



**MULTICULTURAL HIV  
AND  
HEPATITIS SERVICE**

A statewide service hosted by  
Sydney Local Health District

# MHAHS NEWS

Issue No 32 | Autumn 2018 | Cultural Support Officer newsletter

## EDITOR'S MESSAGE

Welcome to the Autumn 2018 edition of MHAHS News.

Thank you to everyone who attended the CSO staff meeting on 27 March night and for your interaction with the guest speakers.

### 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.

**Please remember to check your junk E-mail, as our email system has been upgraded and emails from us might get lost and ended up in your Junk E-mail folder.**

**The new MHAHS website** is a great place to visit for information about **CSO staff meetings, events and updates.** Find the new staff section button at the top right corner of the home page. All the log-ins are the same. The new website is updated regularly with campaigns, news and resources.

Looking forward to seeing you at our next CSO staff meeting.

*Riza*



*Lucy with Channel 9 journalists at the Africultures*

*Festival on 10 March 2018 at Lidcombe*

### CSO editorial committee

Surinee Record

Magno Da Silva - Interviewee

Belinda Marchesiello - Interviewer /

Co-worker's Viewpoint

### NEWS - Goings

Best wishes and farewell to

Christina K. Sarpong, Jieling Cen, Karen Chung, Raynita Jalleh, Shahnaz Niknam, Ioanna Poulis, Giovanni Bressan, Maria Angela Peci, Valentina Angelovska, Fernanda Lena, Ana Medina Sanchez, Carlos Navarro, Eduardo Aparicio, Jorge Segovia, Kwan Huadchai, Teewara Wiangsa.

We thank them for their work with MHAHS and wish them well in future!

### Welcome and congratulations

To Surinee Record as the Administrative Officer,

To Lucy Mukoko as the African Project Officer,

To Ally Kerr as the Health Promotion Officer,

To Faten Solaqa as the Arabic Project Officer,

To Natali Smud as the Health Promotion Officer,

To Galuh Saphthari and Belinda Marchesiello as the International Students Project Officers.

**Multicultural HIV and Hepatitis Service**

Phone: 02 9515 1234 | Fax: 02 9550 6815 | Email: info@mhahs.org.au | Web: www.mhahs.org.au  
Street: Level 2, 18 Marsden St, Camperdown NSW 2050 | Post: PO Box M139, Missenden Road, Camperdown NSW 2050

## Top 10 HIV and Hepatitis Stories of 2017

HIVandHepatitis.com reviews some of the year's major HIV, viral hepatitis, and related news highlights. As we enter 2018, antiretroviral treatment for HIV is about as good as it can get, use of PrEP for HIV prevention is expanding rapidly, and most people can be cured of hepatitis C with 2 or 3 months of well-tolerated therapy. But these advances are still not reaching everyone who needs them. The search for a functional cure for HIV, better treatments for hepatitis B, and management of fatty liver disease remain major challenges for the year ahead.



### 1. Convergence of HIV Cure and Cancer Research

Several therapies used to treat cancer are finding a new role in HIV cure studies, while discoveries by HIV cure researchers about how the immune system works are aiding the development of novel immunotherapies for cancer. The only known HIV cure to date resulted from a bone marrow transplant for leukaemia. Recognizing this convergence, the International AIDS Society held the first HIV Cure and Cancer Forum (formerly known as the Towards an HIV Cure Symposium) preceding the International AIDS Society Conference on HIV Science this summer in Paris. So far, much of the joint research is highlighting why it is so difficult to cure both diseases.

### 2. Undetectable = Untransmittable

Increasing evidence that HIV-positive people on antiretroviral therapy (ART) with undetectable viral load do not transmit the virus has been a top story for a few years, but in 2017 "U=U" hit the mainstream. The latest results come from the Opposites Attract study, which saw no cases of HIV transmission within serodiscordant gay male couples when the HIV-positive partner was on treatment with fully suppressed viral load. The U.S. Centers for Disease Control and Prevention (CDC) acknowledged in October that undetectable equals untransmittable, and a growing movement is getting the word out to the community.

