



MULTICULTURAL HIV AND HEPATITIS SERVICE

A statewide service hosted by Sydney Local Health District

MHAHS NEWS

Issue No 33 | Winter 2018 | Cultural Support Officer newsletter

EDITOR'S MESSAGE

Welcome to the Winter 2018 edition of MHAHS News.

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

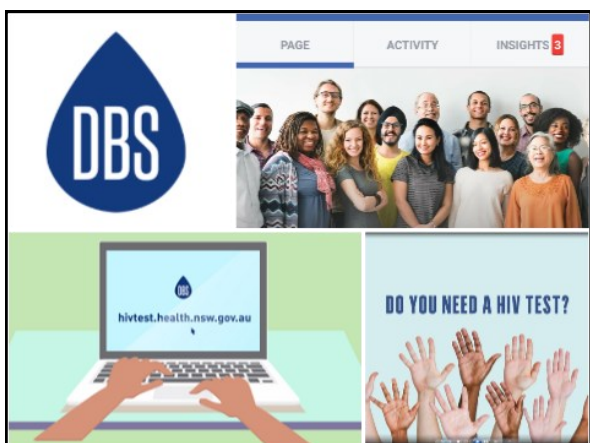
The MHAHS website is a great place to visit for information about **CSO staff meetings, events and updates**. You can find the staff section button at the top right corner of the home page. Visit mhahs.org.au to keep in touch with the latest news. Your log-in is [coworker@mhahs](mailto:coworker@mhahs.org.au).

Changed your address or contact details?

You need to make that change through StaffLink (<https://stafflink.hss.health.nsw.gov.au>) to inform Human Resources, but it is also very important to let me know. Also, please advise me of any changes to your personal circumstances like overseas travel, new email address, starting a new full-time position or being unavailable for work with us due to other reasons. Please refer to the Co-worker Handbook, on page 9 or go to the staff section of our website.

Looking forward to seeing you at our next CSO staff meeting on Wednesday 5 September.

Riza



NEWS - Goings

As you know, our beloved colleague **Mary** has retired. Here are a few words from her to you:

Dear CSOs

I would like to take this opportunity to say thank you to you all for all your hard and brilliant work with MHAHS. From me personally I would like to thank you for your friendship and caring over my almost 16 years with MHAHS. It was such a pleasure and privilege to have worked with you all. I've seen many changes over the years both with the CSOs and staff.

MHAHS is venturing further ahead all the time. I will miss all of you very much. But I'm now 72 and it's time to have more time to do the things I'd like to pursue.

I will miss you all...

Mary Bourke

We also say farewell to **Faten Solaqa**, in her role as project officer for the **Hep B, Arabic Community Development Project**. We look forward to her continued work with the Service as a CSO and thank her for her great work on the project.

CSO Editorial Committee

Surinee Record

Faten Solaqa - Interviewee, CSO's Viewpoint

Belinda Marchesiello - Interviewer,

CSO's Viewpoint

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

Why an imperfect HIV vaccine could be better than none at all

When Health and Human Services Secretary Margaret Heckler announced that scientists had discovered the virus that caused AIDS at a press conference

need to be perfect to be helpful. An incremental improvement over the one tested in the Thai trial could have a major effect on spread of HIV, he says.

makes it difficult for the antibodies to keep up."

Imbokodo uses what Buchbinder calls "a mosaic insert," or lab-created fragments of HIV, to train the body to make the antibodies that are likely to be most effective against the common strains of HIV, rather than the approach used in HVTN 704 and RV 144, both of which specifically targeted regional HIV strains.

But even as U.S. public health officials hope for a safe and effective HIV vaccine, there has been progress on other fronts. Robust HIV testing, treatment, and prevention programs — in the District of Columbia, San Francisco, and New York City, for instance — have led to significant reductions in the rate of new HIV cases over the past decade.

