

2018 AUSTRALASIAN CONFERENCE

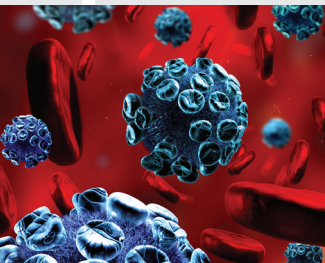


HIV & AIDS

SYDNEY MASONIC CENTRE

24 - 26 SEPTEMBER 2018

KEY FINDINGS REPORT



The Australasian HIV&AIDS Conference took place between the 24 – 26 September 2018 at the Sydney Masonic Centre.

The purpose of this report is to capture highlights from the Conference and to provide a tool to share research presented. Only a small number of selected research papers are included. For the full list of presentations please visit the Conference Program Page and click through the program. Within this document we link to relevant/related video, abstracts, slides and audio recording of presentations where available. We hope you enjoy the report and encourage you to share it widely with colleagues.

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WITH THANKS TO THE AUTHORS

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KEYNOTE SPEAKERS



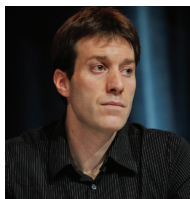
Dr Jintanat Ananworanich

Associate Director for Therapeutics Research, US Military HIV Research Program and the Thai Red Cross AIDS Research Centre, Thailand

ACUTE HIV INFECTION, EARLY TREATMENT AND HIV CURE RESEARCH



[Presentation](#)



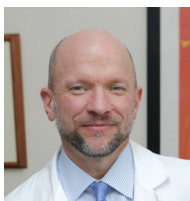
A/Prof Stefan Baral

Associate Professor, Department of Epidemiology, Director, Key Populations Program, Center for Public Health and Human Rights, Johns Hopkins School of Public Health, Baltimore, MD, USA

CHALLENGING ASSUMPTIONS ABOUT THE EPIDEMIOLOGY OF THE HIV PANDEMIC



[Presentation](#)



Dr Roy Gulick

Belfer Professor in Medicine, Chief, Division of Infectious Diseases, Weill Cornell Medicine, New York, USA

THE FUTURE OF HIV TREATMENT



[Presentation](#)



Prof Rebecca Guy

Head of the Surveillance, Evaluation & Research Program, Kirby Institute, Sydney, UNSW Sydney, Australia

HIV IN AUSTRALIA – THE GAINS, THE GAPS, THE NEXT STEPS



[Presentation](#)



Dr Chris Lemoh

Monash Health; School of Clinical Sciences, Monash University, Melbourne, Australia

ENGAGING PRIMARY CARE IN HIV TESTING AND PREVENTION

 [Presentation](#)



Prof David O'Connor

Ph.D., UW Medical Foundation Professor, Department of Pathology and Laboratory Medicine, University of Wisconsin-Madison, USA

FROM ZIKA TO AIDS

 [Presentation](#)



Valerie Nicholson

Chair, Canadian Aboriginal AIDS Network, Canada

STRONG LEADERSHIP BUILDING STRONG COMMUNITIES: THE MANY MASKS OF RESILIENCE

 [Presentation](#)



Dr Barbara Shacklett

Professor, Department of Medical Microbiology and Immunology, University of California, USA

“TISSUE ISSUES”: PERSPECTIVES ON HIV-SPECIFIC T-CELL RESPONSES IN MUCOSAL AND LYMPHOID TISSUES

 [Presentation](#)



Prof Cindy Shannon

Professor of Indigenous Health, Queensland University of Technology (QUT); and Chair, Queensland Ministerial Advisory Committee on Sexual Health; QLD, Australia

ENGAGING WITH INDIGENOUS COMMUNITIES FOR A COMPREHENSIVE AND INTEGRATED APPROACH TO HIV PREVENTION AND TREATMENT

 [Presentation](#)

KEY FINDINGS REPORT: THEME A

Understanding and identifying HIV and related infections: Basic Science, Biology and Pathogenesis.

This theme explores the fundamentals of HIV and laboratory-based research and practice. Areas of focus include the translation of basic research to clinical and laboratory-based practice in Australia and globally.

Plenary



"TISSUE ISSUES": PERSPECTIVES ON HIV-SPECIFIC T-CELL RESPONSES IN MUCOSAL AND LYMPHOID TISSUES

Dr Barbara Shacklett, Professor, Department of Medical Microbiology and Immunology, University of California, USA



[Presentation Clips](#)



[Audio Clips](#)

Mucosal CD8 T cells

- HIV Controllers (individuals that control HIV viral loads to <2000 copies/ml without ART) have more functional or "polyfunctional" mucosal gut HIV gag+ CD8+ T cells.
- However, mucosal gut CD8+ T cells also induce weaker killing or "cytolytic" responses compared to CD8+ T cells at other anatomical locations (e.g. blood).
- This means the gut tissue integrity is maintained in controllers as there may be lower inflammation and disruption of cells by cytolytic CD8+ T cells.
- However, gut immune CD8+ T cells may also be less able to kill HIV virus, potentially explaining why the immune system fails to clear virus within tissues and mucosal sites.
- Furthermore, in chronic HIV infection, gut CD8+ T cell also exhibit markers of "immune exhaustion".

Tissue resident T cells (T_{RM})

- T_{RM} cells are distinct memory T cells that occupy tissues and unlike 'classical' memory T cells do not recirculate into the blood.
- HIV gag+ CD8+ T_{RM} are more abundant and have more "polyfunctional" responses in HIV controllers suggesting they may play an important role in controlling the virus.
- T_{RM} cells could be an important immune cell to harness in future vaccine studies.



ACUTE HIV INFECTION, EARLY TREATMENT AND HIV CURE RESEARCH

Dr Jintanat Ananworanich, Associate Director for Therapeutics Research, US Military HIV Research Program and the Thai Red Cross AIDS Research Centre, Thailand



[Presentation Clips](#)



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Acute HIV Infection

- Acute HIV Infection is important to study as it provides clues about:
 - » Early immune responses prior to immune exhaustion
 - » Viral transmission prior to virus mutation and escape
 - » Location of where latent virus is first seeded
- Early administration of ART during acute infection results in significantly lower levels of total HIV DNA in comparison to chronic individuals.
- Early ART partially reverses HIV viral burden, inflammation and CD4 depletion.
- [Fiebig I](#) individuals who are placed immediately on ART are less likely to become seropositive (induce antibody responses to HIV) and have barely detectable total HIV DNA.
- However, [Fiebig I](#) individuals who undergo treatment interruption (stop ART) rapidly become viremic (average 26 days). Thus the virus is not controlled and reactivates without ART.

HIV Reservoir and Immunity after Early ART Treatment

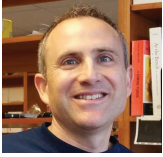
- HIV DNA is more common in tissues compared to blood during acute HIV infection.
- HIV RNA is detected early and persists in lymph nodes after viral suppression.
- HIV-specific immune responses are low in [Fiebig I](#) acute infection but increase with infection time.
- Suggests immune interventions may be needed to boost HIV-specific immune responses.

HIV Cure Research

- Major goal of HIV cure studies is HIV remission (viral load is suppressed without ART) and HIV eradication (no virus).
- Major difficulty is still identifying and removing the rare latent cells infected with HIV.
- Multiple cure strategies currently under investigation including:
 - » shock and kill
 - » lock and block
 - » gene based therapies
 - » Broadly Neutralizing Antibodies
- Currently no single strategy is effective at inducing remission.
- A very recent study that administered broadly neutralizing antibodies (PGT121 +TLR7) in acutely infected monkeys have promising results with 55% remission (Barouch, CROI, 2018).
- Administration of multiple combination strategies should be considered for future studies

“There are many strategies being studied towards a cure: early ART, latency modifying agents, immune & gene therapies. Though no strategy thus far has resulted in remission, the field has gained tremendous knowledge that will help inform future trials.”

Dr @JAnanworanich #HIVAUS18



FROM ZIKA TO AIDS

Prof David O'Connor, Ph.D., UW Medical Foundation Professor, Department of Pathology and Laboratory Medicine, University of Wisconsin-Madison, USA



[Presentation Clips](#)



[Audio Clips](#)



[Abstract](#)

Applying lessons from Zika Virus to HIV

- Sampling animal models daily can allow scientists to learn more from acute studies.
- Daily sampling of SIV challenge monkeys showed there were no differences between males and females and route of infection. This means separately powered male and female groups are not required for vaccine or cure studies, reducing cost and animal involvement.

Importance of Rapid Scientific Data Sharing

- HIV research community can learn from the Zika public health crisis, where many publishers made articles free to access.
- HIV is STILL a public health emergency.
- All stakeholders should make HIV research studies available free to access.
- Scientists and Clinicians should consider publishing data on 'preprint servers' e.g. www.biorxiv.org at the same time as submission to peer reviewed journals.

HIV Persistence & Elimination

MAPPING THE HETEROGENEITY OF CCR5+ CD4 T CELLS BY HIGH DIMENSIONAL FLOW CYTOMETRY

Dr John Zaunders, Senior Scientist, St Vincent's Hospital



[Audio Clips](#)



[Abstract](#)

- CCR5+ CD4 T cells are a major target cell of HIV.
- Ultrasound guided lymph node fine needle biopsies were performed on healthy adults.
- 20 parameter flow cytometry was used to examine CCR5+ CD4 T cells.
- >150 different phenotypes of CCR5+ CD4 T cells were observed.
- Future work involves identifying the importance of these different CCR5+ CD4 T cells and determining which of these cells could be sources of the HIV reservoir.

THE INFLUENCE OF MUCOSAL INFLAMMATION AND MICROBIOTA METABOLITES ON HIV TRANSMISSION IN WOMEN

Professor Gilda Tachedjian, Head, Life Sciences Discipline, Burnet Institute

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- Most HIV infections in women occur at the female reproductive tract.
- The vaginal microbiome (collection of microorganisms which include bacteria, fungi and viruses) can affect the risk of HIV acquisition.
- Certain bacteria e.g. Bacterial Vaginosis can affect the risk of HIV acquisition by:
 - » maintaining/disrupting protective cervico-vaginal mucous;
 - » modulating inflammatory cytokines and the recruitment of cells that can be infected by HIV;
 - » can disrupt protective epithelial barriers;
 - » can reduce the efficacy of topical PrEP by metabolising the antiretroviral treatments.
- However, colonisation by other bacteria e.g. *Lactobacillus crispatus* lowers pH and increases presence of lactic acid which can reduce the risk of HIV acquisition.
- Future studies into the mechanisms behind protective bacteria may provide useful information for the development of new HIV prevention strategies for women.

ROLES OF HUMAN MONONUCLEAR PHAGOCYTES IN MEDIATING TRANSMISSION OF HIV (Summary of 2 related talks)

Identification and characterization of HIV Transmitting CD11c Epidermal Dendritic Cells

Kirstie Bertram, Post-doctoral Scientist, Westmead Institute for Medical Research

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

Examining the Role of Human Mononuclear Phagocytes in Mediating Sexual Transmission of HIV

Hafsa Rana, PhD Student, Westmead Institute for Medical Research

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- Mononuclear phagocytes, which include dendritic cells (DC) are one of the first cells to encounter HIV.
- In the epidermis, CD11c+ mononuclear phagocytes are preferential targets for HIV.
- In the dermis, majority of DCs subsets can transfer the virus to CD4 T cells.
- Lang+ cDC2s, which are abundant in genital skin and mucosal tissues were most efficient DC subset at transferring HIV.

