



**MULTICULTURAL HIV  
AND  
HEPATITIS SERVICE**

A statewide service hosted by  
Sydney Local Health District

# MHAHS NEWS

Issue No 28 | Autumn 2017 | Co-worker newsletter

## MANAGER'S MESSAGE

Welcome to the Autumn edition of MHAHS News. We trust you have had a restful summer break and are ready for all that 2017 will bring.

As you know, we have been working to review and update what we do and how we do it, to ensure the MHAHS continues to provide a high standard of service.

This year we will be trialling changes to the number and duration of our staff meetings and clinical group supervision meetings. We believe these changes will ensure the meetings remain focussed, relevant and dynamic.

In other news the MHAHS is working in partnership with Hepatitis NSW to develop and implement the second phase of the NSW Health Viral hepatitis Communication Strategy. This phase will include the development and dissemination of hepatitis B messages targeting five priority communities – Chinese, Vietnamese, Korean, Arabic speaking and Sub-Saharan African. These messages will be launched in July, to coincide with Hepatitis Awareness Week. A number of community based activities will also take place, to support the campaign.

I wish you happy reading, and look forward to seeing you at our next staff meeting in March.

*Barbara*



### NEWS - Goings

Best wishes and farewell to Somkuan Sri-a, Thai speaking co-worker, who has taken up a position with SLHD and resigned from MHAHS.

We thank him for his work with MHAHS.

### Co-worker editorial committee

**Surinee Record** - Interviewee

**Belinda Marchesiello** - Interviewer /

Co-worker's Viewpoint



*Limin Mao speaking at the December Staff Meeting*

**Multicultural HIV and Hepatitis Service**

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

## New Hepatitis C Treatments See Prescriptions Skyrocket

**Over 30,000 Australians were treated for Hepatitis C infection in 2016, more than the number of people treated in the previous decade, according to the Kirby Institute.**

New generation hepatitis C treatments became available on the Pharmaceutical Benefits Scheme last year, prompting many more people to begin treatment. General Practitioners are increasingly prescribing the new treatments.

The new Kirby Institute report, *Monitoring Hepatitis C Treatment Uptake in Australia*, indicates that more than 30,000 Australians were treated for their hepatitis C virus infection in 2016 – a massive increase on the 2,000-3,000 people with hepatitis C treated annually before the new treatments.

Professor Greg Dore from the Kirby Institute said Australia had achieved one of the most rapid uptakes of treatment worldwide.

“We have a unique opportunity to eliminate a major infectious disease, potentially the first opportunity through treatment intervention,” said Professor Dore. “Providing Australians living with hepatitis C ongoing access to effective, well-tolerated treatment will help curb transmission of the virus, reduce rates of liver disease, and eliminate hepatitis C as a major public health issue within a decade,” he said. Professor Dore said hepatitis C is particularly problematic in marginalised and stigmatised populations, including Indigenous Australians, those who are incarcerated, and people who inject drugs. Ninety per cent of newly acquired hepatitis C cases are among people who inject drugs.

“Efforts must also be directed towards strategies that prevent infections from occurring, such as providing greater access to clean needles and syringes and drug dependency treatment for people who inject drugs,” he said.

*Source: Kirby Institute, UNSW, 20 February 2017*

### ***HIV research: A natural protein may lead to new HIV treatments***

**A natural protein found in women’s bodies may stop HIV from spreading, scientists have found.**

The protein could lead to new HIV treatments, scientists from the Hudson Institute in Victoria discovered.

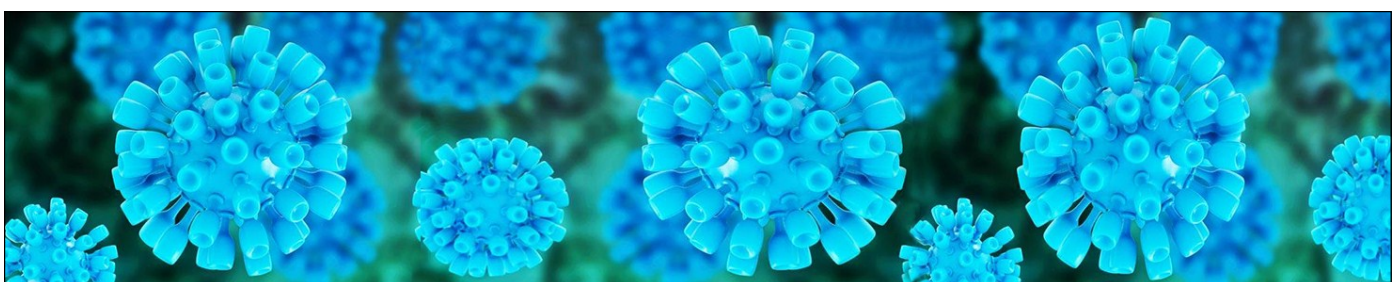
Healthy human cells exposed to HIV without the protein quickly start to reproduce HIV cells.