### 3. Dual-Drug HIV Treatment and Other New Therapies

Research continues to show that people who switch from standard 3-drug antiretroviral therapy to some 2-drug regimens can maintain viral suppression. After the trials confirmed that the integrase inhibitor dolutegravir plus rilpivirine can maintain an undetectable viral load, the Food and Drug Administration approved this combo as the first 2-drug single-tablet regimen, known as Juluca. Next out of the development pipeline are likely to be ibalizumab, a monoclonal antibody entry inhibitor for people with highly resistant HIV and limited existing treatment options, Gilead Science's new integrase inhibitor bicitegravir, and perhaps Merck's next-generation NNRTI doravirine.

### 4. HIV Infections Fall -- But Not for Everyone

According to the latest data from the CDC, heterosexuals and people who inject drugs saw large drops, while the HIV incidence rate remained stable for gay and bisexual men. Within the latter category, declines in some subgroups balances increases in others. Black gay men -- a group that has seen a rising incidence in recent years -- had a stable rate in 2014, but Latino gay men saw an increase. On the local level, San Francisco reported a 16% decline in new infections, London has seen a large drop in new HIV diagnoses at sexual health clinics for gay men, and New York City

recently reported that new diagnoses are at an all-time low. Experts attribute the declines to a combination of increased testing, more people starting early antiretroviral treatment, and pre-exposure prophylaxis (PrEP).

### 5. Trans People and HIV

The HIV community has known for some time that transgender women have a high rate of HIV infection and disproportionately poor outcomes. The same may well be true for trans men, but there isn't enough data. At this year's IAS Conference on HIV Science, researchers presented studies showing that many trans women are hesitant to use antiretroviral therapy due to concerns about interactions with feminizing hormones. Studies are currently underway to learn more about whether hormones interact with HIV treatment or PrEP.

### 6. New Hepatitis C Approvals -- and the End of Drug Development?

This year the Food and Drug Administration approved 2 new combination pills that work against all hepatitis C virus (HCV) genotypes. AbbVie's Mavyretis a fixed-dose coformulation containing the HCV protease inhibitor glecaprevir and the NS5A inhibitor pibrentasvir. Treatment duration for previously untreated people is 8 weeks for those without cirrhosis and 12 weeks for those with compensated cirrhosis. Contemporary regimens have cure rates approaching 100%, leading some experts to question whether hepatitis C drug development is coming to an end. Both Merck and Janssen recently announced that they are halting development of promising HCV therapies.

### 7. Can Hepatitis C Be Eliminated

Given the high cure rates of the latest treatments, researchers and advocates are asking whether hepatitis C can be eliminated as a public health threat. Small studies have shown that expanding treatment can reduce new infections within

certain populations, including gay and bisexual men in the Netherlands. Eliminating HCV as a global public health concern is feasible, but to do so more people have to be tested and treated and prices of direct-acting antivirals need to come down. Currently 9 countries are on track to eliminate hepatitis C, 22 are working towards elimination, and more than 60 will not be able to eliminate HCV given their current policies.

## 8. Hepatitis C Treatment and Liver Cancer

In 2016, researchers presented some data suggesting that people cured of hepatitis C with new direct-acting antivirals (DAAs) might be more likely to develop hepatocellular carcinoma (HCC) than those treated with interferon. But this year studies provided ample reassurance that this is not the case. At the EASL International Liver Congress, researchers presented data from a meta-analysis of more than 40 studies showing that people treated with DAAs do not have a higher likelihood of developing liver cancer. Indeed, a large study of U.S. veterans presented at the AASLD Liver Meeting showed that curing hepatitis C -- with either type of treatment -- reduces liver cancer risk by about 70%.

## 9. Progress on Hepatitis B

In contrast with hepatitis C, hepatitis B remains difficult to cure. Nucleoside/nucleotide antivirals like tenofovir can suppress HBV replication over the long term, but they usually do not lead to a cure, as indicated by loss of hepatitis B surface antigen. Researchers are exploring several approaches that target different steps of the hepatitis B virus (HBV) lifecycle, including the immune-modulating drug inarigivir, the nucleic acid polymer, the RNA interference therapy ARB-1467, and the capsid assembly inhibitor JNJ-56136379.