Two of the most effective HIV prevention tools today were discovered in the past decade: PrEP, short for pre-exposure prophylaxis, and TasP, short for treatment as prevention. Both involve taking HIV medication daily and both dramatically reduce the risk of transmitting or contracting the virus. PrEP and TasP are statistically more effective at preventing HIV than condoms, and they have revolutionized HIV prevention and treatment — at least in areas with robust access.

"You could actually turn off the AIDS pandemic right now," says NIAID's Fauci, reflecting on the success of jurisdictions like Washington. If existing approaches were universally implemented, HIV transmission would grind to a halt, and that would be a "somewhat awesome feeling," he says.

But it's "theoretical," Fauci says, because PrEP and TasP haven't been implemented widely enough to end the pandemic.

That's why a vaccine is so important, he says, even if it only provides imperfect protection against HIV. Results from the two vaccine trials that provide the best shot at that goal are expected in late 2020 and 2021.

*Tim Fitzsimons
March 21, 2018
Npr.org*



The best case scenario is a vaccine that is at least 60 percent effective, Fauci says in an interview, "but I'd settle for from 50 to 55." With a HIV vaccine

in 1984, the disease was still mysterious and invariably fatal.

Perhaps with a vaccine, AIDS could be ended like smallpox or contained like polio, two scourges that yielded to intense public health interventions. Heckler suggested that experimental vaccine trials were just two years away.

We now know that HIV is rarely curable, though it can be managed with antiviral medicines. And more than 30 years later, HIV vaccine research has produced mainly a string of failures. Only one major HIV vaccine trial has shown any progress to date. In that study, done in Thailand, a two-stage vaccination approach called RV 144 resulted a roughly 30 percent reduction in HIV infections after several years. These results were hailed as proving the concept that an HIV vaccine could be protective, but the results weren't strong enough to pursue regulatory approval. Public health officials still say that a vaccine is essential to vanquishing HIV and AIDS.

"Development of an effective HIV vaccine will likely be necessary to achieve a durable end to the HIV pandemic," Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, wrote in JAMA, the journal of the American Medical Association, in October 2017. And Fauci is optimistic that it can happen because the vaccines don't

that stops a little more than half of all transmissions, "you could really nail down the end of the epidemic," he says. There are two HIV vaccine trials underway today that Fauci says are the most promising efforts since 2009. The first trial, called HVTN 702, began its third and final phase in 2016 with 5,400 South African volunteers. Results are expected in 2021.

"We were able to tease out what were the immune responses that we think were responsible at least partly for protection of [the Thai vaccine]," says Susan Buchbinder, director of Bridge HIV at the San Francisco Department of Public Health. The HVTN 702 study is "tailored for the sub-Saharan African epidemic, and we're currently testing that combined vaccine regimen," she says.

Buchbinder, a leader in the HIV Vaccine Trials Network, notes that the Thai vaccine was 60 percent effective for the first year before weakening to 30 percent. She says the HVTN 702 trial uses a new regimen that scientists hope will draw out the higher response over a longer period of time. In November 2017, a separate trial called "Imbokodo" launched in five southern African nations. It attempts to address the challenge of vaccinating against the strains of HIV that are prevalent in different regions of the world.

HIV is "kind of what I call a sloppy virus — it makes mistakes and it doesn't correct them," Buchbinder says. "That

A transplant and a cure: Research team eradicates hepatitis C in 10 patients following lifesaving transplants from infected donors

