melbourne.

We thank her for the work she has done with MHAHS and wish her well in the future.

Riza Yaman

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Access to HIV home tests doubles the frequency of HIV testing in Australian gay men

At the 21st International AIDS Conference (AIDS 2016) Muhammad Jamil of the Kirby Institute presented research results of a trial conducted with Australian gay men and HIV self-testing (devices for home testing). The trial has shown that easy access to self-testing kits can double the times with which men test for HIV, particularly for those that don't test often.

In the process of this research, researchers asked what men liked about HIV self-tests. The results showed that 92% of men liked being able to test themselves. The men also mentioned convenience (83%), not needing to go to a doctor or clinic (75%), getting the result within minutes (74%), being able to test when you want (74%), saving time (66%), privacy (62%), not requiring a blood sample (51%), being able to test partners (41%), and being less embarrassing (26%). The only negative points about HIV self-testing to be agreed with by a comparable number of people were it not being possible to have a full sexual health check (57%) and the results being less accurate (25%).

The findings strengthen the evidence that access to free HIV self-testing increases testing frequency in high-risk gay and

HIV should test every three to six months. However, a third of men at higher risk test once a year or not at all.



Muhammad Jamil presenting at AIDS 2016. Photo by Roger Pebody, www.aidsmap.com

bisexual men, concluded Muhammad Jamil.

HIV self-tests have been approved for sale in other countries such as the United States, United Kingdom and France. Australian policy changed in 2014 allowing manufacturers to submit self-tests for regulatory approval, but none have done so yet. In addition, Australian guidelines recommend that sexually active gay men should test for HIV at least once a year and that men at higher risk of

At the same time, in the UK, a large trial called SELPHI is about to recruit 10,000 men who have sex with men. The trial aims to assess whether access to self-testing for HIV (offered at no cost via the internet) leads to increased rates of HIV diagnosis and links to care.

Source: NAM [aidsmap](http://aidsmap.com), Roger Pebody, 24 July 2016

Can We Say Goodbye to the Word AIDS?



For a long time the word AIDS has been such a dreaded and horrifying word that no-one wanted to hear. There is so much stigma attached to the word 'AIDS' so in many ways doing away with it would show the progress made in HIV treatment.

In the past an AIDS diagnosis was not only about the loss of people but also about people losing their jobs, their homes, and their identities. AIDS was associated with a very high short-term mortality in the absence of effective antiretroviral treatment. Today an AIDS diagnosis is not the same as a diagnosis in 1986.



Hyman Scott, MD



More impressive HIV treatments allow people with an AIDS diagnosis to respond well to antiretroviral therapy, see immune system recovery and live many years. "AIDS is no longer a death sentence by any means" says Hyman Scott, MD, a HIV infectious disease physician at San Francisco Department of Public Health.

In 2015, the Centre for Disease Control (CDC) in the US, changed the terminology used in surveillance reporting and replaced 'AIDS' with 'HIV stage 3' adding a new 'Stage 0' to classify very recent HIV infection. This change has raised interesting opinions about the clinical value and meaning of an 'AIDS' diagnosis.

A long term survivor and HIV activist in San Francisco, Matt Sharp said by taking AIDS off the table may reduce the stigma however, there may be some



people that hold onto it as a sort of 'badge of honour'. Vince Crisostomo from the San Francisco AIDS Foundation,



Vince Crisostomo

has been living with AIDS for more than twenty years and feels that there's a history and identity tied to the word 'AIDS. He says that AIDS is part of his identity which ties him to the emotional issue and the courage to carry on with the diagnosis. He believes that the changes in such language can feel like they are discounting or marginalizing people who have lived through the epidemic.

