



**MULTICULTURAL HIV
AND
HEPATITIS SERVICE**

A statewide service hosted by
Sydney Local Health District

MHAHS NEWS

Issue No 31 | Summer 2017 | Co-worker newsletter

EDITOR'S MESSAGE

Welcome to the Summer 2017 edition of MHAHS News.

Thank you to everyone who attended the CSO staff meeting on 7 December night and for your interaction with the guest speakers.

It is with great sadness that we write of **Huong Tran**, one of our valued and loved Client Support Officers, passing away recently. Huong had been with MHAHS since 2001 and was a very valued colleague. Huong supported a number of clients and contributed to the work of MHAHS on many levels. Her kindness, commitment and openness with clients in particular will be very missed. The MHAHS extends our sincere thanks to Huong for all that she gave and our sincere sympathies to her husband, children, friends and family.

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.

I wish you a happy festive season and a wonderful New Year. The MHAHS will be closed from **22 December 2017 to 2 January 2018** and look forward to seeing you at our next CSO staff meeting in March.

Riza



Find co-worker news and updates on the new website

Co-worker editorial committee

Natali Smud - Interviewee

Surinee Record - Interviewer /

Co-worker's Viewpoint

NEWS - Goings

Effie Katsaros who has been our wonderful clinical supervisor for many years has resigned to open a new chapter in her life. We will all greatly miss Effie, and wish her all the best!

Digital Communication and Publications Officer, **Kimberley Shaw**, has resigned from MHAHS a short while ago. We thank her for her invaluable contribution!



*Riza with Melissa and Loretta at the Dec 2017
CSO Staff Meeting*

Multicultural HIV and Hepatitis Service

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Australia's Annual Report Card on STIs and blood-borne viruses



Gonorrhoea has increased by 63% over the past five years, with particular rises among young heterosexual people in major cities.

Gonorrhoea and syphilis diagnoses are increasing in Australia, HIV is stable, and more than 30,000 Australians have been cured of hepatitis C, according to the latest Annual Surveillance Report on HIV, viral hepatitis and sexually transmissible infections (STIs) in Australia, released today by the Kirby Institute at UNSW Sydney.

The latest data shows that gonorrhoea has increased by 63% over the past five years, with particular rises among young heterosexual people in major cities. "Up until recently, gonorrhoea had been uncommon in young heterosexual people living in major cities. Rising rates in this group highlight the need for initiatives to raise awareness among clinicians and young people about the importance of testing," said Associate Professor Rebecca Guy, head of the Surveillance, Evaluation and Research Program at the Kirby Institute. "With the national strategies for HIV, hepatitis and STIs up for review, reducing STIs in young people will be an important target."

men, who are the population most affected by HIV in Australia," said Associate Professor Guy. "It is also encouraging that 86% of people diagnosed with HIV were on treatment in 2016."

However, gaps in testing remain high particularly among heterosexual people, where one in five HIV diagnoses occurs. Nearly half of heterosexual people diagnosed with HIV were diagnosed late, meaning they were likely to have acquired HIV at least four years before diagnosis.

"For HIV to decline nationally, we must focus on a combination of prevention strategies, including enhancing our testing and treatment efforts, making HIV self-testing available and ensuring equitable access to pre-exposure prophylaxis (PrEP) across Australia," said Associate Professor Guy. PrEP is a treatment which prevents people at risk from acquiring HIV, but is currently only accessible through clinical trials. "A recent announcement from NSW Health shows early

Some good news on hepatitis, but more work to be done

Between March and December 2016, an estimated 30,434 people have been cured of hepatitis C due to the availability of new direct acting antiviral therapy for hepatitis C. "The new therapies have been game-changing for hepatitis C in Australia", said Associate Professor Jason Grebely from the Viral Hepatitis Clinical Research Program at the Kirby Institute. "Our estimates indicate that the number of people with hepatitis C who have advanced liver disease has fallen for the first time in 10 years. This is excellent news, but to achieve hepatitis C elimination in Australia we must sustain our efforts to ensure all people living with hepatitis C are tested and have access to these cures."

The report also shows that over the past five years hepatitis B diagnoses have declined by 27% in people aged less than 25 years, reflecting the impact of the infant and adolescent vaccination programs. However, only 63% of the estimated 230,000 people living with chronic hepatitis B in Australia by the end of 2016 were diagnosed. Of those, only 27% were having appropriate clinical monitoring tests for their infection.