## 10. Fatty Liver Disease a Growing Challenge

Progress has been slow in finding treatments for non-alcoholic fatty liver disease (NALFD) and its more severe form, non-alcoholic steatosis (NASH). As an effective vaccine reduces new

hepatitis B infections, contemporary treatments easily cure hepatitis C, and the population grows more obese, fatty liver disease has become a leading cause of liver disease worldwide. There are currently no approved therapies, but researchers reported this year that the acetyl-CoA carboxylase inhibitor reduced liver fat accumulation and fibrosis in people with NASH in a Phase 2 study. In the meantime, as this and other candidates make their way through the development pipeline, a healthy diet and exercise have been shown to improve fatty liver disease.

*HIVandHepatitis.com*  
Written by Liz Highleyman  
29 December 2017

## Smoking reduces survival after liver cancer diagnosis for people with viral hepatitis

People with viral hepatitis who smoked were 3 times more likely to die after being diagnosed with liver cancer (hepatocellular carcinoma, HCC), according to a study of Swiss patients published in *Liver International*.

Whereas non-smokers lived for a median of 3.2 years after diagnosis, smokers died after a median of 18 months. Smoking had a similar impact on survival in those who did not receive curative treatment in the form of liver resection (surgery), liver transplantation or ablation (use of heat to destroy tumours in the liver). Smoking has been found to increase the risk of developing liver cancer in some, but not all studies, and to increase the risk of liver cancer in some studies of people with viral hepatitis.

To look at the effect of continuing to smoke after a diagnosis of primary liver cancer (HCC) Swiss researchers analysed survival in 238 people with at least 12 months of follow-up after diagnosis of HCC. 64 reported smoking at the time of inclusion in the cohort study. Smokers were followed for a median of 489 days and non-smokers for 1170, the difference reflecting the poorer survival in smokers.

There was no significant difference between smokers and non-smokers in the stage of liver cancer whether measured by Child-Pugh grade or BCLC (Barcelona Clinic Liver Cancer) system, nor in any markers of liver damage with the exception of platelet counts and INR (international normalised ratio) scores. Smokers showed some evidence of greater liver injury. They had lower platelet counts and slightly higher INR scores. (Smokers usually have higher platelet counts than non-smokers.)

There was no difference between smokers and non-smokers in the type of treatment they received. HCC attributable to viral hepatitis (B or C) or alcohol was more common in smokers.

A multivariate analysis which controlled for other risk factors showed that smoking increased the risk of death in people with viral hepatitis diagnosed with HCC but not in people with liver cancer attributable to other causes. A more advanced stage of HCC at diagnosis also increased the risk of death.

Smoking is known to increase liver fibrosis in people with hepatitis C and might also directly influence HCC progression after diagnosis. Poorer fitness or less compliance with medical treatment or advice might also affect survival. They say that it is not possible to tell from their cohort whether the effect of smoking was a consequence of smoking intensity – how many cigarettes a day – or duration (persistence in smoking after diagnosis).

“Based on these findings, smoking cessation should be considered for incorporation into the disease management for patients with HBV or HCV [with HCC],” the authors conclude. They point out that around 80% of HCC cases worldwide are probably attributable to viral hepatitis.

*Aidsmap.com*  
Written by Keith Alcorn  
18 January 2018

**USA / April / aidsmap.com**

**8-week course of Zepatier cures acute HCV in people with HIV**

An 8-week course of grazoprevir/elbasvir (Zepatier) produced sustained virological response in most HIV-positive gay men with recent hepatitis C virus (HCV) genotype 1 or 4 infection, according to a presentation at the 25th Conference on Retroviruses and Opportunistic Infections (CROI 2018) last month in Boston. Researchers recommended that prompt, brief treatment during acute infection could halt onward transmission and contribute to the elimination of HCV among HIV-positive men who have sex with men, given that spontaneous clearance is uncommon in this population.

**LESOTHO / March / aidsmap.com**

**Same-day treatment start improves retention in care and viral suppression in Lesotho**

Starting treatment at home, on the day of diagnosis, proved acceptable in rural Lesotho and resulted in improved linkage to care and viral suppression compared with routine care, Niklaus Labhardt of the Swiss Public Health Institute reported. Dr Labhardt was reporting results of the CASCADE study, designed to overcome the loss of people with HIV between diagnosis after home-based testing, enrolment in HIV care and treatment initiation.