Source: BETA (www.sfaf.org), Emily Newman, 5 May 2016

AROUND THE WORLD

UNITED NATIONS | 8 June 2016 | www.dw.com

UN aims for 2030 end to AIDS pandemic

Ending the AIDS pandemic by 2030 has been set as the goal by UN member nations. They've also pledged treatment worth \$30 million for HIV sufferers by 2020. Critics say the declaration doesn't go far enough. Further an explicitly call for an end to discrimination against gay, bisexual and transgender persons is needed.

CANADA | 12 July 2016 | www.aidsmap.com

Incidence of liver cancer is increasing in people with HIV/HCV

Incidence of liver cancer is increasing in people with HIV/HCV co-infection. New HCV treatment with direct-acting antivirals and earlier HIV treatment will likely reduce the rates of liver cancer and other liver events, but development of cancer is also related to SVR [sustained virological response], alcohol abuse, non-alcoholic steatohepatitis, or other hepatotoxic exposures. Overall, continuous surveillance of incidence trends is needed.

GAMBIA | 27 July 2016 | www.eurekalert.org

Screen-and-treat scheme for hep B

To catch hepatitis infection early, before it causes conditions such as liver damage or cancer, a research team ran a cost effective program called 'Screen and Treat'. The program used a cheap instant test to screen people for the virus in the Gambian community, and referred infected individuals for further liver tests and treatment.

USA | 6 July 2016 | www.eurekalert.org

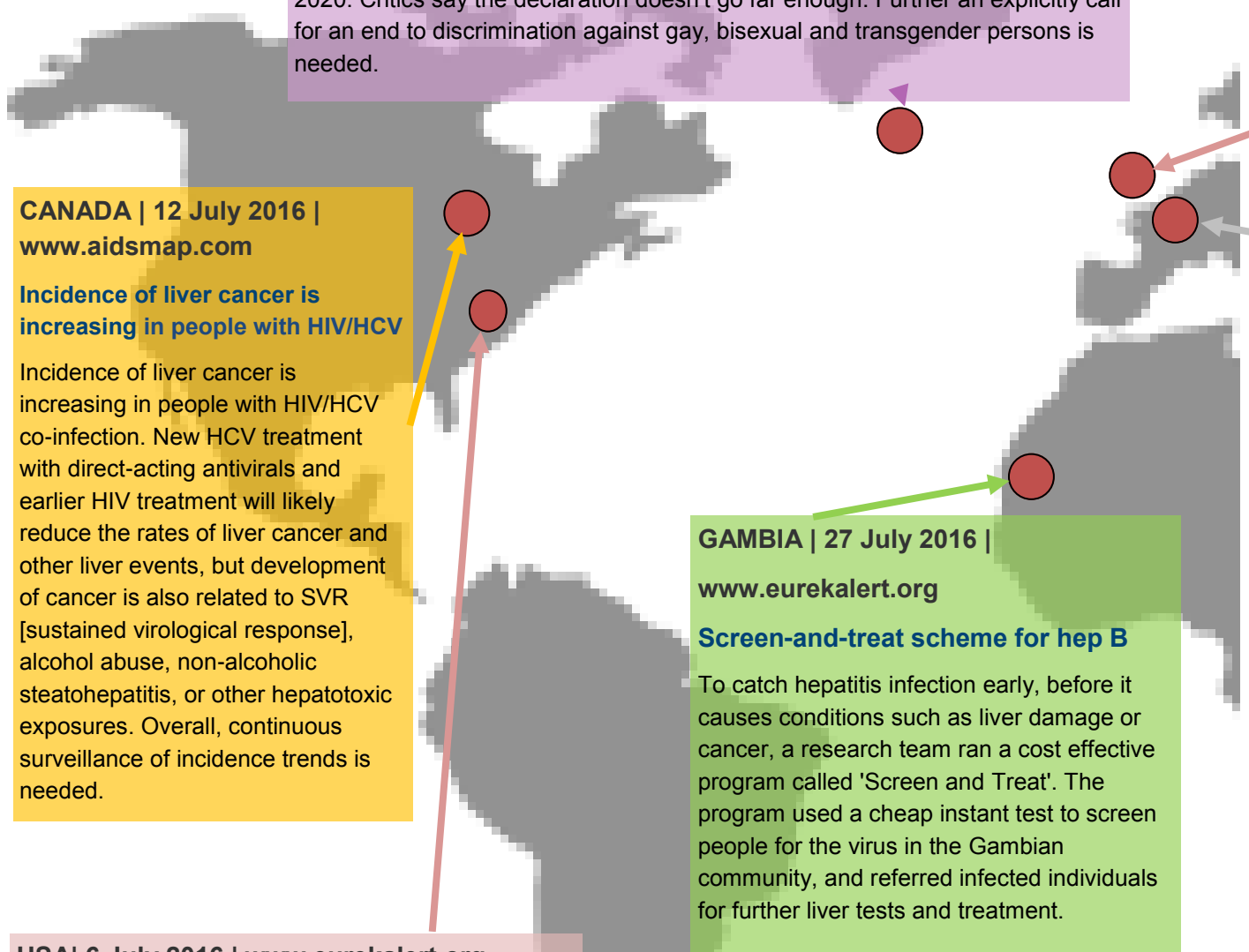
Complete clearance of hep B is rare - especially in women and people of Asian descent