The full Annual Surveillance Report will be available on the Kirby Institute website from 6 November 2017, and will be officially launched at the Australasian HIV & AIDS and Sexual Health conference in Canberra on Tuesday 7 November.

*The Kirby Institute UNSW Sydney
Media Contact: Luci Bamford
6 November 2017*



86% of people diagnosed with HIV were on treatment in 2016.

HIV diagnoses stable for fifth year in a row

The report shows that HIV diagnoses have remained stable in Australia for the past five years, with 1,013 new diagnoses in 2016. Associate Professor Guy said these results are due to high levels of testing and treatment in Australia. "We're seeing increased uptake of HIV testing, particularly among gay and bisexual

evidence of the impact of this combination of strategies, with a 31% reduction in new HIV diagnoses in gay and bisexual men in the first half of 2017 compared to the previous five years, the lowest count on record," said Associate Professor Guy.

30,434

Between March and December 2016, an estimated 30,434 people have been cured of hepatitis C due to the availability of new direct acting antiviral therapy for hepatitis C.

HIV: Could new injection work as effectively as daily drugs?

A new, long-acting antiretroviral injection might be an effective alternative to daily oral doses of the same medication in the case of HIV, a new clinical trial suggests.

Antiretroviral (ARV) drugs are administered to diminish the load of HIV in the system, slowing the disease and preventing transmission. According to the US Centers for Disease Control and Prevention (CDC), it is thanks to ARV drugs that the number of deaths occurring as a result of AIDS - which is caused by HIV - has been steadily on the decline in recent years.



A team of researchers from a series of institutions, led by Dr. David A. Margolis, is now testing a long-acting ARV injection that would be able to act as a replacement for daily oral medication.

"Adherence to medication remains an important challenge in HIV treatment. Long-acting injectable ART could provide some patients with a more convenient approach to manage HIV infection that avoids daily oral dosing, and the need to keep, store, and transport medications as they go about their daily lives," says Dr. Margolis. The clinical trial has just completed phase II, and the results are published in *The Lancet*. They were also presented yesterday at the ninth International AIDS Society conference, held in Paris, France.

Injection as effective as oral medication

The study devised an ARV injection containing two drugs that have been used in HIV treatments under the form of oral medication: cabotegravir and rilpivirine. Researchers have so far found that this injectable treatment

appears to be as effective as the normal, daily administration of the same drugs in the form of oral medicine.

Dr. Margolis and his colleagues first conducted an induction stage, wherein they looked out for adverse events to the two drugs. This initial stage was performed with the help of 309 participants. These patients were administered oral doses of cabotegravir (30 milligrams) and abacavir-lamivudine (600 milligrams to 300 milligrams) every day, for a period of 20 weeks. Of these patients, 286 participants did not experience any significant adverse events. These people went ahead with the trial.

In the next stage, which is called the "maintenance phase," the patients were randomly split into three groups. One hundred and fifteen participants were administered injections of cabotegravir and rilpivirine once every 4 weeks, 115 participants received the same treatment every 8 weeks, and 56 participants were set to continue the oral cabotegravir and abacavir-lamivudine treatment as before. The maintenance therapy went on for a total of 96 weeks.

After 32 weeks, it was found that 94 percent of the patients in the first group, 95 percent in the second group, and 91 percent in the third group had maintained viral suppression. At the end of the 96-week period, 87 percent of the participants in the first group, 94 percent of those in the second group, and 84 percent of those in the third had maintained viral suppression.

In short, the cabotegravir and rilpivirine injection appeared to be at least as effective as a regular treatment with oral doses.

Some adverse events were also noted, with the most frequent being pain

where the intramuscular injection had been administered. This was reported by 97 percent of the participants in the first group, and by 96 percent of those in the second group. In most cases, however, this reaction lasted only 3 days, and the pain was mild.

Some patients, regardless of the treatment they had been administered, also complained of headaches, throat soreness, and diarrhoea. Only 4 percent of the total number of participants were forced to withdraw from the trial due to adverse events. Of these, two came from the first group, eight from the second group, and one from the third group.

Challenges and restraints

In a commentary published alongside the main article, Prof. Mark A. Boyd, from the University of Adelaide in Australia, and Prof. David A. Cooper, from the Kirby Institute of the University of New South Wales, also in Australia, note that not all HIV patients may find an injection more convenient than orally administered drugs.