**SPAIN / October / hivandhepatitis.com**

**Hepatitis C Halved among Spanish People with HIV Thanks to HCV Treatment**

Spain is making dramatic progress towards eliminating hepatitis C among people living with HIV because of widespread use of direct-acting antivirals. Juan Berenguer of Hospital Gregorio Maranon in Madrid reported at the 16th European AIDS Conference (EACS 2017).

**BRAZIL / October / who.int**

**Close to 3 million people access hepatitis C cure**

On the eve of the World Hepatitis Summit in Brazil, WHO reports increasing global momentum in the response to viral hepatitis. A record 3 million people were able to obtain treatment for hepatitis C over the past two years, and 2.8 million more people embarked on lifelong treatment for hepatitis B in 2016.

**MALAWI / December / who.int**

**"In our hands" - HIV self-testing in Malawi**

"In Our Hands" is a community-led documentary exploring HIV self-testing in Malawi. It is a collaboration between Global Health Film initiative, Liverpool School of Tropical Medicine (LSTM), and Malawi-Liverpool-Wellcome Research Programme (MLW) and WHO, and produced by Millie Harvey. The project portrayed in this film, HIV Self-Testing AfRica (STAR), is funded by Unitaid.

**SINGAPORE/ July / [straitstimes.com](http://straitstimes.com)****Cure for hepatitis B around the corner**

Singapore researchers part of global push to tackle silent epidemic; 2,500 volunteers sought for study. With no current cure for hepatitis B, the disease remains a big problem in Singapore and Asia. In Singapore, about 160,000 people suffer from hepatitis B, a viral infection that affects the liver. It is the most common cause of liver diseases and liver cancer, with the latter being the 5th most common cause of cancer in men in Singapore.

**AUSTRALIA / August / [smh.com.au](http://smh.com.au)**

**Australia** could become the first nation in the world to effectively end HIV transmission with extra government funding of just \$32.5 million a year. A new plan developed by the Australian Federation of AIDS Organizations says the investment would not only prevent thousands of people contracting the virus but would also eventually deliver \$2 billion of savings to the federal government's budget.

**RUSSIA / December / [tass.com](http://tass.com)****Brand new Russian drug to fight hepatitis C successfully passes pre-clinical tests**

Today, there is a drug that exists in the world to treat hepatitis C, but it is extremely expensive, the head of Russia's Federal Medical-Biological Agency (FMBA) said. FMBA successfully completed pre-clinical studies of its newest medication for treating hepatitis C.

**INDIA / January / [businessline.com](http://businessline.com)****Mylan launches chronic Hepatitis B treatment tablets in India**

Drug firm Mylan Pharmaceuticals today said it has launched tenofovir alafenamide tablets under the brand name 'HepBest', used for treatment of chronic hepatitis B in adults, in India.

**JAPAN / November / [hivandhepatitis.com](http://hivandhepatitis.com)**

Zobair Younossi of Inova Fairfax Hospital in Virginia and colleagues developed a mathematical model to estimate the economic benefits of curing hepatitis and thereby reducing the occurrence of liver cancer and decompensated cirrhosis in Japan. Liver cancer is a leading cause of death in Japan, with around 70% of cases attributable to HCV infection.

## Media - Sonam

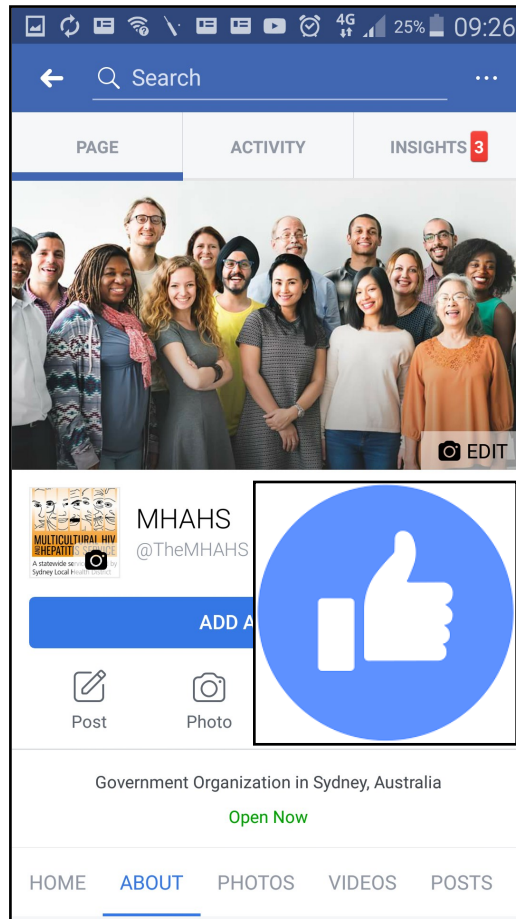
### MHAHS New Facebook page

The MHAHS is delighted to set up a new Facebook page to enhance our engagement with our diverse communities and strengthen our links with our partner organisations.