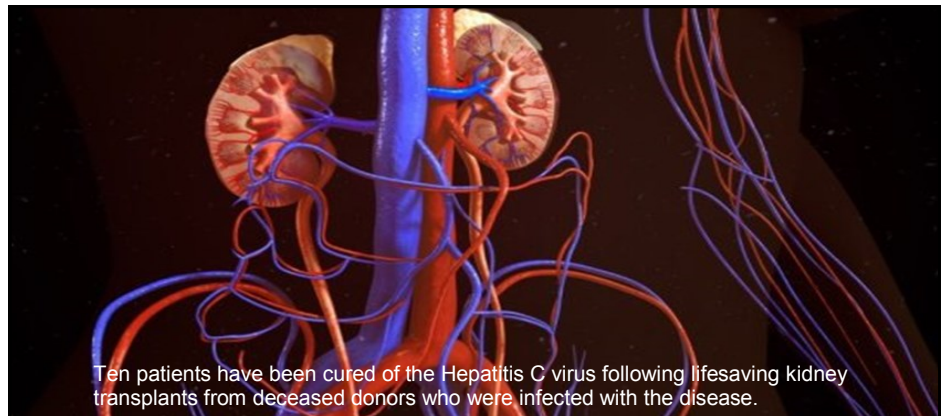
Ten patients at Penn Medicine have been cured of the Hepatitis C virus (HCV) following lifesaving kidney transplants from deceased donors who were infected with the disease. The findings point to new strategies for increasing the supply of organs for the nation's more than 97,000 patients who are awaiting kidney transplants -- often for as many as five or more years. In 2016, Penn Medicine launched an innovative clinical trial to test the effect of transplanting kidneys from donors with HCV into patients currently on the kidney transplant waitlist who do not have the virus, and who opt in to receive these otherwise unused organs. Recipients were then treated with an antiviral therapy in an effort to cure the virus. Early data from the study were presented today by David S. Goldberg, MD, MSCE, an assistant professor of Medicine and Epidemiology in the Perelman School of Medicine at the University of Pennsylvania, at the 2017 American Transplant Congress in Chicago, and were simultaneously published in the *New England Journal of Medicine*.

"We started this trial in the hopes that, if successful, we could open up an entirely new pool of donor organs, and effectively transplant hundreds, if not thousands, more patients who are awaiting a lifesaving organ," Goldberg said. "Historically, Hepatitis C-infected kidneys were often discarded, and were thought to be damaged or too 'high-risk.' Our pilot data demonstrate the ability to cure the contracted virus following transplantation in this patient population. If future studies are successful, this may be a viable option for patients who may otherwise never see a transplant."

Goldberg, who co-led the study with Peter Reese, MD, MSCE, an assistant professor of Medicine and Epidemiology at Penn and chair of the Ethics Committee for the United Network of Organ Sharing (UNOS), approached and enrolled participants who relied on dialysis treatments to

stand in for their damaged kidneys. Participants were between 40 and 65 years of age and had been waiting for a transplant for at least a year and a half. A three-step process of education and consent was used during pre-enrollment to ensure patients, and their loved ones were provided with a comprehensive understanding of the risks. Once

transplant, despite the possibility that they could get Hepatitis C permanently," Reese said. "Going into the study, we knew it was a possibility that some or all of the patients would contract HCV, and that they could have the disease for the rest of their lives if we were unsuccessful. But for these patients, getting off of dialysis and



Ten patients have been cured of the Hepatitis C virus following lifesaving kidney transplants from deceased donors who were infected with the disease.

enrolled, and as organs became available, the team performed HCV donor genotyping during the allocation process, selecting only kidneys that were considered "high quality."

In the first phase of the study, to date, 10 patients have received transplants using the protocol. On average, patients received a transplant 58 days after enrolling in the trial, some in as quickly as 11 days, while others waited for over 100 days. At three days after surgery, patients were tested for HCV, and all 10 tested positive for the disease. Next, the participants were treated with the standard 12-week course of elbasvir/grazoprevir, commonly known as Zepatier, a recently-approved and highly effective oral medication prescribed to eradicate HCV. All 10 patients have been cured of their contracted HCV.

"For so long, HCV was a virus with a very negative stigma associated with it, especially among physicians. So it was interesting to see that patients were quick to jump at the chance to get this

getting back to their normal lives was very much worth the risk."