"[At least in Australia] people living with HIV can get 2-6 months supply of ART dispensed anywhere. This scenario, compared with having to seek healthcare to be injected on a monthly basis, might make the injectable option seem less convenient than conventional oral therapy for some people," they say.

Finally, it should be noted that the main article includes an acknowledgment that some of the researchers involved in this study are currently employed by, and stakeholders in, a well-known pharmaceutical company.

Medical News Today
By Maria Cohut
25 July 2017

USA / April / northcarolinahealthnews.org

HIV Speaks on Jones Street

More than 60 HIV and AIDS advocates from across North Carolina gathered for "HIV Speaks on Jones Street." This is the 2nd year in a row that advocacy groups have come to the capital to offer free screenings and talk about viruses such as HIV and hepatitis C. This year, 36 people were tested, "Some folks said they've been concerned about hepatitis recently and were actually getting tested to make sure they knew their status," said Lee Storrow, executive director of the North Carolina AIDS Action Network.

ENGLAND / October / aidsmap.com

How a London clinic reduced new HIV infections by 90%

The experience of the clinic in the heart of London's West End illustrates how services may need to change to improve rates of HIV diagnosis, increase the numbers of people on treatment and reduce new HIV infections among key populations. Similar services are also emerging in Barcelona, Portugal and Italy. The London data is the first evidence that services offering new models of high throughput, community-based care that incorporate treatment and PrEP.

EGYPT/ June / who.int

Egypt develops national screening strategy for hepatitis C with WHO support

Egypt aims to treat 1 million people living with HCV. Since announcing the strategy in October 2014, the country has treated more than 1,050,000 patients with chronic hepatitis C through the government programme. HCV is one of the main public health challenges affecting Egyptians, with a national prevalence of 4.4% among people aged 1-59 years.

VENEZUELA / September / thebody.com

HIV-Positive Venezuelans Aren't Getting Their treatment

Pedro, a HIV-positive man living in Venezuela, reached out on Grindr. Pedro had been living with HIV since March 2017, but he took his last HIV medication on June 8. Since then, he'd been living without it. Pedro switched the filter on his Grindr profile to look for people in the "Poz" and began to message people. He spoke to Sam Graper on his Facebook. "I have days without taking my treatment". "I would appreciate if you know any foundation that provides humanitarian aid to my country ..."

MALAWI / August / nyasatimes.com

15 Out of Every 100 Patients At Kamuzu Central Hospital Have Hepatitis

Medical Research studies conducted at Kamuzu Central Hospital has shown that 15% of the clients have hepatitis. Zone Health Supervisor Dr Malangizo Mbewe disclosed this during the World Hepatitis Day commemoration in Chikwawa. Mbewe said this is the case because a lot of people aren't aware of the problem and it is difficult for them to accept.

**RWANDA / June /
bmcinfectdis.biomedcentral.com**

Hepatitis B virus and HIV co-infection among pregnant women in Rwanda

Chronic HBV infection is a public health problem among pregnant women in Rwanda. Understanding that HBV-HIV co-infection may be more prominent in younger women from urban residences will help inform and strengthen HBV prevention and treatment programmes among HIV-infected pregnant women.

AUSTRALIA/ October / sbs.com.au

Many Chinese-Australians don't even know they have Hepatitis B

Jackie Cheng lost his brother to liver cancer 8 years ago. He learnt that his brother's death could have been prevented. "If he had known earlier that he was meant to regularly monitor his hepatitis B, and that would've prevented liver cancer and premature death, then of course he would have done it." "He was really frail. He became physically terrible." Mr Cheng and his brother were both born in China. Up to 8% of Australians born in China have hepatitis B.

RUSSIA / June / edition.cnn.com

On the front lines of Russia's 'staggering' HIV epidemic

On a Friday night, a mother with bright pink hair stands outside a 24-hour pharmacy in Moscow. She offers plastic bags full of clean syringes to Russians dashing into and out of the store. "Mostly drug users have hepatitis," she says. "And many of them have HIV." According to the UNAIDS program, Russia had the 3rd-highest number of new HIV infections globally in 2015 and more than half of new infections are transmitted through intravenous drug use.