However, if healthy cells are protected by the special protein, the HIV virus finds it harder to enter the cell, harder to reach the centre and too weak to dominate if it does reproduce.

The protein, called interferon epsilon, could also limit the spread of other sexually transmitted infections.

More research is needed to find out if the protein has the same defensive effect in men.

*Source: Hudson Institute of Medical Research, 1 March 2017*



## Culturally relevant health campaigns and more multilingual health staff needed for Asian gay men

ACON has released a discussion paper on the unique sexual health challenges experienced by Asian gay men who live in NSW, particularly those who have recently migrated to Australia.

The paper looks at the impact of HIV on both Australian-born and overseas-born gay men from Asian cultural backgrounds and calls for new strategies to enhance effective HIV prevention and education.

It shows that sexual practices and health-seeking behaviours among Asian gay men in Sydney have changed substantially over recent years. Rates of condomless anal intercourse with casual partners (CAIC) has increased dramatically and now is on par with the general gay community with over 37% of 2015 survey respondents reporting CAIC compared to just over 14% in 2002.

Asian gay men have caught up to the general gay population in terms

of HIV testing, with 90% of 2015 survey respondents reporting having ever tested and over 80% reporting having tested in the last 12 months; an increase of 24% and 33% respectively compared to 2002.

Over the past ten years, of the overseas-born HIV diagnosis in Australia attributable to male-to-male sex, the proportion of Asian-born (South-East, North and Southern) gay men has increased from 30% in 2006 to 57% in 2015.

ACON CEO Nicolas Parkhill said Asian gay men are more engaged with sexual health issues, yet there are barriers still preventing many from accessing appropriate HIV care.

“Previous experiences of criminalisation, fear of disclosure, visa difficulty, Medicare ineligibility, experiences of racism and isolation, and of course language barriers, all affect their ability to negotiate safe sex and access

testing and treatment options,” he said.

The paper calls for a range of strategies to enhance effective HIV prevention and education among Asian gay men, including:

- Regular community-based behavioural surveys among Asian gay men in NSW
- LGBTI inclusion and diversity training for all service providers working with Asian gay men
- Expansion of community-based testing services and HIV prevention programs, with more multilingual staff at existing testing services
- Tailored and culturally relevant sexual health and HIV education resources and campaigns
- Changes to the legal environment regarding HIV disclosure, testing and Australia’s migration policies for people with HIV

*Source: ACON, 15 February 2017*



FRANCE | 24 Jan | AIDS MAP

**High prevalence of low testosterone among ART-treated men**

Around one in six young and middle-aged HIV-positive men doing well on antiretroviral therapy (ART) have low testosterone levels, French research has found. Risk factors include longer duration of ART treatment and body fat of 19% or over. The prevalence of low levels of free testosterone was twice as high as that seen in similarly-aged men in the general population.

UK | 1 Feb | The Guardian

**More than 8000 confidential medical records have been handed to the Home Office for immigration enforcement in the past year**

The National Health Service has been forced to hand over patient records for immigration enforcement in a drive by Theresa May's conservative government to track down people who may have breached immigration laws. Organisations such as Doctors of the World, the National Aids Trust, Liberty and Privacy International have called for a suspension of data sharing while a public review of its merits takes place.

EUROPE | 9 Jan | AIDS MAP

**HIV diagnosis among migrants from within Europe increases compared to migrants from outside of Europe over a ten year period**

In 2015, over a quarter (27%) of new HIV diagnoses in the WHO Europe region were in people not born in the country where they were diagnosed. While two-thirds of this 27% represent people from outside Europe, primarily high-prevalence countries, infections in migrants from outside Europe fell by 29% in the last ten years while infections in intra-European migrants increased by 59%. The proportion of late diagnoses was 55% in heterosexuals and 37% in gay men.

UNITED STATES | 17 Jan | Forbes

**The US government could cure most Americans suffering from hepatitis C infection if it simply bought drug maker Gilead Sciences on the stock market rather than purchasing its products in the drug market**

Gilead has drawn fire for the high price of its hepatitis C drugs, Sovaldi and Harvoni, which currently cost more than \$500 per pill but cure the underlying hepatitis C liver infection. Buying Gilead on the open market could lower hepatitis C drug costs per patient to one-third their current level. That would make it affordable to rapidly treat the 2.7 million Americans who are living with hepatitis C.

USA and SUB-SAHARAN AFRICA | 17 Jan | The Atlantic

**Tragedy Would Unfold if Trump Cancels AIDS Program**

US President Donald Trump's team has questioned the extraordinarily successful PEPFAR program, an AIDS relief program, asking whether it was a "massive, international entitlement program," and asking if it was worth the investment. In 2003 George W. Bush created PEPFAR when more than 20 million people in sub-Saharan Africa were living with AIDS, but only 50,000 had access to treatment. Now, thanks to PEPFAR, 11.5 million people are on treatment.