#ICYMI: At #HIVAIDS18 @DrAngiePinto of @KirbyInstitute spoke about using molecular epidemiology to understand HIV transmission characteristics in NSW.

IDENTIFYING MECHANISMS THAT INCREASE CARDIOVASCULAR DISEASE IN PEOPLE LIVING WITH HIV (Summary of 2 related talks)

Current Status of non-AIDS cardiovascular co-morbidities in HIV disease

Associate Professor Anthony Jaworowski, Associate Dean, Higher Degrees by Research, RMIT University

Mechanisms driving increased atherosclerosis risk in people living with HIV on cART

Dr Anna Hearps, Senior Post-doctoral Scientist, Burnet Institute

Abstract

- HIV+ individuals have a higher risk of cardiovascular disease.
- Atherosclerosis involves the deposition of cholesterol in monocytes and macrophages, forming "foam cells" which contribute to plaque build-up in blood artery walls.
- High density lipoprotein (HDL) is traditionally considered "good" cholesterol.
- However HDL from HIV+ appear to have abnormal functions and become "bad" cholesterol.
- HDL from HIV+ increases foam cell formation compared to HDL from HIV negative individuals.
- These studies help to identify mechanisms behind the increase risk of atherosclerosis in HIV+ individuals.

HIV Vaccines & Immunopathogenesis

PASSIVE ANTIBODY IMMUNITY TO PREVENT, CONTROL AND CURE HIV

Professor Stephen Kent, Laboratory Head, University of Melbourne

- Antibodies have the potential to stop HIV virus infection by multiple mechanisms
 - » By neutralization (e.g. blocking the virus from binding and infecting cells) and
 - » By engaging innate immune cells e.g. NK cells to kill virus infected cells
- Broadly neutralizing PGT121 antibodies were mutated to lack the ability to activate innate immune cells.
- Both mutated PGT121 and normal PGT121 antibodies were able to equally protect against HIV virus transmission in monkeys.
- PGT121 antibodies also protected monkeys that were depleted of cytolytic or "killing" innate immune NK cells.
- Suggests that antibodies that have strong broadly neutralizing ability may have the capacity to prevent HIV transmission without engaging NK cells.

Proffered Paper Plenary: Identifying HIV reservoir cells

THE GENETIC TRAITS OF FULL-LENGTH HIV SEQUENCED FROM MEMORY T CELL SUBSETS

Bethany Horsburgh, PhD Candidate, The Westmead Institute for Medical Research

Presentation Clips

Audio Clips

Abstract

- Still unclear which cells harbour the HIV reservoir and which cells can produce 'intact' virus i.e. have the capacity to fully replicate and create new infectious virus.
- Only 5% of sequenced HIV-1 from infected cells were classified as "intact".
- "Intact" HIV sequences are most frequently found in CD4+ T cells with HLA-DR+ and Effector Memory T cells.
- These studies help narrow down potential target T cells that host the HIV reservoir.

DEVELOPING STRATEGIES TO IMAGE HIV IN VIVO

Dr James McMahon, Infectious Diseases Physician, Alfred Health



[Presentation Clips](#)



[Audio Clips](#)



[Abstract](#)

- There is a need to develop non-invasive methods to detect HIV in human tissues.
- Radio-isotope copper 64 labelled antibodies have been safely used in cancer studies and have been used to visualise SIV infection in monkeys using PET scans.
- Broadly neutralizing HIV antibody 3BNC117 was labelled with copper 64 MeCOSar-NHS for imaging studies.
- Labelling of 3BNC117 did not interfere with antibody binding capacity.
- This labelled antibody is now planned for use in human clinical trials to help image sites of HIV infection using PET/MRI scans.

Dr James McMahon [@AlfredHealth](#) recaps some [#HIVCure](#) science presented at [#HIVAUS18](#),

HTLV-1: Is this important for Australia?

THE PREVALENCE AND CLINICAL ASSOCIATIONS OF HTLV-1 INFECTION IN A REMOTE INDIGENOUS COMMUNITY

Mr Joel Liddle, Research Officer, Baker Heart and Diabetes Institute



[Abstract](#)

- HTLV-1 is endemic in Indigenous Australians, especially in Central Australia.
- A large community-based study was conducted in 5 remote communities in Central Australia surveying 459 residents.
- The prevalence of HTLV-1 in adults was extremely high at 46%.
- This study highlights the high prevalence of HTLV-1 and HTLV-1 associated diseases in remote central Australian communities.
- This emphasizes the urgent need to prioritise future studies to address this epidemic, which are most effective when done in partnership with affected communities.

At [#HIVAIDS18](#), Joel Liddle [@joel_perrurle](#) of [@BakerResearchAu](#) spoke of [#HTLV-1](#) engagement in remote Australia and the urgent need to develop health literacy and awareness for affected communities in Aboriginal languages. [View on Twitter](#).

KEY FINDINGS REPORT: THEME B

Managing HIV and Related Infections

This theme highlights the clinical management of HIV and related infections by presenting the latest research findings relating to diagnosis and treatment.

Testing

REVIEW OF HIV TESTING RECOMMENDATIONS IN AUSTRALIAN SPECIALTY GUIDELINES FOR HIV INDICATOR CONDITIONS: A MISSED OPPORTUNITY FOR RECOMMENDING TESTING?

Associate Professor Ian Woolley, Deputy Director, Infectious Diseases, Monash Health

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- Routine testing for conditions with an HIV prevalence > 0.1% is cost-effective, doesn't require identification of a high risk group by clinician or patient, normalises HIV testing and decreases stigma.
- In 80 patients diagnosed with late HIV presentation at Monash Health between 2000-2014 over half had at least 1 indicator condition.
- An evaluation of the Australian non-HIV specialty guidelines showed that although almost half the guidelines mention HIV association, only 27% specifically recommend HIV testing.
- Partnership with guideline development and specialist groups may be useful to ensure patients diagnosed with AIDS defining conditions or indicator conditions are tested for HIV.

Testing

ENGAGING INFREQUENT TESTERS: AN INNOVATIVE, FREE AND PRIVATE WAY TO TEST FOR HIV

Ms Jo Holden, Director, Population Health Strategy & Performance, NSW Ministry of Health

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- DBS (Dry Blood Spot) is an innovative finger stick HIV and hepatitis C (RNA) test made available to people online or via approved sites to increase access to testing for people who experience barriers in NSW.
- To date 43% of the proportion of people who have registered for the test have never tested before or had tested over 2 years ago.
- The project is being scaled up in drug and alcohol services, NSP's, outreach, community health and custodial settings.

RESOURCES TO EMPOWER PEER-LED PARTNER NOTIFICATION

Mr Adrian Eisler, Treatments Officer, Positive Life NSW

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- In 2015, Positive Life NSW conducted a survey of community experience of partner notification. There were some stand out findings expressing the need for preparation and support for partner notification.
- In partnership with the Sexual Health Info Line, an online resources tool kit was produced to provide access to peer support over the telephone and to normalise the conversations about partner notification.
- This builds capacity of positive people through empowerment, agency, self-management and innovation and to support colleagues in the clinical field.

A COMMUNITY PERSPECTIVE ON THE IMMEDIATE PRESCRIBING OF ANTIRETROVIRAL THERAPY AT TIME OF AN HIV DIAGNOSIS (ARTatD)

Mr David Crawford, Treatments Officer, Positive Life NSW

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- There is little published research in the way of consumers' attitudes to commencing ART at the time of diagnosis.
- Positive Life conducted a national survey to explore community attitudes to immediate ART at diagnosis. "Starting treatment as early as possible is beneficial for my health" was identified by the majority of respondents 650 (80%) as well as protecting sexual partners and having a sense of control over HIV.

SUCCESS AND FAILURE OF INITIAL ANTIRETROVIRAL THERAPY (ART) IN ADULTS: AN UPDATED SYSTEMATIC REVIEW INCLUDING 77,999 SUBJECTS FROM 1994 TO 2017

Professor Andrew Carr, Director, HIV, Immunology and Infectious Diseases Unit, and Head – Clinical Research Program, Centre for Applied Medical Research, Professor of Medicine

 [Presentation Clips](#)  [Abstract](#)

- ART Guidelines are based on serial assessment of individual randomized control trials.
- A prior systematic review of adult initial ART efficacy was updated through week 144.
- Although initial ART efficacy continues to improve, >20% of post-2010 subjects on INSTI-based ART failed over 144 weeks.
- There are few clinical reasons identified for ART failure.
- Strategies are needed to improve access to pre-ART genotyping and to increase early initiation of once-daily ART.

20 YEARS OF EFFECTIVE ANTIRETROVIRAL THERAPY: INVESTIGATING RESPONSE TO TREATMENT AND CHANGES IN TREATMENT IN AUSTRALIA

Rainer Puhr, Statistician, The Kirby Institute

Abstract

- Australian HIV Observational Database (AHOD) has more than 20 years of antiretroviral therapy (ART) data.
- AHOD patients were categorised into four periods by year of ART initiation: ≤1999 (very early ART), 2000–2006 (early to mid-ART), 2007–2011 (mid ART) and ≥2012 (recent ART).
- Descriptive statistics and time-to-event methods were used to compare treatment-related factors between groups.
- Of 3183 eligible AHOD patients, 978 (30.7%) started ART in the very early ART era, 785 (24.7%) in the early to mid-ART era, 830 (26.1%) in the mid-ART era and 590 (18.5%) in the recent ART era.
- Overall, PLHIV have vastly improved long-term immunological and virological response to treatment in the recent ART era.
- In Australia, most PLHIV on ART now achieve durable suppression of HIV replication.

ANTIRETROVIRAL TREATMENT INTERRUPTIONS IN HIV CLINICAL TRIALS: A SYSTEMATIC REVIEW

Dr Jillian Lau, Research Fellow, Alfred Hospital

Presentation Clips Audio Clips Abstract

- Analytical treatment interruption (ATI) is a structured, closely monitored, and temporary cessation of ART.
- Immunological and virological dynamics during ATI are a critical outcome in cure trials.
- Systematic review (PRISMA) of clinical studies from 2000–2017 where ART was interrupted by a clinician or investigator found:
 - » ATI increasingly being used.
 - » Heterogeneity in TI methodology has evolved over time. Different aims to achieve HIV cure/remission reflect different TI methods.
- PrEP and counselling re transmission risk reduction should be included in study protocols for ATI trials.

SWITCH TO BICTEGRAVIR/F/TAF FROM DTG AND ABC/3TC

Professor Don Smith, Senior Staff Specialist in HIV/Sexual Health, The Albion Centre

Presentation Clips Audio Clips Abstract

- Bictegravir (BIC, B) is a novel, unboosted, potent INSTI with a high in vitro barrier to resistance and low potential for drug-drug interactions. It is co-formulated with emtricitabine and tenofovir alafenamide as a single-tablet regimen (B/F/TAF).
- Study found:
 - » Switching to B/F/TAF was non-inferior to remaining on DTG/ABC/3TC.
 - » B/F/TAF was well tolerated.
 - » The lipid, bone and renal safety profiles of switching to B/F/TAF were comparable to remaining on DTG/ABC/3TC through 48 weeks of treatment.