CHINA/ June / avert.org

HIV and AIDS in China latest update

China has made substantial progress in tacking its HIV. Significant progress in the last decade and increased national response have stemmed the epidemic across the country as well as increasing the quality of life for people living with HIV. The HIV epidemic in China is largely characterized by low national prevalence at 0.037%, with certain regions having higher and more severe HIV prevalence rates. China is also faced with the increasing challenge of providing more targeted prevention programs to key affected populations.

**THAILAND / September /
nationmultimedia.com**

Thai strategy to end AIDS epidemic by 2030

New HIV infections in Thailand have dropped 50% in 6 years – the biggest decline in Asia and the Pacific. UNAIDS has applauded Thailand's Ministry of Public Health for its new national strategy, a roadmap for ending the AIDS epidemic by 2030. The 2017-2030 National AIDS Strategy was launched in Bangkok last September.

Media - Sonam

It has been a busy quarter with several initiatives these past few months. In October we planned and implemented a HIV Home Testing (DBS HIV Test) campaign to support Mental Health Month in NSW. The campaign highlighted how HIV home testing affords people peace of mind by ensuring the privacy and convenience necessary to get tested on time. The campaign which targeted the Arabic, Chinese, Portuguese, Thai and Vietnamese media registered 12 pick-ups including a radio interview and general broadcast.

Our Arabic Hepatitis C Project Officer, Faten Solaqa was interviewed by SBS Arabic radio when we ran our final story of the project's interview series. It focussed on the project's success and the challenges faced in increasing awareness of hepatitis C in the community.

In October, we presented a poster titled Hep B: Could it be me? ASK. TEST. TREAT CALD Campaign

TEST. TREAT CALD Campaign at the *Brave New World HARP Forum 2017*. It focussed on how the MHAHS led



campaign fostered collaborative working relationships between key stakeholders, distributed well over 50,000 hepatitis B information resources, conducted community consultations, public forums, information stalls, radio announcements and registered 27 media pick-ups.

On World AIDS Day on 1 December, the MHAHS launched an ethnic media campaign in the African, Chinese, Indonesian, Spanish, Thai and Vietnamese communities to promote HIV home testing, treatment and prevention.

The *My Health, My right* campaign focussed on the right to health and the challenges faced by people living with HIV from culturally and linguistically diverse communities in accessing HIV testing, treatment and prevention.

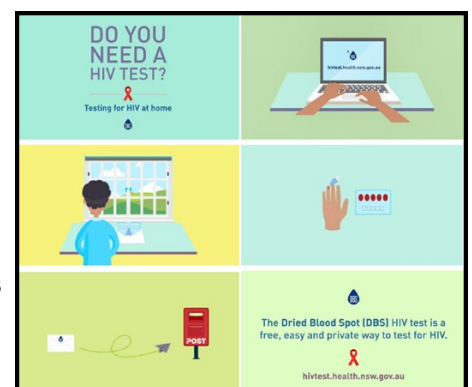


Health Promotion - Denise, Natali and Faten

In the last few months, the focus of the Health Promotion Team has been about finalising the Hep B. Could it be me? campaign. This was a huge undertaking as MHAHS implemented a variety of approaches to ensure that messages about testing and treatment reached priority populations. This focus included working with an external consultant to evaluate aspects of the campaign where we organised Chinese and Vietnamese focus groups to discuss the effectiveness of the hepatitis B advertisements and merchandise. In addition, we continue to distribute campaign material to sector organisations.

One of the challenges of this campaign has been campaign's website (www.hepB.org.au). Our role was to work with our Cultural Support Officers to develop information in the four languages Arabic, Chinese, Korean and Vietnamese and to make sure that the in-language information on the website was accurate. We are pleased to say that the website is now complete with all the in language pages complete.

DBS promotion continues to be a big part of our work. We are working closely with Pozhet to implement social media campaigns that promote home testing for HIV. We ran campaigns in September, and more recently in December to coincide with World AIDS Day. Go to our website to watch the DBS animations available in English, Chinese, Indonesian, Thai and Vietnamese.