Following the early positive results, the research team was granted an extension of their study, which will allow them to transplant and treat an additional 10 patients, 20 patients in total.

The research team is designing a new clinical trial that will study this same approach in patients who are heart transplant recipients, and in the future they hope to examine the efficacy of this approach in liver and lung transplants. Researchers note there is a need for longer and larger trials to continue evaluating the effectiveness of HCV-positive to HCV-negative transplantation followed by antiviral therapy in a broader population.

*University of Pennsylvania
School of Medicine
April 30, 2017
ScienceDaily*

USA / December / independent.co.uk

Donald Trump has fired every member of his Aids Council

The Trump administration has fired all remaining members of the President's Advisory Council on HIV/Aids (Pacha). Scott Schoettes, a lawyer with Lambda Legal and former member of Pacha, reported what he called a "purge" of the advisory council on Twitter. He later confirmed to The Independent that all of the remaining advisers had been let go, citing three members who had received termination letters from the administration.

SCOTLAND / April / aidsmap.com

1600 people taking PrEP in Scotland and Wales, almost all are gay men

In the first eight months of the programme, since last July, 1295 people have been prescribed pre-exposure prophylaxis (PrEP). Of these, 1254 are gay, bisexual or other men who have sex with men (MSM) and ten are women. (Data on the gender and sexuality of the last 31 participants are missing).

CHINA / November / xinhuanet.com

China releases new plan to control viral hepatitis

China has effectively slashed growth of viral hepatitis infection, but fighting viral hepatitis remains a challenge, said the plan issued by the National Health and Family Planning Commission and another 10 administrations. More than 1.3 million viral hepatitis cases are reported in China every year, accounting for one third of all infectious cases that must be officially recorded. The plan, covering the period from 2017 to 2020, emphasizes the importance of testing and vaccination.

EGYPT / March / dailynewsegypt.com

World Bank to lend Health Ministry \$200m for hepatitis C screening

Minister of Health Ahmed Emad El-Din Rady said that The World Bank (WB) offered to lend his ministry \$200m to assist its plan for screening the hepatitis C virus that it is implementing. The WB realises the importance of screening hepatitis C, so it offered to loan the sum to the ministry, noting that it will be repaid in 25 years. "Screening hepatitis C is very expensive. It costs about \$370m, which we cannot afford on our own," added the minister, noting that his ministry aims to screen 15 million Egyptians in 2018.

SUB-SAHARA AFRICA / April / aidsmap.com

First-line ART failure common among hospitalised HIV-positive people in sub-Saharan Africa

A large proportion of hospitalised HIV-positive people in sub-Saharan Africa have experienced the failure of first-line antiretroviral therapy (ART), according to a study published in the journal Clinical Infectious Diseases. The study investigators say that many of those now dying of AIDS are aware of their HIV status and have previous HIV treatment experience, but their deteriorating health has not been recognised, either as the result of loss to follow-up or lack of monitoring of adherence and treatment efficacy.

AROUND THE WORLD

FRANCE / July / medicalxpress.com

Cost-effective universal screening for hepatitis C in France

An estimated 75,000 people in France are unaware they are infected by hepatitis C virus. An ANRS-funded study by Sylvie Deuffic-Burban, Ph.D., a research associate at IAME (Infection, Antimicrobials, Modeling, Evolution), and her team show that a universal screening strategy applied to hepatitis C is cost-effective and improves life expectancy in those infected, compared with targeted screening.

AUSTRALIA / February / hepvic.org.au

Australia on target to eliminate hep C by 2026

Australia is on target to eliminate hepatitis C within 10 years due to the rapid uptake of a curative antiviral treatment program since its listing on the pharmaceutical benefits scheme (PBS) a year ago. A Kirby Institute report (<http://www.hepvic.org.au/news/2139/australia-on-target-to-eliminate-hep-c-by-2026>) supports predictions that the infectious disease would be eliminated as a major public health threat by 2026.