2-DRUG THERAPY IN TREATMENT-EXPERIENCED AND NAÏVE POPULATIONS

Professor Chloe Orkin, Consultant Physician, Barts Health NHS Trust, UK

[Audio Clips](#)

- 2-drug therapy is a paradigm shift but what is the rationale?
- When patients are asked what is important, they say they are interested in pills with fewer adverse events and with longer treatment intervals. They rate reducing long term toxicity higher than smaller pill sizes.
- The rationale for 2 drug therapies is looking at ART toxicities: each one has considerations to mitigate toxicity and tolerability.
- When switching therapies, it is important to consider "do no harm, switch safely and for good reasons". Give consideration to resistance history, interactions, coinfections and efficacy.
- Concerns with new 2 drug therapies are around safety end points, not just efficacy, some advantage or reason to do it. More long term data is needed on resistance and reservoir sanctuary sites. The question in clinic is how much adherence is enough for 2 drug therapies? Is it ok to monitor annually? Can it be used with patients with an unclear history of suppression or unknown genotypes? How do we salvage a patient on 2 drug regimens?
- In the pipeline is the aim to reduce dose, frequency of dosing, or reduce the number of drugs. It's not enough to just think of new drugs that are being developed: dose reduction is a fundamental point to consider in drug development.

DURABLE SUPPRESSION 2 YEARS AFTER SWITCH TO DOLUTEGRAVIR + RILPIVIRINE 2-DRUG REGIMEN: SWORD-1 &-2 STUDIES

Dr David Baker, East Sydney Doctors

[Presentation Clips](#) [Audio Clips](#) [Abstract](#)

- The SWORD-1 and SWORD-2 studies evaluated whether a 2-drug regimen of DTG + rilpivirine (RPV) once daily was as effective as a 3- or 4-drug regimen for the maintenance of virologic suppression.
- 48-week data showed that switching to DTG + RPV demonstrated high efficacy and was noninferior to the continuation of a 3- or 4-drug regimen in virologically suppressed HIV-1-infected adults.
- The combined analysis of SWORD-1 and SWORD-2 at Week 100, which includes data from participants who switched at Week 52, found:
 - » Durable efficacy: high level of virologic suppression was maintained through 100 weeks in the early-switch group;
 - » Reproducible outcomes: 93% efficacy in the late switch group (48 weeks after switching to DTG + RPV), consistent with 95% efficacy in the early-switch group at Week 48;
 - » The combination of once-daily DTG + RPV was generally well tolerated.

PHASE 3 RANDOMISED, CONTROLLED TRIAL OF SWITCHING TO FIXED-DOSE BICTEGRAVIR/EMTRICITABINE/TENOFOVIR ALAFENAMIDE (B/F/TAF) FROM BOOSTED PROTEASE INHIBITOR-BASED REGIMENS IN VIROLOGICALLY SUPPRESSED ADULTS: WEEK 48 RESULTS

Dr David Baker, East Sydney Doctors



[Presentation Clips](#)



[Audio Clips](#)



[Abstract](#)

This randomised Phase 3 study assessed efficacy and safety of switching to B/F/TAF from a multi-tablet regimen containing a boosted protease inhibitor (bPI).

- Switching to B/F/TAF was non-inferior to remaining on a boosted protease inhibitor + 2 NRTIs.
- No treatment emergent resistance was observed in patients who switched to B/F/TAF. B/F/TAF was well tolerated.
- Adverse events were comparable between arms at Week 48.
- Statistically significant improvements in triglycerides and total cholesterol:HDL ratio in subjects who switched to B/F/TAF.

HIGH HBV AND HIV SUPPRESSION WITH TREATMENT OF HIV/HBV CO INFECTION IN B/F/TAF

Dr Timothy Barnes, Doctor, Holdsworth House Medical Practice



[Presentation Clips](#)



[Audio Clips](#)



[Abstract](#)

Study reported HBV and HIV outcomes in antiretroviral treatment (ART)-naïve and experienced HIV/HBV-coinfected patients enrolled in 2 studies of coformulated bictegravir/emtricitabine/TAF (B/F/TAF).

- Study 1490 Results: HIV/HBV-Coinfected Treatment-Naïve Participants.
- Study 1878 Results: HIV/HBV-Co-infected Treatment-Experienced Participants.
- B/F/TAF- and F/TAF-containing regimens produced robust HBV antiviral responses in treatment-naïve participants with HIV/HBV coinfection.
- No participant treated with B/F/TAF, or an F/TAF- or F/TDF containing regimen acquired HBV infection during the studies.
- B/F/TAF may be a treatment option for HIV-1-infected patients with HBV coinfection.
- Further studies of HBV treatment and prevention with B/F/TAF and other F/TAF-containing ART regimens are warranted in HIV/HBV-coinfected patients.

TREATING GONORRHOEA AND MYCOPLASMA GENITALIUM IN THE ERA OF AZITHROMYCIN RESISTANCE

Dr Tim Read, Melbourne Sexual Health Centre



[Presentation Clips](#)



[Audio Clips](#)

Gonorrhoea

- How much does azithromycin add to ceftriaxone? Azithromycin MICs in most resistant cases in UK are >256 mg/l. MICs in Australia mostly 1-2 mg/l ("low level resistance") for which 2g dose likely to be effective.
- Likely guideline response for anogenital gonorrhoea: ceftriaxone 500mg IM with azithromycin 1g oral and for oro-pharyngeal gonorrhoea: ceftriaxone 500mg IM with azithromycin 2g oral.
- Remember to obtain a culture whenever you are treating gonococcal infection.

Mycoplasma Genitalium

- Macrolide resistance, once uncommon, is now in 2/3 cases in Melbourne.
- The expense and potential toxicity of treatment do not justify screening/testing of (a) asymptomatic people, (b) past contacts, (c) syndromes not strongly associated with M. genitalium.
- Doxycycline has approximately 25% efficacy but lowers bacterial load, increasing likelihood of cure with macrolide.
- Consider cost, availability and toxicity of treatment before testing.

#ICYMI: At **#HIVAUS18** Dr **@TimRRead** of **@MSHCRsearch** spoke on treating **#gonorrhoea** and **#Mgenitalium** in the era of increasing antibiotic resistance. For more info, see the [Australasian STI Management Guidelines](#) **#ASHA**

RECENT TRENDS IN SYPHILIS IN REGIONAL AND REMOTE AUSTRALIA

Dr Nathan Ryder, Sexual Health Physician, Hunter New England LHD



[Presentation Clips](#)



[Audio Clips](#)



[Abstract](#)

- Data from the [HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2018](#) shows an increase in syphilis rates particularly in Aboriginal and Torres Strait Islander men and women.
- In regional and remote areas infection is predominately driven by heterosexual transmission.
- 2143 cases across 4 states and 13 congenital cases (6 deaths) since the outbreak was declared in Jan 2011.
- Key learnings:
 - » Early response was slow and limited;
 - » Response was hard without the right resources in place;
 - » Congenital syphilis is likely while syphilis is common;
 - » Long term control will require long term investment;
 - » We need primary care-based programs that use already existing tools to screen and treat, and are linked to expert advice where needed to roll out screening.

IS IT DIFFERENT “OUT-BACK”? THE QUEENSLAND PRE-EXPOSURE PROPHYLAXIS DEMONSTRATION (QPrEPd) PROJECT AND SEXUALLY TRANSMITTED INFECTIONS (STIs)

Mr Simon Doyle-Adams, QPrEPd Operational Leader, Cairns Sexual Health



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[Abstract](#)

- Study presented demographic data from QPrEPd PrEP trial in Queensland (run by Cairns Sexual Health Service and QPrEPdX) between November 2016 until PrEP available on PBS.
- Compared STI rates across regional and metropolitan sites.
- STI's in regional areas significantly reduced (is this due to frequent engagement in care?) and remained stable in metropolitan sites.
- Participants that had more partners had more STI's.
- Many study sites have concerns around potential disengagement of participants as they exit the study and around ongoing regional PrEP provision due to lack of familiarised prescribers.

Screening

CARDIOVASCULAR DISEASE (CVD) AND CHRONIC KIDNEY DISEASE (CKD) EVENT RATES IN PEOPLE LIVING WITH HIV AT HIGH PREDICTED CVD AND CKD RISK: A PROSPECTIVE ANALYSIS OF THE D:A:D.

Professor Mark Boyd, Chair of Medicine, University of Adelaide



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- In the general population, chronic kidney disease (CKD) is an independent risk factor for cardiovascular disease (CVD); CVD in turn is associated with CKD.
- The D:A:D study has developed predictive risk-scores for CVD and CKD events in people living with HIV.
- What happens if you are really high risk for CKD and CVD? Hypothesis was that D:A:D participants at high risk for both CKD and CVD are at even greater risk for CVD and CKD events.
- Of the 49717 participants enrolled in D:A:D, 55% (n=27215) had the required complete covariate data and were included in the analysis.
- Combining the CVD and CKD risk-scores improved prediction of CVD and CKD events suggesting that CVD and CKD risk in people living with HIV should be assessed in tandem.
- There is a need to identify and treat risk factors that play a major role in HIV associated comorbidity.

ANAL CANCER SCREENING: WHAT ARE WE WAITING FOR?

Associate Professor Richard Hillman, Senior Staff Specialist, St Vincent's Hospital, Darlinghurst



[Presentation Clips](#)



[Audio Clips](#)



[Abstract](#)

- Anal cancer is the most common non-AIDS-defining cancer in people with HIV, occurring at rates up to 100 times higher than that found in the general community. It typically presents late and when symptomatic usually requires major surgery followed by chemotherapy. 5-year survival is 60-70%.
- In HIV+ MSM the rate is 130 cases per 100,000 population.
- High resolution anoscopy is the most accurate way to identify high grade abnormalities.
- Acquisition of HPV requires exposure and persistence of HPV infection.
- The world's largest natural history study of anal HPV infection (SPANC) is finishing in Sydney and will provide crucial evidence with which to design screening programs.
- We need mechanisms for identifying those most at risk and we need to better follow screening guidelines for digital anal rectal exams.

HPV AND CERVICAL SCREENING

Associate Professor Richard Hillman, Senior Staff Specialist, St Vincent's Hospital, Darlinghurst



[Presentation Clips](#)



[Audio Clips](#)



[Abstract](#)

- Australia transitioned from 2-yearly cervical screening with Pap tests (cervical cytology) to 5-yearly screening with HPV nucleic acid testing.
- The recommendations for women living with HIV and other immunodeficiencies are expert opinion based and recommendations should be rationalised in the coming years.
- Screening guidelines for HIV+ people with a cervix recommend HPV test every 3 years and for those where any type of HPV is detected a referral for colposcopy should be made. Refer to cervical cancer screening guidelines hosted by cancer council Australia (Chapter 16) https://wiki.cancer.org.au/australia/Clinical_question:Screening_in_immune-deficient_women
- Inform women this is an important aspect of ongoing health. If women will not have a speculum examination there is the opportunity for a self-collected sample.

SCREENING FOR DEPRESSION AND ANXIETY IN HIV

Ms Ruth Hennessy, Albion Psychology Manager/Senior Clinical Psychologist, NSW Health Community Partnerships Unit



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- There are higher rates of mental illness in people living with HIV. Addressing psychosocial difficulties leads to better treatment and health outcomes.
- Screening should be part of a framework of ongoing holistic care, delivered by those with appropriate competencies, and as part of a referral pathway.
- Screening can assist people to build insight in to what is going on with them and encourage them to seek help. It may be more appropriate to have less structured tools and instead engage in conversations about general quality of life, feelings around diagnosis and living circumstances.
- Refer to Australian Standards for Psychological Support for Adults with HIV (ASHM).