Client Support - Dash and Donatella

Senior Social Workers' Report
Client Support Program
Oct - Dec 2017

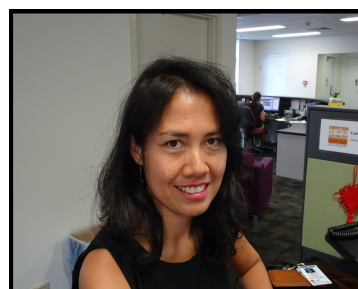
In this end-of-year period, we have seen growing interest from government and other HIV agencies in the higher rates of HIV notifications for young Asian MSM. Our own referrals demonstrate this. Awareness is increasing around issues affecting this population group, and the need for an appropriate health promotion response. This, as well as increasing uptake of PrEP as part of a strategy to achieve the goal of "virtual elimination of HIV by 2020", were the prominent themes at the Australasian HIV and Sexual Health Conference in Canberra in November. The Senior Social Workers presented a poster at this event, promoting awareness of issues affecting people on the margins of mainstream HIV responses. Ageing and HIV is another emerging focus, and we have participated in forums to discuss issues affecting older people living with HIV. As always, advice from MHAHS is sought about issues affecting CALD PLHIV. The Client Support Program is in a good position to provide data and evidence, on the basis of the work done by the Cultural Support Officers with our client base.

Community Engagement - Wa'e'l



I am delighted to welcome Lucy Mukoko and Galuh (Gula) Saphthari to the team, Lucy is working on a 12 month project targeting the African communities in the area of hepatitis B.

Lucy, has consulted widely with relevant African community organisations to seek their support and endorsement for the project. A community "Advisory Group" was established and had its first meeting in November. Other strategies planned to reach the wider community members includes, community information sessions, participation at community festivals, community media and working with community churches and other religious based organisations.



In October, Gula was employed 2 days a week for a 12 month project to work with international students in NSW to increase their ability to respond to HIV issues appropriately by:

- Improving knowledge of HIV transmission & contemporary prevention, testing & treatment in the Australian context
- Increasing access to HIV testing including DBS & PoCT, as appropriate
- Enhancing uptake of HIV prevention strategies as appropriate i.e. PrEP
- Increasing awareness of HIV stigma & discrimination among target group.

The project will implement a multi-strategic approach to achieve the above planned objectives in partnership with educational organizations and relevant Local health Districts working with the international students.



Natali's experience



What's your family story?

I am from Buenos Aires, Argentina, and moved to Australia 5 years ago. I come from a family of immigrants, as my grandparents migrated from Europe to Argentina from prosecution during the war. For that reason, from a very young age I learnt the importance of working for and giving back to the community as a core value.

What do you do outside the MHAHS?

I work in health education and community development for the Spanish speaking community, as well as a Community Educator for the Jewish community.

What made you join the MHAHS?

When I was studying medicine, I took special interest in chronic illness and infectious diseases as they impact both in the individuals' quality of life, as well as the community' overall wellbeing. There is so much that can be done from a population health approach. Overseas, I worked on HIV and Hepatitis for several years in research and education and I became very passionate about equal access to health. When I have learned about the existence of a multicultural service for HIV and Hepatitis I got really interested in being a part of it to do my bit. It seemed like my dream job: as a Doctor I could bring my knowledge together with my enthusiasm for education and community development. And it's been a fantastic learning experience since then.

What are your impressions of the service?

I love it! I fell in love with the service! I think what service does is unique as it impacts lives and communities, and I love being a part of it anyway

possible. One of the things I enjoy the most is meeting people from different cultures and backgrounds, and hearing their life experiences.

What do you think of the training provided by MHAHS?

I think it is great. Even having a lot of medical knowledge, I have learned how to support people living with HIV in the most comprehensive way possible, and also about the community development work in Australia. It also keeps me up to date and extends my understanding on how to navigate the Australian Health System and NGOs, which is important to better support our clients.

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

I have done a little bit of everything, from administrative support to translations, development of educational materials, client support and now, working as a Project Officer in Health Promotion. It has been an amazing opportunity

Tell me more about your client work

My clients have very different life stories and needs. It has been very rewarding experience for me. It is challenging being an unconditional support for them in harsh times, where they may not have anyone else to rely on. There is always willingness to do more, and it is frustrating when you cannot solve an issue or offer a solution. I've learnt that just listening, reassuring and empowering are powerful tools. Seeing them develop and gain independence is an amazing feeling.

What do you get from Supervision?

It is an amazing support network. Even though I have worked with clients and patients for so many years, it is good to learn how to manage certain issues and to set up healthy boundaries. For group supervision what I enjoy the most is learning from other co-workers and how they support their clients.

Do you have any other reflections?

I am very grateful for being part of the MHAHS family and all the support I have received from such wonderful colleagues over these years.