The page is also an extension of our ongoing effort to connect with you, our Cultural Support Officers (CSOs). We recognise the growing importance of Social Media as a means to engage with our changing workforce and communicate key messages in formats you are likely to use.

We encourage you to Like and Follow the MHAHS Facebook page to receive regular updates.

Just search TheMHAHS in Facebook or click on <https://www.facebook.com/TheMHAHS>



## Health Promotion - Denise, Natali and Ally

This year the health promotion strategies will be core to the MHAHS's work:

### HIV prevention and testing

A new HIV multilingual resource is under development, targeting people who are at high risk of getting HIV. The resource will be available in print and online in English, Chinese, Vietnamese, Indonesian, Thai and Portuguese in time for HIV Testing Week in June.

DBS HIV home testing promotion is in full speed. A new run of the social media campaign went live on mid-March from the brand new MHAHS Facebook page (TheMHAHS). People can order a free DBS home testing kit online on [www.hivtest.health.nsw.gov.au](http://www.hivtest.health.nsw.gov.au)

PrEP (Pre-Exposure Prophylaxis) will be soon listed in the PBS, meaning any GP would be able to prescribe PrEP to an eligible person. We are developing updated educational materials and a promotion campaign. We are working to develop the '7 good reasons to test for HIV now' resource into 7 priority languages.

### Hepatitis C

We have been very busy with the hepatitis C campaign – developing promotional items (posters, banners and wallet cards) in language. We are also working with a local audio-visual company to develop videos in three priority languages, with people speaking about their experience having hepatitis C and being cured by the new treatments.

## Client Support - Dash and Donatella

The year is well underway, and supervision groups resumed in February (see photo!). Cultural Support Officer training is planned for 24 May, with a child protection focus. As usual, clients' experiences and the work done around this by the CSOs (the core business of the Client Support Program), inform other activities: developing case studies to illustrate how people are affected by stigma, bringing discriminatory practice to the attention of a major Sydney hospital, presenting at forums to raise awareness of gaps, needs and also of what works. Donatella and Dash continue to be impressed with the outcomes achieved by CSOs with their clients. We also acknowledge the power of networking with other service providers to maximise these outcomes. Themes of stigma and the rise in CALD HIV notifications will be a focus in the months to come.



## Community Engagement - Wa'el and Faten

### Hep B Arabic Community Development Project

It is exciting to join the team at MHAHS as the Arabic Project Officer to work on the new project targeting the Arabic communities in the area of hepatitis B. The project was launched in the mid of February in partnership with South Western Sydney Local Health District (SWSLHD).

Since the beginning of the project, I have been consulting widely with the Arabic community organisations to seek their support for the project and to access the Arabic community groups. A community Advisory Group was established and had its first meeting in March, as well as an education session was delivered for a group of men and women at Parents Café Inc. in Fairfield. Different strategies were planned to reach the wider Arabic community including, information sessions, engaging the Arabic media,

awareness sessions for doctors and staff working with the Arabic community and participation at community festivals.



## HIV International Students Project - Wa'el, Gula, Belinda and Natali

In October 2017, the MHAHS has initiated a project to work with the international students in NSW to increase their capacity to deal with HIV issues and raise their awareness of contemporary HIV testing, treatment and prevention options.

The project consulted widely with more than 25 education providers and organisations working with international students. Met with 22 International Students Leaders Ambassadors (ISLA), organised by City of Sydney, to find out about their understanding of HIV issues among their peers.

An Advisory Group was established with representative from HARP units in SLHD, SESLHD, WSLHD, SWSLHD, ACON and ISLA and held first Advisory Group meeting on 14 Dec 2017.