RUSSIA / April / rferl.org

Russian government drafts bill to fight AIDS denial

The Russian government has drafted legislation that would make it illegal to urge people not to seek treatment for AIDS or to deny the existence of HIV, the virus that causes the disease.

INDIA / February / washingtonpost.com

An unlicensed doctor with a dirty syringe infected dozens with HIV in India, officials say

NEW DELHI — The bicycling doctor made an offer his patients couldn't turn down: medical cures for 10 Indian rupees, or less than two dimes. Now dozens of patients in northern India are bearing what could be lifelong costs of HIV infection after the medically unqualified man reused an infected needle, officials said Tuesday, a grim consequence of quacks and unlicensed practitioners filling in the gaps of a health-care system struggling to meet the needs of 1.3 billion people.

PHILIPPINES / March / independent.co.uk

HIV strain in Philippines must be better researched if rates of infection are not to explode, scientists warn

A strain of the HIV virus which has become predominant in the Philippines has the potential to spark a new epidemic, scientists have warned. HIV prevalence among Filipinos has risen sharply in the past decade, at a time when infection rates across the world are beginning to decline.

Media - Sonam

We have been actively promoting our service and conducting campaigns across several channels including Facebook during the past few months.

In June, we supported HIV Testing Week by promoting our new low literacy resource [7 Good Reasons to Test for HIV Now](#) in 8 community media outlets targeting sub-Saharan African, Arabic-speaking, Chinese-speaking, Indonesian, Portuguese, Spanish, Thai and Vietnamese communities. Produced in partnership with Positive Life and PozHet, the resource highlights the reasons why people should get tested for HIV in a way that's easy to understand. The campaign registered 13 traditional media pick-ups including two radio interviews as well as 23 799 Facebook reaches and 6568 post engagements.

MHAHS hits 150 Facebook LIKES

On another note, thank you for liking MHAHS on Facebook. As of 1pm on 26th June, we had more than 150 Likes and 160 followers. Liking and following

MHAHS on Facebook are a good way to keep up-to-date with our campaigns and initiatives and see how we are working with our community partners. Like us on www.facebook.com/TheMHAHS



Health Promotion - Denise, Natali and Ally

The Health Promotion Team has been busy, working on Dried Blood Spot (DBS) testing, HIV Testing Week campaign, 7 Good Reasons to Test for HIV now, and our hepatitis C campaign. Over the past few months we've worked closely with many CSOs. We would like to say thank you to them for their hard work and patience, across some challenging pieces of work!

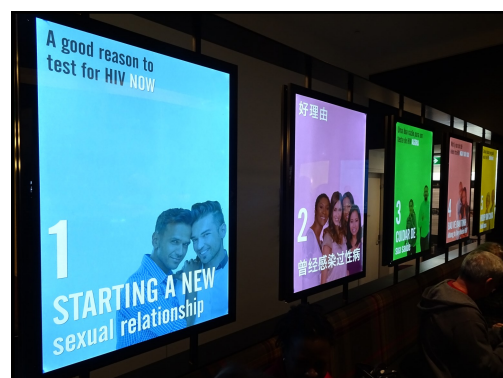
HIV

DBS HIV testing continues to be promoted via the new MHAHS Facebook page, @TheMHAHS, and we continue to encourage people to order a free DBS home testing kit online, at www.hivtest.health.nsw.gov.au

The *7 good reasons to test for HIV now* resource is now available on the MHAHS website in English and Arabic, Chinese, Indonesian, Portuguese, Spanish, Thai and Vietnamese. A new HIV multilingual resource is almost complete and development in 5 priority languages - Chinese, Vietnamese, Indonesian, Thai and Portuguese will begin shortly. We've also been visiting a range of community workers across Sydney, delivering sessions that aim to increase their understanding of HIV and increase their knowledge of recent changes – PrEP, PEP, DBS, rapid testing and the improved treatment options.