## RUSSIA | 9 Jan | AIDSMAP

**Nearly two-thirds of European HIV cases are now in Russia, WHO finds**

The number of new HIV diagnoses in Russia has increased 15% in one year, 57% since 2010, and 133% since 2006. At the current rate of increase, this prevalence will double to 1.6% of the population in the next 12 years. In Russia, heterosexual sex is the cause ascribed to half of all recorded cases and a third to injecting drug use.

## NETHERLANDS | 17 Feb | AIDSMAP

**New hepatitis C infections among HIV-positive gay men drop by half after new treatment roll-out**

A year after the Netherlands introduced unrestricted access to direct-acting antivirals for the treatment of hepatitis C, there has been a dramatic decline in acute infections among HIV-positive men who have sex with men. Promptly treating everyone infected with hepatitis C, especially those in high-risk groups such as sexually active gay men and people who continue to inject drugs, is helping cut transmission.

## CHINA | 10 Feb | South China Morning Post

**Hospital bosses suspended in Qingdao after nine patients catch hepatitis B during kidney dialysis**

Nine patients were infected with hepatitis B virus at the Qingdao Chengyang People's Hospital. Officials at the hospital delayed reporting the cases to higher authorities because inspectors were carrying out a ratings assessment of the medical centre. In a separate incident, twenty-six people were infected with hepatitis C during haemodialysis treatment in Zhanan County Hospital in Shaanxi province last year.

## MALAWI | 1 Feb | South Africa Litigation Centre

**The Zomba High Court in Malawi has affirmed a human rights approach to criminalisation of HIV exposure**

A woman living with HIV was convicted of recklessly doing an act which is "likely to spread the infection of any disease which is dangerous to life" when she accidentally breastfed another person's child. She was sentenced to 9 months imprisonment but then raised expert evidence to prove the "very small risk" of HIV transmission by women on antiretroviral treatment through breastfeeding. The Court agreed that her conviction should be overturned.

## AFRICA | 4 Feb | Deutsche Welle

**Cancer is Africa's new health burden**

WHO (World Health Organisation) has found that infections caused by the human papillomavirus and hepatitis B and C viruses contribute to the burden of the top two cancers in Africa; cervical and liver cancer. More than 80 percent of deaths from cancer result from late diagnosis, cost and inaccessibility of treatment. Health professionals believe it is overtaking AIDS as a cause of death.

## Media - Sonam

In October we teamed up with Positive Life NSW to promote our resource, *7 Good Reasons to Start HIV Treatment Now*, on social media. We used the resource to support World Mental Health Day in specific African, Chinese, Thai and Vietnamese media, highlighting how lack of information often prevents people from accessing HIV treatment on time. The promotion registered over 1,500 hits to the MHAHS website and 5 print and/or online media pickups. In December, we ran an ethnic media campaign to support World AIDS Day/HIV Awareness Week. Aimed at African, Chinese, Filipino and Thai communities, our campaign highlighted the benefits of Dried Blood Spot HIV Test - a new, free, easy, private and accurate way to test for HIV from home. The campaign registered 8 media pick-ups including 2 radio interviews. An added feature was an ABC International story on the work of MHAHS titled "World AIDS Day: How HIV affects Australia's multicultural community". The story (available in Indonesian and Chinese languages) was viewed more

than a thousand times. We also updated key hepatitis C factsheets and uploaded new HIV factsheets on PrEP (Pre-Exposure Prophylaxes) to our website. Available in Arabic, Chinese, English, Indonesian, Portuguese, Spanish, Thai and Vietnamese languages, the PrEP resource explains how one can protect against getting HIV by taking a tablet once a day every day. We presented a slideshow at the 2016 HARP Forum called *Connecting for Action: Making Diversity Work in Hepatitis Land*, highlighting how Hepatitis B Community Alliance NSW uses diversity to its advantage rather than as a handicap.



*Barbara Luisi as featured in an ABC International story*

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## Health Promotion - Marina

As you may remember, we partnered with ACON, Positive Life NSW and EPIC NSW to produce a plain language factsheet on PrEP (Pre-Exposure Prophylaxis). The factsheet has been translated into 7 languages, now available for easy download from our website. The Dried Blood Spot (DBS) pilot is now in full swing. A number of co-workers have been involved in focus groups to determine how "user friendly" the website is. To support this project and to promote it through our communities, we developed information about DBS in plain English and in 8 languages. Thanks to all the co-workers who have been involved in these translations! You've all made a wonderful contribution.