NEUROCOGNITIVE SCREENINGS FOR HIV-ASSOCIATED NEUROCOGNITIVE DISORDERS (HAND): AN UPDATE

Dr Lucette Cysique, Senior Research Fellow, Senior Lecturer, UNSW & Neura, St. Vincent's Hospital Applied Medical Research Centre



[Presentation Clips](#)



[Audio Clips](#)



[Abstract](#)

- Routine HAND screening has been hampered by limited availability of effective screening tools, concerns regarding complexity of diagnosing HIV related impairment in the context of various comorbidities and a paucity of HAND-specific treatment options.
- A greater number of comorbidities plus neurocognitive impairment in HIV+ persons will likely have worse neurological prognosis, so screening is warranted.
- A HAND diagnosis is associated with less adherence, unemployment and mortality.
- An algorithm proposed in Australia that streamlines screening includes a 20-minute validated screening of neurocognition, mood and everyday function. A positive screen triggers a neurology/neuropsychology review and a range of ongoing cognitive management options are presented.
- New, promising 'tablet-based' screening can be easily integrated into this proposed algorithm.
- Screening for cognitive health is an optimal health strategy for any chronic condition.

Research to Resource: Booklet for people living with HIV Associated Neurocognitive Disorder (HAND)

Mr David Crawford, Treatments Officer, Positive Life NSW

- Is there an awareness of HAND in the community of PLHIV?
- Positive Life conducted a survey of PLHIV found 53% of respondents would like tips on how to talk about HAND.
- A Positive Life HAND resource has been developed to give people the right support, practical advice on living with HAND and information on where to seek more assistance.

[See the Positive Life HAND Resource](#)

WHAT DO THEY REALLY THINK? CONSUMER AND CLINICIAN PERSPECTIVES ON RETENTION IN CARE: A QUALITATIVE REVIEW

Ms Shiraze Bulsara, Clinical Psychologist, The Albion Centre



[Abstract](#)

- While the HIV treatment cascade has been widely reviewed in the empirical literature, relatively little is understood about individual perspectives.
- This study sought to address this gap by conducting a qualitative analysis of clinician and consumer perspectives regarding barriers and potential solutions to improving retention in care.
- Factors such as mental health, service/process factors and not prioritising HIV management in an era where it is considered a manageable chronic illness were identified.

RETENTION IN CARE IS AIDED BY CASE MANAGERS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH FOR PEOPLE LIVING WITH HIV AND COMPLEX HEALTH NEEDS

Mrs Rosalind Moxham, Dietitian, Sydney Local Health District



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[Audio Clips](#)



[Abstract](#)

- The aims of this case series were to report on the psychosocial, economic and medical complexities of people living with HIV and how these factors impact upon client health outcomes and engagement with health providers, as well as examine individually focused health interventions for people living with HIV, the challenges faced by front line health care providers and the complexities of service utilisation to better understand service needs.
- A multi-site project using retrospective case series methodology was presented for people living with HIV, >18 years old, existing clients requiring intensive case management.
- A patient centred and collaborative outreach model of care enables clients to integrate with their local community, improve their psychological and physical health, find stable accommodation and a regular income and be adherent with their HIV medication.

SUPPORTING SELF-MANAGEMENT FOR PEOPLE RECENTLY DIAGNOSED WITH HIV: A SOCIAL NETWORK LENS

Ms Olivia Hollingdrake, RN & PhD Candidate, School of Public Health, University of Queensland



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[Abstract](#)

- Study focused on social support networks with a view to (a) exploring the lived experience of social support of people recently diagnosed with HIV, (b) looking at the ways that social support networks change in the context of an HIV diagnosis, (c) highlighting important social support networks, both within and outside the clinical space.
- 40 people diagnosed with HIV in the last 5 years participated in a series of in-depth interviews to explore their experiences of HIV testing, diagnosis, treatment and beyond to explore the trajectory at that pivotal time around and following diagnosis.
- Recommendations:
 - » Expand formal healthcare teams to include peers. Peers need to be recognised not as peripheral but integral in the care of people living with HIV.
 - » In addition, informal and online peer social groups need to be promoted as they are all pivotal. This is how we can support people living with HIV to build strong, resilient, diverse and sustainable networks, to help them support managing HIV for a whole lifetime.

IDENTIFYING AND RESPONDING TO CLINICAL COMPLEXITY IN HIV: AN INTERDISCIPLINARY CARE MODEL

Ms Shiraze Bulsara, Clinical Psychologist, The Albion Centre

 [Abstract](#)

A Clinical Complexity Rating Scale for HIV (CCRS-HIV) has been developed to quantify clinician assessment of clinical complexity and to modify clinical services accordingly.

- Early identification of complexity increases opportunities to support clients in managing multi-morbidities, thereby improving retention in care and quality of life.
- The introduction of this model will enhance the existing multidisciplinary model, moving to interdisciplinary and integrated client-centred care.

OPPORTUNITIES TO REDUCE HEALTH RISKS FOR PEOPLE WITH HIV AND HIGH LEVELS OF MULTIMORBIDITY

Dr Natalie Edmiston, Staff Specialist, North Coast Sexual Health Services

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ChiRN (complexity of HIV in regional NSW) is a cohort study of people living with HIV attending publicly funded sexual health services.

- A primary objective of the study is to determine predictors of change in multimorbidity over time.
- Multimorbidity is measured using a Cumulative Illness Rating Scale (CIRS)
- This analysis has highlighted opportunities to improve healthcare for people. Completing an annual CIRS score ensures that all healthcare conditions are known and documented and can guide complex case discussion.
- The high CIRS group were more likely to be using protease inhibitors and less likely to have had recent ARV changes. This group may benefit from a review of ARV's which might reduce the morbidity associated with medications and reduce the risk of drug-drug interactions.
- The high CIRS group were more likely to be having shared care. Communication with GP's is important.
- Fracture prevention is an emerging issue as osteoporosis and falls risks are common in the high CIRS group.

STEPPING ON – COMMUNITY PROGRAM TO MAXIMISE INDEPENDENCE AND REDUCE THE RISKS OF OLDER PEOPLE FALLING

Ms Trish Lynch, Hps Stepping On Coordinator, South Eastern Sydney Local Health District

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1 in 4 people over 65 years of age will fall, and one of the predictors for falling is a previous fall. The fall rate for people age 45-65 in America with HIV infection is as common as the fall rate of uninfected persons over 65 years or older.

- 'Stepping On' is an evidence-based falls prevention program incorporating adult learning principles. The falls risk factors that are covered include medications, footwear, home hazards, calcium and vitamin D, vision and pedestrian safety. There is also a session on exercise to improve leg strength and balance.
- The goal is to keep people independent and living in the community.

HOSPITALISATIONS OVER A YEAR FOLLOW-UP IN A COHORT OF ADULTS LIVING WITH HIV WITH SUSTAINED VIRAL SUPPRESSION IN AUSTRALIA

Dr Krista J Siefried, Research Fellow, St Vincent's Centre For Applied Medical Research



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[Audio Clips](#)



[Abstract](#)

- In the era of contemporary ART therapy, reasons and risks for hospitalisation of people living with HIV in Australia are not known.
- Hospitalisation was recorded in 1/5 participants in the first 12 months of follow up. The reasons were varied and none were for AIDS defining conditions.
- In this population of adults with suppressed HIV, hospitalisations were common over 12 months, mostly for procedures (minor/diagnostic) or serious non-AIDS events.
- Hospitalisations were largely not predictable; the only significant variable being started on ART to prevent HIV progression (potentially a surrogate for early HIV).

HIV IN PRACTICE: CURRENT APPROACHES AND CHALLENGES IN THE DIAGNOSIS, TREATMENT AND MANAGEMENT OF HIV IN AUSTRALIA

Professor Don Smith, Senior Staff Specialist in HIV/Sexual Health, The Albion Centre



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[Audio Clips](#)



[Abstract](#)

- A 20-minute online survey was completed by 56 Australian prescribers currently involved in managing HIV (s100 prescribing GP's, sexual health physicians or hospital based physicians).
- A range of questions were asked in 4 main topic areas: the prescriber, the practice and the patient profile that were being seen, HIV testing and diagnosis or triggers for testing, treatment and unmet needs or challenges.
- Survey results were broadly consistent across the three specialties apart from a few key areas.
- Greater support for s100 GP's may be needed to address identified challenges including treatment selection and alignment with practice guidelines.
- Across all specialties access to mental health services was reported as one of the key challenges in managing HIV today.

PERSONALITY PSYCHOPATHOLOGY IN AN HIV SEROPOSITIVE POPULATION

Dr Benjamin Andrew, Clinical Psychologist, The Albion Centre



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[Audio Clips](#)



[Abstract](#)

- People with personality disorders can be challenging to work with clinically and often do not respond to standard short term cognitive behavioural therapy. There are longer term specialised therapy modalities like dialectical behaviour therapy and schema therapy which have a good evidence base for more effective treatment.
- 84 clients at the Albion Centre completed a cross sectional survey as part of standard clinical care.
- 63% screened positive for a personality disorder and 50% of those indicated borderline personality disorder. Important to consider that these measures are indicators not diagnostic in their own right.
- High rate of personality disorders indicated among HIV+ people already under care of psychology department.
- Clinicians need training towards evidence-based personality disorder treatments: schema therapy course and trauma focused therapy training.

UPDATES IN HEPATITIS/HIV CO INFECTION - Hep C – Where are we at?

Dr Laura Waters, Consultant Physician, Central and North West London NHS Foundation Trust, UK

“We can eliminate hepatitis C; we have the drugs, we have the capability but until we put as much muscle behind it as we have HIV we will never enjoy the same treatment cascades.”

- 210,000 people living with chronic HCV in UK. NHS England are currently considering the ‘Australia model’ of a risk sharing agreement between the government and with pharmaceutical companies but in the context of all specialised services.
- Short course, well tolerated, highly effective treatments that are increasingly affordable are now available and these have no difference in efficacy by HIV status.
- Currently NHS England do not treat re-infections.
- People do not always think of HCV as a sexually transmitted infection, however when reviewing local HCV cases, more than 1 in 4 only reported risk factor for HCV was condomless anal sex and < 40% had another STI.
- Elimination – The first ever global elimination targets have been set by 2030. NHS England has announced eradication by 2025.
- Key challenges are improving diagnosis. Discussions underway about opt-out prison testing, better community-based testing (such as dry blood spot testing and better linkage to treatment) and finding those diagnosed in the 1990’s and linking them back in to care.
- Once we exhaust those that are easy to access, how to do we find those that haven’t accessed care and therefore treatment.

What can we do?

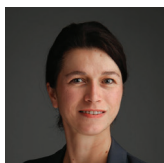
- We need to advise appropriately with clear relevant sexual health advice.
- Screen appropriately incorporating HCV screening into STI screening amongst higher risk people (including those on PrEP).
- Treat correctly and quickly, consider sexual network-based treatment.
- Supporting and being non-judgemental and talking about sex in all services whether sexual health or hepatology is essential.

KEY FINDINGS REPORT: THEME C

Preventing HIV and related infections: Epidemiology and Prevention in the Australasian Region.