Hepatitis C

Our hepatitis C campaign, *Live Free of Hepatitis C*, was launched as part of Hepatitis Awareness Week in late July. The campaign includes posters, wallet cards, banners, and short videos that aim to raise awareness of hepatitis C testing and the availability of a cure for hepatitis C. All resources are available in Arabic, Chinese and Vietnamese.



Client Support - Donatella and Dash

Presentations were prepared for MHAHS input at the National Association of People Living with HIV/AIDS Treataware Outreach Network (NAPWHA ToN) Members' Forum (April); and the Australian Federation of AIDS Organisations (AFAO) National Members' Meeting Forum (May). These provided contexts in which to present information based on MHAHS client stories and to call for a more focussed anti-stigma approach from the HIV sector. These presentations used as their basis, 2017 NSW HIV notification data which suggest that overseas-born men who have sex with men are not responding to health promotion messages around transmission prevention and testing. Participants were responsive to client stories which provide a human face to the data which informs our practice.

We are pleased to have Dash back amongst us after a well-earned break; and recently held our Child Protection Training which was well-attended, and received positive feedback.

Community Engagement - Wa'el and Faten

Hep B Arabic Community Development Project

In the last three months, the project worked very closely with the local Arabic media to promote hepatitis B issues to the wider Arabic community. In total, seven interviews were aired on three radio stations, Muslim Community Radio, Voice of Charity Radio and 2ME Radio. The interviews were conducted with Arabic doctors, a person living with hepatitis B and with the Project Officer, Faten.

In addition, the project developed two Public Service Announcements to encourage community members to ask their doctor for a hepatitis B test and to assure them of the treatment options in Australia. The announcements were aired twice a day in May and June at the above radio stations.

The project also approached three Arabic newspapers, El Telegraph, AnNahar and Al-Mustaqbal to publish an article about hepatitis B, modes of transmission, prevention and vaccination authored by a well-known local Arabic GP.

In partnership with Arabic community organisations, the project delivered 11 hep B education sessions to approximately 180 attendees (men and women of different ages) and delivered a session to the Arab Workers Network, to increase their awareness about hep B. The sessions were highly appreciated.

For three days in a row, the project participated in the Annual Islamic Eid Show in Bankstown by having an information stall, staffed by our wonderful Cultural Support Officers along with SWSLHD staff. A photo booth was set up, where people could get a free photo with Eid wishes and a message "Ask your doctor about hepatitis B" in English and Arabic. Eid Show was a good opportunity to approach thousands of people with key messages about hep B.

Finally, as the project coming to an end, I would like to thank everyone who was involved and the MHAHS for giving me such a great opportunity to work on this worthwhile project.



HIV International Student Project - Wa'el, Galuh, Belinda and Natali

The HIV International Student Project team have been very busy organising and delivering HIV sessions reaching more than 650 students at various English language colleges including SCOTS, SELC, ELS, and Lonsdale English language Colleges.

The project held a stall at the City of Sydney Lord Mayor's Welcome event for international students. We distributed HIV resources including safe sex packs and other HIV information to more than 1000 international students.

The project presented a session to more than 70 international students from different universities and colleges in Sydney at a workshop organised by International Student and Leaders Ambassadors, City Of Sydney.

We also participated in a Health Expo at Taylors English language College in Waterloo. The three-day event was organised by HARP, Health Promotion Team SLHD. It included a seminar about STIs including HIV. The event was successful and well attended.

The project has had an abstract accepted as an oral paper at the 29th ISANA International Education Association Conference in December 2018. The paper will discuss project strategies, challenges and success in working with private English language colleges to reach students about HIV.