## Client Support - Effie, Dash and Donatella

The Clinical Supervisors have been focused primarily on quality improvement, reviewing and streamlining the Client Support Program, with a view to creating clear procedures and greater efficiency. As the work year commences, we have a program of group supervision and training sessions. Those of you with clients will have received notice of your group dates. The HIV landscape is changing rapidly, and we will be following this as we continue to provide support to vulnerable people living with HIV. We wish you all a happy and productive year and look forward to seeing you very soon.

## Community Development

### Vietnamese Hepatitis B Project – Kim



In early February, we joined the HARP unit at SWSLHD for the celebration of the Vietnamese New Year (Tet Festival) at Fairfield Showground, to promote Hep B issues among the Vietnamese community. We distributed about 5500 fortune cookies with hepatitis B messages in Vietnamese along with 2000 paper fans with NSW hep B campaign images and other hepatitis B resources.

As an outcome of the Vietnamese cultural awareness session delivered to SLHD staff at RPAH late last year, MHAHS received a special request for another session for the staff of the Newborn Care at Mothers and Babies at RPAH. The session was delivered in partnership with Leichhardt Women's Health Community Centre and approximately 27 staff attended.

The media work was another highlight. We managed to record four radio interviews; one with a local and well-known Vietnamese GP, one with a Vietnamese person living with chronic hepatitis B, another with a community leader and the last interview was with myself.

All interviews were aired at two major Vietnamese community radio stations. We are planning to publish a number of articles around hepatitis B in the Vietnamese print media.

### Arabic Hepatitis C Project – Faten



We have been focusing on engaging Arabic radio stations to reach the broader Arabic community. The project has implemented a new approach to the media by self-producing four interviews; two interviews with a GP, one with a hep C positive person and one with the Project Officer. These interviews aired over four weeks at two radio stations; 2MFM Muslim Community Radio (92.1 FM), with 100 000 Arabic listeners in Australia and

overseas, and Voice of Charity Radio (1701AM) with 5000-10000 listeners in Australia and New Zealand.

The next step is to take these interviews to Arabic SBS Radio to ensure that more people from Arabic background hear about hepatitis C and the new treatments. The media strategy also includes print media. We wrote five articles addressing different topics around hepatitis C. We aim to take these articles to the Arabic newspapers in the next few months.



## Surinee's experience



**What is your family story?** I came from Thailand. I was born and raised in Bangkok. My mum is Thai but my father is Australian. They met and got married in Thailand. I have a sister who lives in Norway.

**What do you do outside the MHAHS?** I work for the St George Youth Service, updating the low cost accommodation list for St George and Sutherland Shire, for the Helping Hands project. I also do data entry there and I am a mum.

**What made you join the MHAHS?** My Manager at the Youth Service mentioned that the MHAHS was recruiting people that speak other languages to become bilingual co-workers. I consider working with people living with HIV as an opportunity to make a difference. HIV is a very stigmatised condition, especially in my community.

**What are your impressions of the service?** The service offers clients a co-worker who speaks the same language and has a similar cultural background. I encourage my clients to be positive with their lives and not to feel too isolated. I find it useful that the MHAHS offers training on the latest treatment and how to get tested without a Medicare card.

**What do you think of the training provided by MHAHS?** So far all the training has been useful. For example, we do communication training and it can be used with other jobs too. You can take the skills you

have learned wherever you go. I really like that the service is up to date with treatment and with the most advanced testing tools. We get to learn what other services are out there and this is useful for our clients.

**What activities have you carried out for the MHAHS so far?** I have done translations, I have been interviewed by the SBS Thai radio channel as a media spokesperson. I have interviewed two co-workers for the MHAHS newsletter and I attend all the training, group and individual supervision. I have also attended a focus group.

**Tell me more about your client work.** I used to have two clients but I only have one at the moment. I feel a bit attached to the clients and at times I worry for their future because one day they will be discharged from the service and I want to make sure that they are independent. All clients require different assistance. They all have different personalities even if they share the same background. They like different things. For example, one client might be more religious than the other.

**What do you get from supervision?** I attend group supervision and one-on-one supervision. Both are very useful. From the group, I get support, learn about the challenges that the clients face and what services they use. I feel that my colleagues are as passionate as I am. One-on-one supervision gives me the chance to brainstorm with my clinical supervisor about the options we can offer to clients.

**What do you see are the challenges/rewards as a co-worker?** I have to learn not to be too attached to the clients and be mindful of boundaries, because the goal is for the client to be independent. I feel satisfied with the job I do because I can inform my clients of the services that are available to them. I enjoy reducing feelings of isolation within my clients and supporting them emotionally and in any other way they need.

**Do you have any other reflections?** Since I started at MHAHS I became much more positive about HIV treatment and prevention. I feel very lucky to be in this country as many people living with HIV around the world don't have the same support we have.