This theme explores the range of prevention initiatives from behavioural and social research to biomedical preventions and includes epidemiological and surveillance research aimed at understanding HIV for prevention purposes in Australia and the Region.

Plenary



HIV IN AUSTRALIA – THE GAINS, THE GAPS, THE NEXT STEPS

Associate Professor Rebecca Guy, Program Head, Kirby Institute UNSW Sydney



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The Gains

- Over the last five years, there has been a 7% decline in HIV diagnoses. These declines have been greatest among MSM, particularly those born in Australia (25% reduction vs. 5% in those born overseas) and are attributed to doubling of HIV testing between 2013 and 2017 and the leadership of gay men and community organisations particularly with the availability of HIV PrEP.
- Australia has met the 90-90-90 global targets, with 74% of people living with HIV having a suppressed viral load in 2017 (global target: 73% by 2020). Data also shows an increase in the proportion of people starting treatment within 6 months (60% in 2013; 93% in 2017) and a reduction in the time to viral suppression (1 year in 2012; under 2 months in 2016).
- By the end of 2017, more than 15,895 gay and bisexual cisgender and transgender men (GBM) were accessing HIV pre-exposure prophylaxis (PrEP) in Australia (26% coverage).

The Gaps

- There has been an increasing trend in HIV cases among three populations: South American and South East Asian GBM (trends are 3 times and 6 times higher, respectively, over 6-year period); Indigenous people (HIV is 1.6 times higher in Indigenous people in 2017, occurring largely in regional and remote areas); and heterosexuals (10% increase in HIV in last 5 years; much of this increase is the result of an increase in HIV among heterosexual men (18%), particularly heterosexual men born in Australia).
- A significant amount of late HIV diagnoses (CD4 count < 350) is documented among three populations: GBM (20%), Indigenous (30%), and heterosexuals (50%). Advanced HIV indicative of AIDS (CD4 count < 200) is also common: 15% of GBM, 5% of Indigenous, and 30% (1 in 3) of heterosexuals present with advanced HIV on diagnosis.
- The benefits of PrEP remain unequal in communities of GBM, with reductions in HIV greatest among GBM 45 years and above, those living in gay Sydney suburbs, and Australian born men (versus Asian men).

Continues over page >

The Next Steps

- Reach UNAIDS targets of 95-95-95 by 2022;
- Improve PrEP coverage to 90% in 3 years in order to have significant impact on HIV;
- Sustain peer-led strategies for female sex workers and people who use drugs;
- Tailor prevention strategies for Indigenous people, Asian GBM, and heterosexuals;
- Improve quality of life and reduce stigma and discrimination.

Did you catch Prof [@limin_mao](#) launching the Annual Report of Trends in Behaviour 2018: HIV and STIs at [#HIVAUS18](#) just now? [Read the full report online.](#)

Australia has recorded its lowest level of HIV diagnoses in 7 yrs, according to a new report from Kirby Institute. Researchers are attributing results to more people getting tested, more people living with HIV starting treatment & an increased use of PrEP.

Rebecca Guy from [@KirbyInstitute](#) sharing Australia's report card on meeting [#UNAIDS](#) targets at [#HIVAUS18](#)

Epidemiologist Dr Skye McGregor [@KirbyInstitute](#) was interviewed by The Feed SBS VICELAND at the 2018 Australasian HIV&AIDS Conference to discuss the myths and misconceptions about HIV.

NEGOTIATION OF RISK

The following Negotiation of Risk studies considered men's negotiation of sex and HIV risk in today's changing sexual landscape and highlighted a need for the promotion of non-condom risk reduction strategies.

Negotiation of Risk

SEXUALISED DRUG USE AND CO-OCCURRING HIGH RISK BEHAVIOURS AMONG GAY AND BISEXUAL MEN LIVING WITH HIV/HEPATITIS C CO-INFECTION IN MELBOURNE

Mr Brendan Harney, MPH Student & Research Assistant, Burnet Institute

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- Among 100 participants, 80% reported any sexualized drug use in the prior 6 months.
- Of those reporting high risk sexual behaviours, almost all reported sexualized drug use.
- Authors noted a need to better understand overlap between drug use and risk behaviours.

GAY AND BISEXUAL MEN WHO RARELY PRACTICE HIV RISK REDUCTION

Dr Timothy Broady, Research Associate, Centre For Social Research In Health, UNSW

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- Of 701 men surveyed, 17.7% were infrequent risk reduction strategy users (i.e. never or occasionally used condoms, serosorting, strategic positioning, withdrawal, PrEP, or undetectable VL).
- These men were less likely to be university educated and tested for HIV, are more likely to have no sexual agreement and are more likely to report using Viagra and Cocaine.

HIV RISK IN RECENT ANAL INTERCOURSE EVENTS AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TWG) IN BALI, INDONESIA

Dr Benjamin Bavinton, Research Fellow, Kirby Institute

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- Study included 709 participants, reporting 703 recent anal intercourse events (AIEs).
- Nearly half of AIEs were without condoms (43.5%), and 11% were not protected by any strategy at all, and, thus, were highest-risk of HIV transmission.

GAY MEN WHO USE PRE-EXPOSURE PROPHYLAXIS AND THEIR RELATIONSHIP AGREEMENTS: THE EVOLUTION OF NEGOTIATED SAFETY

Mr James MacGibbon, PhD Candidate, Centre For Social Research In Health, UNSW

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- Among 1264 GBM surveyed, all of whom had regular partners, 23.2% were on prescribed PrEP and 75.6% had a relationship agreement about casual sex outside the relationship.
- PrEP users were 3 times more likely than non-users to broker an explicit agreement with their regular partner that allowed for condomless anal intercourse with casual partners (CAIC).

"I FEEL LIKE THE SHACKLES HAVE BEEN LOOSENED A LITTLE": THE IMPACT OF PrEP ON GAY MEN'S SEXUAL CULTURES

Dr Bridget Haire, Research Fellow, Kirby Institute

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- This study explored evolving concepts of 'safer sex' qualitatively. PrEP did not precipitate condomless sex for men, but with PrEP, nearly all men reported an increase in sex, particularly condomless sex.
- One of the great benefits of PrEP (removing the threat of HIV) is that the complex and many ways of sexual relating had previously been largely structured by the possibility of HIV infection.

SELF-TESTING IN PRACTICE

More than half of new HIV transmissions are among undiagnosed people. Reducing these rates is a goal of the UNAIDS 90-90-90 strategy. These presentations focused on HIV self-testing, a tool that may help improve HIV testing coverage.

Self-testing in practice

ADVANCED HIV DIAGNOSIS AMONG GAY AND BISEXUAL MEN IN AUSTRALIA 2007-2016: RESULTS FROM AN ANALYSIS OF NATIONAL HIV SURVEILLANCE DATA

Mr Phillip Keen

- Of the 6,363 GBM diagnosed with HIV in the study period, 825 (13.0%) were diagnosed with advanced HIV infection (<200 CD4+ cells/ul).
- Factors associated with advanced HIV infection were older age (i.e., over 50), mode of HIV exposure, living in regional Australia, and being born in South East Asia.
- Targeted testing of GBM with these characteristics is needed.

Phillip Keen [@KirbyInstitute](#) at [#HIVAUS18](#) presented results from an analysis of HIV surveillance data used to identify factors associated w/ advanced HIV diagnosis among gay & bisexual men in AUS. [This data](#) concluded that targeted HIV testing is required.

Self-testing in practice

WHAT AUSTRALIAN GAY AND BISEXUAL MEN WANT FROM HIV SELF-TEST KITS: A DISCRETE CHOICE EXPERIMENT (DCE)

Richard De Abreu Lourenco, Centre for Health Economics Research and Evaluation

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- Study found GBM preferred self-tests that were accurate, cheaper, had a shorter window period for detection of positive result, and allowed participants to collect results themselves (versus provider).
- Differences in choices were observed across groups: for example, migrants were more sensitive to costs; and infrequent testers were more sensitive to window period.
- This has implications for tailoring kits to different populations.

Self-testing in practice

EXPERIENCE OF USING AN ONLINE HIV SELF-TESTING DISSEMINATION SERVICE IN QUEENSLAND

Dr Judith Dean, Post Doctoral Research Fellow, The University of Queensland

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- 794 people ordered 927 HIV self-testing kits online.
- Top reasons for ordering kits included: convenience (79.4%), not wanting to wait for results (44%), and not wanting to talk to someone about their sex lives (33%).
- While most (95%) were satisfied with their experience, drawbacks were lack of access to doctor and comprehensive STI testing.

REDUCING UNDIAGNOSED HIV IN NEW ZEALAND THROUGH SELF-TESTING

Jill Beaumont, Regional Manager, New Zealand Aids Foundation



[Presentation Clips](#)



[Audio Clips](#)



[Abstract](#)

- New Zealand AIDS Foundation distributed 500 HIV self-testing kits between Dec 2017 - May 2018.
- Results showed an increase in HIV testing among underserved populations.

BROTHEL-DISTRIBUTED HIV SELF-TESTING BY LAY WORKERS IMPROVES HIV TESTING RATES AMONG MEN WHO PURCHASE SEX IN INDONESIA

Dr Luh Putu Lila Wulandari, Phd Candidate, The Kirby Institute, University of New South Wales



[Audio Clips](#)



[Abstract](#)

- Of 292 men who purchase sex, 189 (64.7%) accepted an HIV self-test; among these, 4 (2.1%) received a reactive result.
- Key barriers to HIV testing were: embarrassment, fear of being diagnosed with HIV, feeling healthy. The majority of participants liked the ability to self-test, were confident in performing each step, and trusted the results.

INDIGENOUS HIV PREVENTION INITIATIVES IN AUSTRALIA: WHAT'S HAPPENING NOW?

Health disparities between Aboriginal and non-Aboriginal communities are increasing, largely due to historical and present-day experiences of oppression. These talks emphasised the need for increased harm reduction efforts, and treatment support, for this population.

Indigenous HIV Prevention Initiatives in Australia: What's Happening Now?

HIV EPIDEMIOLOGY: WHAT'S HAPPENING NOW?

A/Prof James Ward, Head, Infectious Diseases Research Aboriginal Health, SAHMRI and Dr Dawn Casey, Deputy CEO, NACCHO



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- There are gaps in PrEP coverage and understanding of "U = U" among Aboriginal and Torres Strait Islander GBM.
- For example, they make up only 500-700 of the 16,000 men on PrEP in Australia, and those with HIV have suppression rates of 79% (16% lower than non-Aboriginal people).

DEADLY LIVER MOB: AN ABORIGINAL-LED MODEL FOR INCREASING ACCESS TO HEPATITIS C, STI AND HIV SCREENING

Miss Jade Christian, Aboriginal Peer Support Worker, NUAA/NBMLHD and Melinda Walker



[Presentation Clips](#)



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- Deadly Liver Mob is an incentive-based program to promote testing and treatment among Aboriginal people.
- Overall, 384 clients received education from an Aboriginal health worker; 254 were offered screening for HCV and STIs; and 166 returned for results and treatment.
- Clients were offered incentives for themselves, and also for referring their peers.

THE CAIRNS OUTBREAK – WHAT IS HAPPENING NOW?