Hepatitis B virus (HBV) infection is extremely common, affecting approximately 250 million people worldwide. Researchers in several different US sites claimed that complete clearance of HBV was not only rare, but also related to gender, age and ethnicity.

SOUTH AFRICA | 16 June 2016 | www.aidsmap.com

HIV treatment reduces HIV transmission by 77% in South African couples

A population-based study was conducted in rural South Africa and the findings showed that antiretroviral treatment reduced the risk of HIV transmission by 77% in serodiscordant couples. However, the incidence rate recorded among partners of people on antiretroviral therapy was 1.4% of follow up therefore more prevention interventions are needed to eliminate HIV in serodiscordant couples.



UK | 30 June 2016 | www.aidsmap.com

Vaccination could have an important role in control of HCV epidemic among people who inject drugs

Based on a study of three vaccination scenarios amongst people who inject drugs (PWID) in UK, a vaccine, even with low efficacy, could lead to meaningful reductions in the incidence and prevalence of hepatitis C virus (HCV) in this group.

BOTSWANA | 3 June 2016 | www.reuters.com

Botswana gets GSK's modern HIV drug in largest ever Africa deal

A new approved HIV drug called dolutegravir is being rolled out in Botswana as a core medicine for newly diagnosed patients. It will allow people living with HIV in Botswana to have access to the drug as part of a national 'test and treat' initiative. The medicine prevents viral DNA from integrating into the genetic material of human immune cells.

BELGIUM | July 2016 | www.positivelivingmagazine.com.au

One step closer to curing HIV?

A research team in Belgium developed antiviral inhibitors which can suppress the replication of HIV. As a result, the virus does not multiply once the treatment is stopped. The findings still need to be tested on mice and in clinical studies, but at least a cure for HIV is one step closer.