International students and some members of the project team



African Community Development Project, Hep B - Lucy and Wa'el

The last quarter, information sessions have been going well with approximately 2 sessions per month. Pending sessions from March with the Sierra Leone Community and the 'Leaders' Forum Group were done and five more delivered. The response from community leaders has improved as they realise the benefits of improving the community's health, while others are still too busy to consider what the project entails. During the sessions there have been some challenges, i.e. language barriers since some people understand little English. At times, it defeats the point of health education, unless there's someone to interpret the information. Also, time is a problem as most people aren't time conscious, so sessions end up being delivered late or in a rush. Evaluation forms aren't always completed by everyone if they can't read English.

Since April, we've run sessions with the Sydney Methodist Fellowship Group in Gosford, Horn of Africa Relief and Development Agency in Homebush, Hunter African Community Council in Jesmond, Bantal Pular Community Group in Auburn and The Salvation Army sports group in Auburn. In my sourcing of contacts, I've called and emailed different community leaders. I've managed to get an important contact from an organisation that works with African Communities-Major Paul Moulds, from the Salvation Army in Auburn. Wa'el and I had a meeting with him and he promised to facilitate our access to the groups he's currently working with and from his promise I've managed to run our first workshop with a group of newly arrived migrants. More are in the pipeline.



FATEN's experience

What is your family story?

I was born in Baghdad, Iraq. I grew up in a big family of four sisters and two brothers and worked in Iraq as a chemical engineer before I left in 1994. I came to Australia in 2012 when I married my husband. I have lived in Jordan, Spain and Sweden before moving to Australia. Living in these countries has given me a broad experience in dealing with people from different cultures and understanding them in their cultural environment.

What you do outside the MHAHS?

I was volunteering with Settlement Services International (SSI) and with Core Community Services before I joined the MHAHS in 2015. I have been working as an Arabic Project Officer for MHAHS for over two years on hepatitis B and C projects. I also worked as Health Promotion Project Officer on the *Hep B. Could it be me* campaign?

What made you join the MHAHS?

I was first encouraged to apply for the co-worker position by Life Skills Trainer at SSI, whom I was assisting in delivering information sessions to newly arrived Arabic-speaking refugees. As a Cultural Support Volunteer, I helped many refugees in overcoming the difficulties that they faced in their daily life, the language and cultural barriers. I thought that people living with HIV and hepatitis would have additional issues with isolation, stigma and discrimination which can have a great impact on their lives and here I am now using my language and cultural skills to make at least a small difference in the lives of people living with HIV and hepatitis.

What are your impressions of the Service?

I consider MHAHS as a very special and unique service that understands very well how to approach culturally and linguistically diverse communities and how to meet their needs. I admire its great work in providing social and emotional support for people living with HIV and its role in raising awareness and improving the health of people of CALD background in relation to HIV and hepatitis B and C.

What do you think of the training provided by MHAHS?

I think the training is very useful and informative. It

keeps us updated about new changes and advances regarding HIV & hepatitis tests and treatments. We learn about the available social, legal and emotional support available for clients.

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

Within my role as Arabic Project and Health Promotion Project Officer, I have been involved in delivering sessions about hep B & C, organising community forums, running information stalls, representing MHAHS at com-



munity events, doing interviews with Arabic local radios and liaising with Arabic newspapers. I have done translations, developed educational materials, participated in focus groups and supported a client. I've also attended supervision meetings and trainings.

What do you get from supervision?

It is a great forum where all can learn from each other. I learn much from my colleagues' experiences and their way of solving issues faced by their clients. It is helpful to get the Senior Social Workers' support and proper advice whenever we need it.

What do you see are the challenges/rewards as a CSO?

As I've worked mostly on Arabic projects about hep B & C, my challenges were how to engage the Arabic community with our information stalls, how to deliver education sessions effectively and how to reduce stigma.

My reward is when people approach me and appreciate the information I provide about these topics and when I feel that I encourage them to get tested. Then I feel that I have contributed to improving the wellbeing of my community.

Do you have any comments / reflections?

I enjoy being part of such a great service as the MHAHS. I am grateful for the opportunity to work with my community to contribute to their health and wellbeing.