Professor Darren Russell, Director of Sexual Health, Cairns Sexual Health Service



[Presentation Clips](#)



[Audio Clips](#)

- Among 41 diagnoses of HIV in Aboriginal and Torres Strait Islanders in Cairns, most are among young (18-35) males, predominantly MSM, though not gay identified.
- 70-80% are undetectable, although many are at high risk of onward transmission due to several social determinants of health (e.g. poor housing, unemployment, low health literacy, abuse).

Cairns Indigenous Sexual Health Worker Network (CISHWN): Sharing HIV Knowledge

Ms Simone Lukies

With the knowledge that many Aboriginal and Torres Strait Islander people who are diagnosed with HIV do not identify as gay, a series of posters and discrete wallet cards were created with information regarding HIV, PEP, and PrEP.



CHALLENGING ASSUMPTIONS ABOUT THE EPIDEMIOLOGY OF THE HIV PANDEMIC

Dr. Stefan Baral, Associate Professor, Johns Hopkins School of Public Health

- Dynamics of HIV have changed dramatically.
- Studies have shown a rapid decline in new HIV infections in jurisdictions where PrEP coverage is high; an increase in the proportion of new HIV infections in young gay men; and no documented cases of transmission from a person living with HIV who is undetectable.
- Globally, there will be 800,000 new people who require treatment in 2018.
- Sustained scale-up of treatment and prevention is required.

Dr. Stefan Baral [@sdbaral](#) A/Prof [@JohnsHopkinsSPH](#) spoke at [#HIVAIDS18](#) on challenging assumptions about the epidemiology of the HIV pandemic: <http://hivaidsconference2018.com.au>

THE EPIDEMIOLOGY OF HIV AMONG ASIAN-BORN GAY AND BISEXUAL MEN

While there has been a reduction in HIV among GBM, the incidence of HIV among Asian-born GBM remains high. These studies highlight this increasingly divergent epidemic, and a need for specific, targeted HIV testing and prevention campaigns among Asian GBM in Australia.

The Epidemiology of HIV Among Asian-born Gay & Bisexual Men

INCIDENT HIV INFECTION HAS FALLEN RAPIDLY IN MEN WHO HAVE SEX WITH MEN IN MELBOURNE, AUSTRALIA (2013-2017) BUT NOT IN THE NEWLY-ARRIVED ASIAN BORN

Dr Nick Medland, Senior Research Officer, Kirby Institute

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

- Being newly-arrived Asian-born GBM is associated with increased odds of diagnosis of incident HIV infection (OR 3.29, 95% 1.82-5.94).

[#ICYMI](#): At [#HIVAIDS18](#) Sexual Health Physician, Nick Medland [@MSHCRsearch](#) reported on incident HIV infection that has fallen rapidly in men who have sex with men in Melbourne, Australia (2013–2017) but not in the newly-arrived Asian-born: <https://doi.org/10.1186/s12879-018-3325-0>

The Epidemiology of HIV Among Asian-born Gay & Bisexual Men

ASIAN GAY AND BISEXUAL MEN IN SYDNEY, AUSTRALIA, WHO MAY BENEFIT FROM HIV PRE-EXPOSURE PROPHYLAXIS

Ms Evelyn Lee, Research Officer, Centre For Social Research In Health

 [Abstract](#)

- 2 in 5 Asian GBM are at risk of HIV infection and may benefit from PrEP, according to self-reported risk behaviours.
- However, 44% are unaware that PrEP is available (data was collected from the Sydney Gay Community Periodic Survey.)

CHARACTERISTICS OF NEWLY-ARRIVED ASIAN BORN MEN WHO HAVE SEX WITH MEN DIAGNOSED WITH HIV IN SYDNEY AND MELBOURNE, 2014-2017: A CASE CONTROLLED STUDY

Dr Rick Varma, Staff Specialist, Clinical Services Manager, Sydney Sexual Health Centre



[Audio Clips](#)



[Abstract](#)

- Newly-arrived Asian-born GBM diagnosed with HIV were more likely to be younger, speak a language other than English, and not have access to Medicare.
- Compared to their Australian-born counterparts, they reported fewer risk behaviours (such as number of sexual partners and lifetime injection drug use) and had more advanced HIV infection.

Rick Varma from [@SydneySHC](#) on 500+ recently arrived, HIV diagnosed Asian MSM: younger, less likely to speak English, poor access to Medicare, fewer sex partners but more rectal chlamydia, less testing [#HIVAUS18](#)

Plenary

CASCADES FOR HIV PRE-EXPOSURE PROPHYLAXIS ELIGIBILITY AND USE BY AUSTRALIAN GAY AND BISEXUAL MEN

Professor Martin Holt, Centre For Social Research In Health, University of New South Wales

- Using data from the Sydney Gay Community Periodic Surveys (SCGP) and the PrEPARE Project, researchers developed two PrEP cascades to identify gaps in community awareness, interest, coverage, and service delivery.

SCGP cascade

- In 2018, 38% of HIV-negative GBM were eligible for PrEP; 33% of the sample and 86.3% of eligible men were aware of PrEP; and 15% of the sample and 38.8% of eligible men were using PrEP.

PrEPARE Cascade

- Over 50% of men met eligibility criteria; nearly all eligible men were aware of PrEP; only 1/3 of the sample and 2/3 of eligible men were willing to use PrEP; nearly 1/4 of the sample and half of eligible men discussed PrEP with a doctor; and 20% of the sample and 38% of eligible men were using PrEP.

Key Implications

- With both studies showing rapid increases in PrEP eligibility, but fewer than one-third of men actually accessing it, it remains crucial that we address awareness and concerns about PrEP among GBM at risk of HIV.
- Sustained scale-up of treatment and prevention is required.

[#PrEP](#) is now widely available in Australia, but after crunching the numbers [@martinholt](#) reveals only 37.8% of eligible men are taking it! Have you asked your GP about preventing HIV?

REACHING OVERSEAS-BORN MEN WHO HAVE SEX WITH MEN FOR HIV RESEARCH AND PREVENTION: WHAT'S NEXT?

- A number of countries are experiencing rising epidemics, with an increase in new HIV infections seen in Malaysia (9%), Pakistan (45%), and the Philippines (174%).
- Current treatment scale-up has made significant achievement but the region is lagging behind the global trend. For example, only 1 in 7 people living with HIV in Indonesia are able to access treatment.
- Asia and the Pacific is the highest burden region for TB in the world. HIV and TB drug resistance is an emerging issue.

Nurse-Led Pre-Exposure Prophylaxis (PrEP): A Non-Traditional Model To Provide HIV Prevention In A Resource Constrained, Pragmatic Clinical Trial

Ms Ruthy McIver, Clinical Nurse Consultant, Sydney Sexual Health Centre

- Ten local health districts implemented a nurse-led model to expand PrEP access.
- Nurses were integral to the rapid enrolment of participants.
- Challenges included regulatory barriers and reorientation of existing services to embed PrEP in care.
- The model now needs to be expanded outside research settings. Need to look at different models such as GP-led care in regional and remote communities for this.

Impact of Public PrEP Programs

RAPID REDUCTION IN HIV DIAGNOSES AFTER TARGETED PrEP IMPLEMENTATION IN NSW, AUSTRALIA: THE EPIC-NSW STUDY

Dr Christine Selvey, Medical Epidemiologist, Health Protection NSW, NSW Ministry of Health

- Targeted PrEP roll out at scale has led to a substantial decline in new HIV infections at the state-wide level, dropping by 32% in the year following the completion of recruitment.
- However, the impact of PrEP in terms of reducing incident HIV was lowest in young GBM, those living outside the gay Sydney suburbs, and non-English speaking and overseas-born men.

Impact of Public PrEP Programs

STI TRENDS IN A COHORT OF HIGH-RISK GAY AND BISEXUAL MEN BEFORE AND AFTER RAPID SCALE UP OF HIV PrEP IN NSW, AUSTRALIA: THE EPIC-NSW STUDY

Hamish McManus, Research Fellow, Kirby Institute, UNSW

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 [Abstract](#)

- There was high overall positivity (20%/quarter) in high-risk men before and after PrEP commencement (sample n=1,200).
- However, after adjusting for testing patterns, there was no increasing trend in STI positivity after PrEP commencement.

CHANGES IN SEXUALLY TRANSMITTED INFECTIONS AMONG GAY AND BISEXUAL MEN AFTER ENROLLING IN THE PrEPX IMPLEMENTATION STUDY

Mr Michael Traeger, Research Assistant, Burnet Institute



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[Abstract](#)

- Of the 4,275 GBM participants enrolled in PrEPX, overall STI incidence was 91 per 100-person years.
- About half (48%) of men were diagnosed with 1 STI, which was concentrated among PrEP users experiencing repeat infections.
- Factors associated with STI risk were: older age, condomless anal intercourse, use of GHB, number of anal sex partners, and group sex.
- Taking into account higher STI testing frequency upon enrollment in PrEP program, a stable incidence of STIs was observed among previous PrEP users, while an increase in STIs by 21% was seen among PrEP-naïve participants, particularly chlamydia.

INITIATION OF PrEP AMONG GAY AND BISEXUAL MEN WHO MET THE ELIGIBILITY CRITERIA FOR PrEP

Mr Mohamed Hammoud, Senior Research Manager, Kirby Institute, UNSW



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[Abstract](#)

- Among a cohort of PrEP-eligible GBM who use drugs (n=3253), not using drugs for sex and less social engagement with gay men were factors associated with non-initiation of PrEP, suggesting that some men may assess their risk as being currently insufficient to warrant using PrEP.

KEY FINDINGS REPORT: THEME D

Social, Political and Cultural Aspects of HIV and related infections in the Australasian Region

This theme examines the issues and experiences shaping the lives of populations affected by HIV and related infections in Australia and the region, particularly social, political and cultural aspects. This theme aims to integrate diverse perspectives on these issues, particularly in social research, policy analysis and community advocacy.

Quality of Life for People Living with HIV

POVERTY, FINANCIAL STRESS AND QUALITY OF LIFE AMONG PLHIV IN AUSTRALIA FROM 1997-2016

Dr Jennifer Power, Senior Research Fellow, Australian Research Centre in Sex, Health and Society, LaTrobe University

[Presentation Clips](#)[Audio Clips](#)[Abstract](#)

"The fourth 90" argues that 90% of people living with HIV should be reporting good quality of life.

- Data from HIV Futures 8, conducted in 2015-2016, across 6 Australian states, was examined.
- There has been a shift in the last 10 years from the main source of income reported from government support to paid employment. In 2016, 50% reported a salary as their main source of income.
- Gradual increase over time in people living in home that they own.
- Those who are financially stressed experienced poor mental and physical health, difficulties in travelling, stigma within health services, lower resilience.
- Community sector plays an important role in supporting PLHIV experiencing poverty.

IMPACT OF STIGMA, SOCIAL SUPPORT AND SELF-EFFICACY ON DEPRESSIVE ANXIETY AND STRESS SYMPTOMS AMONG PLHIV IN AUSTRALIA

Dr Tanya Millard, Research Fellow, Monash University



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[Abstract](#)

Using HealthMap survey data, this study explored the hypothesis that higher levels of social support and higher self-efficacy would offer protective buffers against effects of stigma.

- Higher levels of reported stigma significantly increased depression, anxiety, and stress score.
- Higher reported social support made a significant contribution to lower depression, anxiety and stress score. However, this reported social support did not moderate the effects of stigma.
- Similarly, higher levels of self-efficacy resulted in lower depression, anxiety, and stress scores. This did not moderate the impact of stigma on anxiety and stress level, but did moderate the impact of stigma on depression score.