THAILAND | 7 June 2016 | www.unaids.org

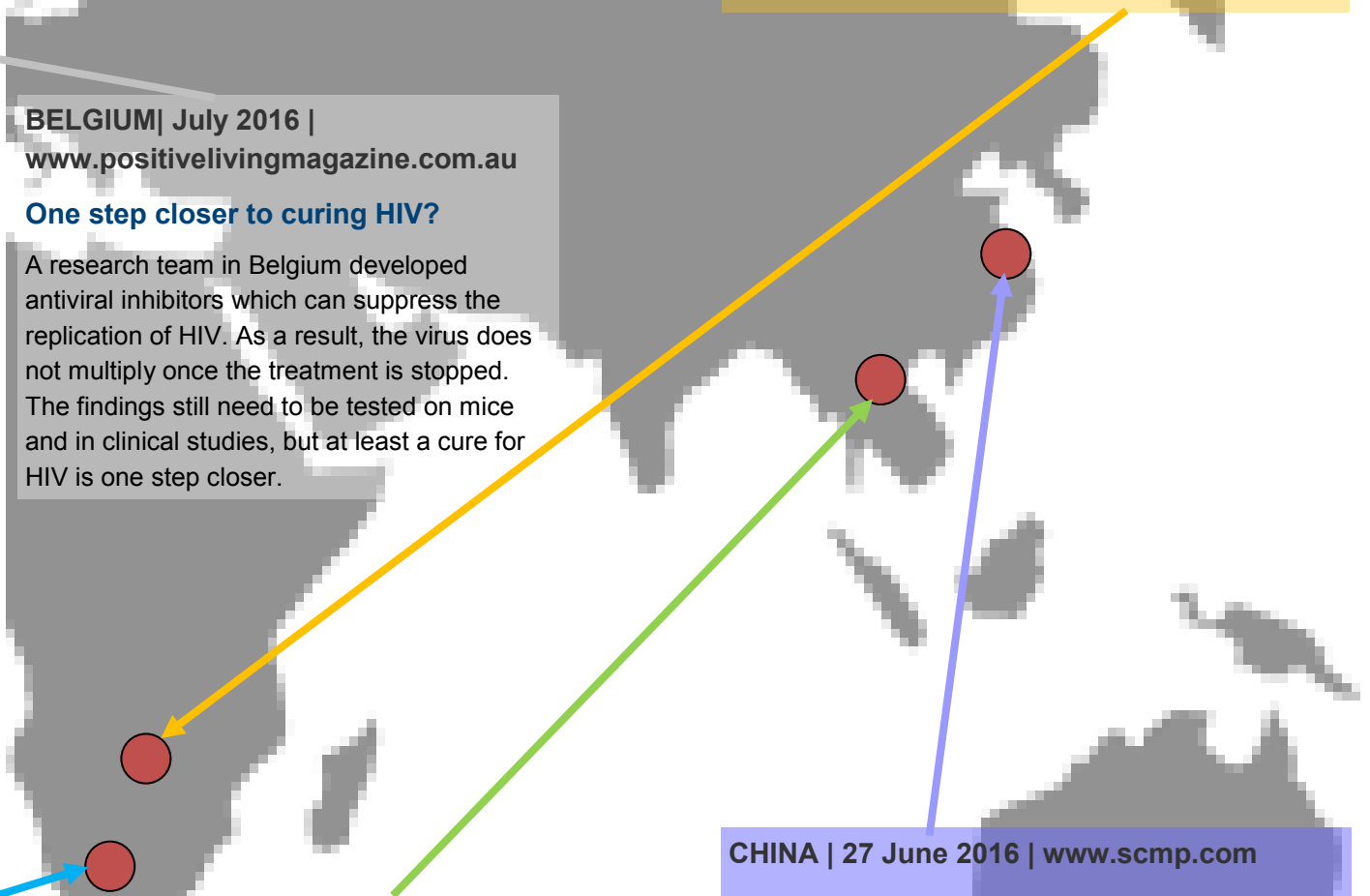
Thailand is the first country in Asia to eliminate mother-to-child HIV transmission

Thailand received validation from WHO that it became the first country in Asia to eliminate mother-to child transmission of HIV and Syphilis. Thailand's pioneering success and leadership demonstrates how countries can make real change when good policy is followed up with high-level commitment.

CHINA | 27 June 2016 | www.scmp.com

China making HIV self-test kits more accessible

China is now aiming to make HIV self-test kits widely available due to the number of infections among young people on the rise. Although over-the-counter or online sales of self-test kits for the public is still under discussion, citizens already can easily purchase a self-test kit on websites within the range of prices from \$4 to \$75. This is a way of taking health services to people who are often reluctant to know their HIV status because of stigma.