In January 2018, the project participated in the "Wellbeing Expo" at Charles Sturt University, Sydney Campus. MHAHS had a stall and we distributed HIV health resources, the attracted lots of interest among students. The project is planning more activities with several other English language providers in Sydney in the near future.



## African Community Development Project (Hep B) - Wa'el and Lucy

From January I have been in contact with a few community leaders with the help of some advisory committee members.

It has been a challenging exercise getting hold of community leaders to help get access to the community and those we have gotten hold of have been too busy to help their communities get health information which can help most of them. This poor response is maybe due to fear of the stigma surrounding Hepatitis B and so people don't want to be seen as part of the project.

There has been some positive response by some leaders that we have had our first information session last month end of February with the Ethiopian Tayitu Cultural and Educational group. From that session, the community was eager to know more about Hep B and most of them were seriously considering testing. We also managed to get one community leader of the Ethiopian Dance Group booking a session with us.

We have a few more booked sessions with Sierra Leone organisation – Tamareneh Association of Australia, the Zimbabwean Church – Sydney Methodist Fellowship, a church in Blacktown led by Pastor Deresd, Newcastle African Simba Football Club and the African Community leaders' group in Lidcombe. We are very pleased with the outcome of the Africultures Festival where we had a stall booked for distributing information and networking.





## Magno's experience

### **What's your family story?**

I am from São Paulo, Brazil. I come from a large family of 9 children and most of my family are still in Brazil, but my niece and her husband live with me here. Fortunately, I'm able to return there almost every year to visit my relatives. The 1st time I came to Sydney was in June 1996 to study English for 4 weeks. As a result, I fell in love with the city and my partner so I decided to come back. I moved to Australia in September 1997 to live with my partner and to pursue a career in hospitality and my career has taken various directions.

### **What do you do outside the MHAHS?**

I am working as a waiter at a hotel in Darling Harbour. Also, I work as an English teacher for a private school in the city, and I occasionally teach Portuguese at home. I also have a master of teaching, and right now I am considering reapplying to be a primary school teacher, a job I used to do a few years ago. I am also a student. At the moment I am doing a second master course, and this time in applied linguistics at the University of Sydney. I am also thinking about the doing a PHD in the same field afterwards, but maybe overseas.



### **What made you join the MHAHS?**

I have been working with MHAHS for 8 years. When I saw the advertisement for the job position in a local magazine, I felt pleased that somehow I could use my language knowledge and skills to support multicultural communities affected by HIV

and hepatitis.

### **What are your impressions of the service?**

The service is genuinely outstanding, besides being extremely important to the multicultural communities. I hadn't seen anything like it back in Brazil, mainly because the communities over there didn't use to be linguistically diverse as in Sydney. I believe that to be able to provide support to those people living with HIV and hepatitis in their own language is essential. It's valuable to see that the MHAHS can support people from various linguistic and cultural communities.

### **What do you think of the training provided by MHAHS?**

There've been many fascinating topics offered throughout the years. I especially enjoyed the public speaking training because it helped me understand how to approach people on difficult topics like HIV and Hepatitis. I also found very good group discussions we attended in which we had to come to a decision on sensitive or topics. Definitely, it's often worth learning about the latest news on HIV and hepatitis.

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

I've done translations for different brochures and for the website in English, Portuguese and French. I was photographed for the MHAHS magazine and worked on updating the content of the MHAHS website. I was requested twice to meet up with clients but they either didn't attend the scheduled appointment or no longer requested the service.

### **What do you get from Supervision?**

I only attended the supervision meetings twice, because my clients didn't continue with the service. However, the very brief supervision experience that I had helped me understand my clients' circumstances and the other co-workers'. I noticed that the supervision was a helpful way to gain different perspectives, insights and ideas.

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

One of the challenges is that there are not many clients. There are many rewards. I like the fact that we engage in information campaigns to reach young people, especially the ones that have just arrived from Brazil and lack information on HIV or Hepatitis. To reach them would be a challenge, but to be able to help this target group would be rewarding for me. Another target group of people I think would be a challenge to reach is the straight or bisexual married men. Fortunately, there are supporting groups for them.

### **Do you have any other reflections?**

We certainly should keep up to date with the latest news in HIV and Hepatitis. I also think that as an organisation we should participate in more events in order to reach more communities and groups. Overall, being a CSO at MHAHS is great, because we often meet very interesting people and we often learn something from them.