OUTCOMES OF AN INVESTIGATION INTO HIV AND AGEING IN AUSTRALIA

David Pieper, HIV & Ageing Project Officer, National Association of People With HIV Australia



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[Abstract](#)

This review of legislative and service delivery framework aimed to look for gaps and develop an advocacy agenda regarding the ageing population of people with HIV.

- Top three concerns from surveys with people working with this group: 1) social isolation; 2) dealing with co-morbidities; 3) access to services (MyAgedCare & NDIS)
- The NAPHWA and Ageing Project builds a case for more robust data on and attention to the complex impacts of living with HIV long term on the experience of ageing, especially the specific ways in which frailty is made additionally complex by HIV.

CLINICAL NEEDS AND BARRIERS TO HEALTH SERVICE ACCESS AMONG PLHIV

Dr Graham Brown, Senior Research Fellow, Australian Research Centre in Sex, Health and Society, La Trobe University



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[Abstract](#)

Drawing on HIV Futures 8 data, a latent profile analysis was conducted to describe the different profiles of participants regarding their needs and capacity to access health care and social support.

- 5 profiles identified, each assigned a 'nautical-themed' descriptor which captures how they are travelling on their HIV journey: skippers, rough sailors, cruisers, wayfarers, and navigators.
- Drawing on profiles can help improve understanding of the diversity of PLHIV with regards to their health needs and capacity to access services, including to see which group may benefit more from peer support.

EXPLORING THE ROLE OF FAMILIES IN HIV TREATMENT NARRATIVES, DECISION AND PRACTICES

Dr Christy Newman, Centre For Social Research in Health, UNSW

Abstract

Study comprised interviews with people with primary lived experience of HIV, HBV or HCV; people with family members who have been/are affected; stakeholders; mainly in NSW ('my health, our family' study findings).

Aim was to understand the role of family to people living with HIV, HBV and HCV in an era of increasingly individualised and biomedicalised management of blood-borne viruses.

- Family can support treatment initiation, commonly around clinical management and financial support, and with maintaining adherence, for example around reminding about medication schedule, and going for hospital check-ups.
- Emerging conclusions: it is important to recognise and strengthen the role of family support. Biomedical treatment can provide a concrete strategy for demonstrating care and support, but is not always welcomed by all.

UNDERSTANDING DIVERGENT FAMILY RESPONSES TO A BLOOD BORNE VIRUS DIAGNOSIS

Dr Asha Persson, Senior Research Fellow, Centre for Social Research in Health UNSW

Presentation Clips Audio Clips Abstract

- Diverse reactions and support of family members to diagnosis, including sadness & shock, not surprised, expectation that family members should know (diagnoses = family business), different notions of support (intimate support, not getting involved, carry on as normal).
- Relational ripples of family support – when support around treatment positively influences the relationship between family members in general.
- Family responses can be very divergent – often depending on time, pre-existing family relationships, and communication style, so it is important to avoid a one-size-fits-all and to recognise what works for different families.



ENGAGING PRIMARY CARE IN HIV TESTING AND PREVENTION

Dr Chris Lemoh, Physician, Monash Health

Presentation Clips Audio Clips Abstract

- HIV is transmitted in limited ways, but this hides the many complexities, such as structural issues, that affect how this occurs.
- Important to examine estimates of undiagnosed and late-diagnosed HIV in Australia to look at how inequalities manifest, such as people born abroad, Indigenous, heterosexual exposure, and older age.
- Achieving the 90:90:90 goal needs more than the 'HIV sector'. Primary health care needs to integrate HIV services within other aspects of primary care.



THE ROLE OF PRIMARY CARE WORKFORCE IN HIV TESTING AND TREATMENT FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Professor Cindy Shannon, Professor Of Indigenous Health, Queensland University of Technology



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- Graduates, particularly medical graduates, are more ready for Aboriginal Health than the previous generations of clinicians. But challenges remain in working with consultants who are not from the same workforce generation.
- Good sexual health and clinical care needs long-term implementation, not just a series of short-term projects.
- Partnership with a university to coordinate student placement is unique and critical to the workforce recruitment and development goals.

Professor of Indigenous Health, Cindy Shannon [@QUT](#) spoke at [#HIVAIDS18](#) about the need for an integrative multidisciplinary model of care in providing HIV prevention, testing and treatment for Aboriginal and Torres Strait Islander communities. [View on Twitter](#)

Engaging Primary Health in Testing, PrEP Provision & HIV Treatment as a Strategy for Reaching Diverse Communities

SUPPORTING PRIMARY HEALTH BY IMPROVING ENGAGEMENT FOR UNIQUE POPULATIONS IN HIV TREATMENT AND CARE

Christopher Howard, Life+ Program Manager, Queensland Positive People



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- Diverse communities can experience low levels of HIV literacy, shame/trauma, and difficulty understanding and navigating the health system
- The Peer Navigation Program was developed as an integrated model of care – adapted from British Columbia – for newly diagnosed people to improve health literacy, to support the development of self-management skills, and to provide practical support.
- 100% of clients were linked to HIV care and all initiated ART within 3 months, suggesting the Peer Navigation Program is an effective strategy for engaging diverse communities with HIV treatment and care.

PRELIMINARY QUALITATIVE FINDINGS ON PROJECT Q: QUEENSLAND CALD COMMUNITY ACCESS TO HIV TREATMENT AND RESOURCES

Dr Sid Kaladharan, Research Coordinator, The University of Queensland



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[Abstract](#)

Presentation of preliminary findings from a qualitative study to investigate risk practices and barriers/enablers of access and to develop and implement a new and more culturally-responsive program.

- It is important to understand the impact of cultural expectations and beliefs on the establishment of a trusting relationship between CALD communities and clinicians.
- There is a mismatch between perceived needs of consumers and how the service can fill their needs within the constraints of the existing system, for example communities want longer consultations, but clinicians can't provide this.
- Interventions need to be directed at reducing stigma and addressing fear; not knowledge.

Informal networks & peer-based responses to HIV

HIDDEN CARERS? UNDERSTANDING THE NEEDS OF INFORMAL CARERS OF PEOPLE WITH HIV IN THE CONTEMPORARY TREATMENT ERA

Dr Myra Hamilton, Senior Research Fellow, Social Policy Research Centre, University of New South Wales



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[Abstract](#)

- Carers' support needs include emotional support, intimate and family relationship support, community and peer support, information about HIV, and practical support.
- The discourse of independence associated with new treatments (or the end of the 'AIDS era') may inadvertently serve to undervalue the importance of carers in supporting the needs of people with HIV who have high care needs, or indeed, ongoing emotional support needs, despite the tolerability and effectiveness of new treatments.

Informal networks & peer-based responses to HIV

ENUF IS ENUF: A REVIEW OF AUSTRALIA'S FIRST PEER-LED ANTI-HIV STIGMA CAMPAIGNS 2013-2017

Joel Murray, Associate Director, Policy & Programs, Positive Life NSW



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[Abstract](#)

Learnings from a peer-led anti-HIV stigma campaign conducted by Living Positive Victoria on limited financial and human resources. Key learnings:

- Merchandise could be used to start conversation with HIV-negative people.
- Using arts for health promotion resulted in increased impact due to the involvement of people with HIV in the community cultural engagement activities.
- Developed an ambassador program with a total of 54 high-profile individuals recruited.
- Key recommendation is to continue to interrogate stigma, to build resilience, and to develop a strategic engagement with all sub-populations through arts and health promotion.

DEVELOPING SUSTAINABLE AND PRACTICAL EVALUATION OF PEER-BASED PROGRAMS IN COMPLEX ENVIRONMENT

Dr Graham Brown, Senior Research Fellow, Australian Research Centre in Sex, Health and Society, La Trobe University


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[Abstract](#)

Peer-led programs have been a key characteristic of the Australian HIV and HCV response, but with limited capacity in demonstrating their role and value as part of the broader multi-sectoral response.

"What Works and Why (W3) Project" is a way to demonstrate the quality and impact of peer-based programs in a complex and changing social and biomedical environment.

- Framework identifies 4 key functions that need to occur for a program to be effective and sustainable, including Engagement, Alignment, Learning & Adaptation, and Influence.
- To strengthen peer-based programs and leadership, there is a need for practical and sustainable evaluation approaches that support learning and adaptation and demonstrate influence within the whole community, health service and policy system in which they operate.

IMPLEMENTATION AND RESULTS OF THE HIV STIGMA INDEX IN TIMOR LESTE

Ines Lopes, Director, Estrela+, Dili, Timor Leste


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[Abstract](#)

Study reported on the first in-depth research in the country on the experiences of people with HIV related to stigma. Used RDS technique and peer-led data collection.

- Significant challenges include lack of informed-consent on HIV testing, verbal and physical abuses especially experienced by women with HIV, unwanted disclosure of HIV status, experiences of coerced sterilization, and difficulty in accessing regular medication and health services.
- Key recommendation is to use the research findings to support investment and improve referral networks and improve quality of services for testing, treatment and psychosocial support.

PHOENIX – THE WORKSHOP FOR NEWLY DIAGNOSED ADAPTING TO DEVELOPMENTS IN HIV

Sarah Hocking, Health Promotion Officer, Living Positive Victoria


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[Abstract](#)

- Phoenix - a workshop for people newly diagnosed with HIV in Victoria - is a unique, effective and relevant program using peer-based approach for health promotion that allows participants to build connections.
- Participants reported increased self-confidence, knowledge, and acceptance of a new sense of identity as people with HIV.
- Program to be adapted to include greater involvement of the diversity of people with HIV, such as women and people from migrant backgrounds.

ACON NORTHERN RIVERS BEACH OUTREACH PROGRAM PROVIDES INNOVATIVE TARGETED HEALTH PROMOTION IN UNIQUE SETTINGS FOR GAY AND BISEXUAL MEN

Tobin Saunders, Community Health Promotion Officer, ACON

 [Presentation Clips](#)  [Abstract](#)

Study reported on Beach Outreach Work done by ACON Northern Rivers, where officers/volunteers attended Tygarah Beach/Lakes and Kings Beach during the Tropical Fruits Festival (the last 3 days prior to Christmas day and 3 days after New Year's Day), distributing "showbags" containing safe sex information, safe sex packs, and other resources.

- Events like this provide a unique intervention opportunity, albeit with many challenges.
- Outcome of this intervention included reaching over 1500 gay and bisexual men, training 5 peer outreach workers, and most importantly, perhaps, maintaining the profile and partnerships of ACON in the region.

At [#HIVAUS18](#), [@ASHMMedia](#) hosted the launch of a new global resource from [@ICASO](#) for women living with HIV and their understanding of what an undetectable HIV viral load means in relation to being unable to transmit HIV ([#UequalsU](#)). FIND OUT MORE: <https://www.ashm.org.au/news/UU-for-women-living-with-hiv/>

HIV WORK READY, PEERS TACKLING ISOLATION AND UNEMPLOYMENT

Neil Fraser, Programs and Peer Support Officer, Positive Life NSW

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- Study reported on the HIV Work Ready Project following survey conducted in 2015 on 66 Positive Life NSW clients.
- This found that more than half wanted to do some volunteer or paid work.
- The HIV Work Ready Project is not an employment agency. Rather, it identifies and removes barriers for the participant and encourages them to pursue their own ways of returning to work.
- PLHIV reported difficulties, fears and lack of trust in navigating the often overly complicated bureaucratic systems of Centrelink and other employment service providers.
- The project has generated positive outcomes, with 25% placed in paid work, 23% in unpaid work, and 32% enrolled in vocational training qualification.