Education and Media - Sonam

July 28th is recognised across the globe as World Hepatitis Day (WHD). This is because there are over 400 million people worldwide living with hepatitis B or C. Every year, 1.4 million people die from viral hepatitis. With better awareness, understanding and management many of these deaths can be prevented.



To support this global campaign in NSW, the MHAHS launched a #NOhep campaign across African, Arabic, Chinese,

Greek, Indonesian, Italian, Khmer, Korean, Filipino, Thai and Vietnamese communities media. Aimed at raising awareness of the importance of viral hepatitis testing and treatment, our campaign highlighted how pervasive the epidemic is across communities, cultures and countries.

During the campaign, co-workers from Arabic, Chinese and Vietnamese backgrounds staffed information stalls in Auburn and Canley Vale to support



Western Sydney Local Health District and CanRevive (a not-for-profit organisation) events, and provided viral hepatitis information and resources to priority populations. We thank all the co-workers involved for their support.

To date, the campaign has registered 15 media pick-ups, including 6 radio interviews.

Health Promotion - Marina

Is it really August already? Time flies! We've been working at full steam here.

The hepatitis B outreach testing project, with SESLHD and Navitas College, continues to be a successful initiative. Forty-five people from the Chinese community were tested at a second clinic held at the college in Hurstville. Negotiations are ongoing to explore the continuation of this project into the future.

Over the past few months, we've run a number of hepatitis B workforce development sessions for workers from Pacific Islander communities, health and community workers in Wollongong and south eastern Sydney, as well as Hepatitis NSW Community Advocates. Although they varied in size, the groups were very engaged and interested in the topic.

The training was done in partnership with a range of organisations including ASHM, Hepatitis NSW, SESLHD and Randwick Council.

As part of Hepatitis Awareness Week, MHAHS was

invited to participate in a forum organised by SESLHD and Hepatitis NSW, *Partnering with Communities on Hepatitis B*. We provided a brief introduction to hepatitis B, including global, state and local perspectives and presented the work of the Hepatitis B Alliance. We presented to an audience of approximately 50 health workers.



Last but not least, we've been working on updating our hepatitis C factsheets to include information about the new treatments, as well as producing a factsheet on PrEP in partnership with ACON and Positive Life. These will soon be available on the MHAHS website.

Clinical Support - Effie, Dash and Donatella

The clinical co-workers recently attended training which addressed the topic of trauma and trauma-informed practice. We asked an external trainer, Jude Tynan, to present information about what trauma is, ways in which it can affect the people we work with and how we can work with sensitivity to create a safe space for our clients and ourselves.

It was announced in July that the AIDS epidemic is over in Australia, HIV now having the status of a chronic illness. This may be the case in biomedical terms, however as we know, things are more complex for our client group. On 30 November we will present clinical training that goes “back to the basics” of HIV, making sure all clinical co-workers are up-to-date as we move into the era of pre-exposure prophylaxis and regular testing. We will also revisit values and notions around HIV as we seek to provide the best service to people affected by HIV.

You may wonder ‘who should I talk to?’ as there are 3 Clinical Supervisors overseeing the Clinical Support Program. Please be assured that you can make enquiries or leave messages by speaking to or emailing any one of us. If the Clinical Supervisor you wish to speak with is unavailable when you call, they will get back in touch with you. You may also find your enquiry can be answered by speaking with another Clinical Supervisor.



Please remember that a Clinical Supervisor is on call from 5pm to 9pm Monday to Friday, and 9am to 9pm on Saturday and Sunday. The on-call number is 0425 262 557

Community Development

The Arabic Hepatitis C Project - Faten

In partnership with different Arabic community organisations, the project in the last three months, delivered six community education sessions across Sydney with positive feedback from all. We have also participated in the Granma Festival organised by Community and Cultural Connections Inc. with approximately 150 attendees.



The first meeting of the Project Advisory Group was held in June with representatives from a number of organisations.

In partnership with Muslim Community Radio, we are producing a media campaign which will include interviews with the Project Officer, an Arabic doctor, a community leader and Christian and Muslim religious leaders. Interviews will focus on the importance of hepatitis C testing and the new advancement in treatment.

The Vietnamese Hepatitis B Project - Kim

The project consulted widely with grass roots community and government services working with the Vietnamese community with the aim of gaining their endorsement and support. An Advisory Group was established with representatives from a number of organisations.

In the last three months, the project delivered five workshops to community groups and also we participated in the Granma festival. We distributed more than 500 fortune cookies with prevention messages in Vietnamese and Arabic.



We are working with both SLHD and SWSLHD to promote testing and treatment of chronic hepatitis B to the Vietnamese community. We are planning to deliver education sessions to Vietnamese speaking GPs in both areas and establish hepatitis B testing clinics within community settings. Finally, we are working with Vietnamese media outlets to disseminate hepatitis B information to the community at large.

Zainab's experience

Where do you come from/family story?

I came from Somalia, which is a 100% Muslim country. As a girl, I was circumcised and was a child bride at the age of 12 years. My religion allowed a girl to be a bride as soon as she had her menstrual period, but I have always been against it since I was a little.

I had my first child at the age of 13 and my 4th child by the age of 18. I was able to divorce my first husband eventually when my father passed away. It was a domestic violence relationship. I left Somalia alone because of the war and my children were in the care of my mother. I fled to Kenya where I met my second husband. He was from Indonesia and was working at the embassy in Kenya at the time. I went to Indonesia with him when I was pregnant and later had 2 children with him in Indonesia.

We lived with his family but there were many cultural differences. He and his family were mentally and verbally abusive towards me. I was able to make my way to Australia and ended up in the Villawood Detention Centre in 1998 and claimed myself as a refugee. I was released from detention later that year and was reunited with all my 6 children plus a grandchild. Since then I have another 10 grandkids all living in Sydney.

What you do outside the MHAHS?

I am a full-time student at Ultimo TAFE working towards a Certificate IV in Community Services. I am also a self-employed interpreter and I speak 4 languages including Somali, English, Swahili, and Indonesian. Furthermore, I am a public speaker for the Positive Speaker Bureau at Positive Life NSW.

What made you join the MHAHS?

I joined MHAHS in 2010. Because of where I come from. Religious beliefs and culture play a big part in HIV stigma and nobody wants to help people who are living with HIV. I see my work with MHAHS as an opportunity to help people from the same background as me in raising awareness about HIV and viral hepatitis.

What are your impressions of the service?

It is a great service which focuses on peoples' well-being and the community. Without MHAHS, the community might not be educated about HIV and viral hepatitis and people would not know much about the

viruses. Lastly MHAHS is about inclusion and valuing diversity.

What do you think of the training provided by MHAHS?

Without the training we as co-workers would not be able to provide support for clients. I feel grateful for the training MHAHS has provided, as every training is about gaining knowledge and skills. I have made a lot of friends from training sessions, they love Zainab's story! The staff at MHAHS are very supportive and helpful and make me feel comfortable to be part of the organisation.

What activities have you carried out for the MHAHS so far?

Community education session with school children about hepatitis; African community festivals where I gave people information about HIV and viral hepatitis including condoms and calendars; the African Women's Dinner Dance which also included giving away condoms and calendars; translating flyers; photo shoots for campaigns and calendars; and attending training and meetings.



What do you see are the challenges/rewards as a co-worker?

A fear of being unable to help a client and not knowing how. I have also helped people of the same culture outside of the organisation by giving them information. I have also worked as a volunteer, and feel that it is rewarding when I can help them.

Do you have any other comments/reflections?

I'm very grateful that I work for MHAHS particularly the support I get from other staff, and the education opportunities. I would love to work with a client one day, because I have a lot of knowledge and feel I am very good at supporting people, especially empowering them.