CREATING A COMPETITIVE PRICING ENVIRONMENT TO ENABLE ACCESS TO PrEP IN AUSTRALIA

Heath Paynter, Deputy CEO, Australian Federation of AIDS Organisations



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[Abstract](#)

Lessons learned from advocacy work that helped to achieve subsidised PrEP through the PBS in Australia:

- AFAO developed a strategy to encourage generic suppliers to apply for approval to provide PrEP in order to create a competitive pricing environment.
- The productive work and relationship between civil society organisations (like AFAO and NAPWHA) and various government agencies (such as PBAC, Department of Health, and State and Territory governments) and the pharmaceutical industry was central to the advocacy work that succeeded in achieving a PBS listing for PrEP.
- The system of subsidised medications in Australia can benefit from the active participation of civil society.

ARE HIV COMMUNITIES ON BOARD? AN INVESTIGATION OF HIV FINANCING IN INDONESIA, MALAYSIA, THAILAND AND THE PHILIPPINES

Jenny-Donghua Xia, Monitoring And Evaluation Officer, Australian Federation of AIDS Organisations



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[Abstract](#)

- SHIFT is a 2-year program supported by the Global Fund which aims to achieve sustainable HIV financing in lower-middle income countries experiencing the biggest challenge in transitioning to domestic HIV financing.
- AFAO introduced an operational research project to develop a monitoring and evaluation system for the SHIFT program. The Monitoring & Evaluation (M&E) framework includes 6 impact indicators and 17 outcome indicators in 3 areas, such as effective advocacy, strengthened civil society organisation (CSO) capacity, and increased CSOs access to and use of strategic information.
- This M&E framework is crucial for ensuring a coherent evaluation methodology for SHIFT and similar programs advocating for national HIV financing, transitioning, and sustainability of NGOs.
- Rather than seeing policy change as the only outcome of policy advocacy, it is important to describe the process including looking at the number of laws/policies/procedures drafted, proposed, adopted or modified to support domestic HIV financing.

INVOLVEMENT, INNOVATION AND STIGMA: THE DEVELOPMENT OF THE VICTORIAN HIV STRATEGY 2017-2020

John Manwaring, Senior Policy Officer, Dept of Health and Human Services, Victoria



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[Abstract](#)

- The AIDS 2014 Legacy Statement was the first time the health minister and health departments made a commitment together to end AIDS in Australia by 2020. This legacy statement has renewed the energy for the Victorian HIV response.
- Department of Health and Human Services (VIC) convened a working group which also consisted of community members (not representatives of organisations) to develop the Victorian HIV Strategy 2017-2020.
- Victoria – as a state – is committed to end stigma by 2030. Stigma reduction has been identified as a policy priority, equal to other policy programs such as prevention, testing, and treatment.
- Victorian HIV funding and reporting guidelines now require funded agencies to report on how their work has sought to address HIV stigma.

STRENGTHENING HIV CARE ENGAGEMENT IN INDONESIA: EVIDENCE FROM THE QUALITATIVE LITERATURE AND FIELD WORK

Elan Lazuardi, PhD Student, The Kirby Institute, UNSW



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[Abstract](#)

- HIV in Indonesia shows great complexities in the human, geographic, economic and sociocultural environments.
- Results of the scoping review indicate that engagement with HIV care is a profoundly social experience.
- Qualitative investigations of the experiences of at-risk populations as well as the role of clinics and providers in delivering HIV care in a setting affected by an increasingly decentralised health system and diverse local values is of equal importance with epidemiological, clinical and operational research.

MAKING SERVICE ACCESS FAIRER FOR PEOPLE WITH HIV AND COMPLEX CARE NEEDS IN NSW IS OVERDUE

Lance Feeney, Consultant, Positive Life NSW



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[Abstract](#)

- An independent review conducted by Positive Life NSW into people with HIV with complex care needs (which includes people with co-morbidities and people with complex social needs) identified a gap between the number of people with HIV – including CALD communities and non-gay identified men living in the outer ring of NSW – and the number of existing HIV/sexual health services.
- It is important to ensure that service access equity is improved for all people with HIV, especially those who have complex care needs and those who live in the South Western/Western part of Sydney and regional NSW.

HIV AND HEALTH: CHALLENGING THE IMPACTS OF PREJUDICE

Robin Banks, Phd Candidate, University of Tasmania



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[Abstract](#)

- Discrimination processes include internal responses, attitudes and feelings, actions (incl. micro behaviours), and these can be intersectional across different aspects of subjectivity.
- HIV stigma and prejudice manifests through refusal of service, lack of healthcare expertise, privacy concerns and fear of prejudice.
- Discrimination law simplifies the complexities of this, demonstrating a lack of nuance regarding how people discriminate.
- Susan Fiske (2006) on understanding prejudice is helpful in asking the question: Can prejudice research inform law?

RECENT ADVANCES IN DRUG LAW REFORM

Joel Murray, Associate Director, Policy & Programs, Positive Life NSW



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[Abstract](#)

An "Inquiry into Drug Law Reform", conducted by Victoria's Legislative Council in 2015 to assess the effectiveness of current laws and regulations in relations to illicit drug use, recommended:

- Reducing stigma for people who use and inject drugs (e.g. use of appropriate language to prevent micro-aggressions).
- Subsidising medication assisted treatment (Opioid Substitution Therapy, and linking to HCV treatment)
- Next step: evidence informed drug policy, building alliances.

CURRENT ISSUES RELATED TO HIV, HUMAN RIGHTS AND THE LAW: THE WAY FORWARD

Paul Kidd, Trainee Lawyer, Fitzroy Legal Service



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- Australia is one of the HIV criminalisation hotspots, according to HIV Justice Network. Most criminalisation does not occur in countries where HIV prevalence is high.
- HIV is exceptional in criminal law. In English law, disease transmission has been excluded in criminal law for hundreds of years. In 1985, a series of moral panics led to criminal law on HIV transmission.
- HIV criminalisation in Australia has not gone away. The impact of U=U remains to be seen. There might be a risk of intensification in focus on people who are not undetectable.
- There can be no end to HIV if there is still HIV criminalisation and stigma.

#HIV and the law: HIV legal activist [@paulkidd](#) at **#HIVAIDS18** reminded us that even in the era of **#UequalsU** science, biomedical advances including **#PrEP**, and developments towards **#HIVCure** — there's still (so) much work to do to end HIV criminalisation.

STEALTH HEALTH: LEVERAGING TRADITIONAL PARTNERSHIP AND COMMUNITY DEVELOPMENT APPROACHES TO REACH NEW CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) GROUPS

Gavin Prendergast, Co-ordinator Partnerships And Engagement, ACON

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

ACON's community engagement and partnership work with groups who represent young LGBTQ people from CALD backgrounds.

- ACON engages with these communities by funding their activities as well as providing other forms of support and collateral.
- In an era of an increasingly divergent HIV epidemic, partnerships can create trust in the ACON message when it is promoted through these communities.

NEEDS OF WOMEN FROM AFRICAN DIASPORA

Dr Nabreesa Shafeeu, Research Coordinator, Positive Women Victoria

 [Presentation Clips](#)  [Audio Clips](#)  [Abstract](#)

This qualitative study looked into structural and socio-cultural barriers to care among African-born women, including with women members of an advisory group, and service providers (11 women, 16 SP).

- Barriers identified by both women and service providers: Rural GPs don't know how to start conversations; considerable stigma, limited knowledge; perceptions of a monoculture in Australia with no one that these women can identify with in service settings.
- Barriers identified by women: traumatic diagnosis stories, e.g. about finding out HIV status in antenatal clinic; unwanted disclosure from services, pressure to self-disclose (as positive speaker for example).
- Key recommendation: increased awareness, especially within non-HIV specific services.

HIV AND INTERNATIONAL STUDENTS PROJECT

Wael Sabri, Senior Community Engagement Officer, Multicultural HIV & Hepatitis Service

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- International students have found difficulties in approaching private education providers about HIV.
- But there is an opportunity for the HIV sector to engage with the gate-keepers (school directors, student advisors, and teachers).
- Project aims to increase the capacity of international students who study English (who don't have Medicare access, and are not required to test for HIV) to engage with HIV awareness campaigns, access to testing, and treatment uptake.
- The project includes over 30 sessions of HIV education modules – a one day workshop (positive speakers – including former international student) with easy to understand language.
- It has reached over 300 students and has received generally positive feedback.

"WITH, TO, FOR?" RETHINKING HEALTH PROMOTION IN THE CONTEXT OF THE CASCADE

Donatella Cifali, Senior Social Worker, Multicultural HIV And Hepatitis Service



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[Abstract](#)

- Divergent trends in HIV notifications in NSW, with increasing notifications among overseas-born MSM.
- In existing CALD communities, knowledge about HIV is mainly imported from home-countries, where HIV mostly remains highly stigmatised.
- Current broad HIV messages work for those who are already well engaged, but not for those who are not the usual target, in particular CALD communities.
- Learning from the response to HIV in Australia in the 1980s, Multicultural HIV and Hepatitis Service convenes community leaders' forums. It is important to work together with CALD communities to develop strategies which make sure that no one is left behind in the Australian HIV response.

RACISM AS A DETERMINANT OF SEXUAL HEALTH

Piergiorgio Moro, Program And Projects Co-ordinator, Centre For Culture Ethnicity And Health, VIC



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[Abstract](#)

The Racism and Health forum held by Multicultural Sexual Health Network (Victoria) addressed the intersections between racism and health, in a context where HIV notifications among overseas-born people are increasing.

- Social determinants of health remind us that the most marginalised, criminalised and stigmatised are the most vulnerable.
- Pockets of vulnerable communities experience new freedoms on arrival, but also bring diverse health beliefs, knowledge of services, gender inequality, past traumas and precarious visa status.
- When engaging CALD communities for change, it is important to understand who is being engaged. There is a need to see things from their point of view (e.g. HIV is not their priority) in order to tailor

INITIATION OF SEX WORK AMONG GBM

Professor Garrett Prestage, Program Coordinator, Kirby Institute, UNSW



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[Abstract](#)

- Sex work is not uncommon among gay and bisexual men, depending on how sex work is defined.
- Growing proportion of men starting sex work after the baseline survey.
- Men who started after the baseline survey were demographically similar: younger, not employed (full-time), and experienced higher levels of anxiety.
- Little changed before and after baseline survey among the men who started sex work: they had more partners, and started using PrEP (but this also reflects what had occurred among gay men in general in this period).

FACTORS INFLUENCING TRANSGENDER AND MALE SEX WORKER ACCESS TO SEXUAL HEALTH CARE, HIV TESTING AND SUPPORT

Robert Fawkes, Respect Inc. QLD



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[Abstract](#)

- Participants in this community-based participatory research were generally well-informed about sexual health, and many accessed sexual health services, including the newer HIV prevention and testing technologies.
- Stigma, however, remains a concern – many were not out as sex workers to clinic staff.
- To improve access to care, it is imperative that healthcare workers are sex-worker friendly and are trained to work with sex workers from diverse genders and sexualities.

EFFECT OF ARV ON SEXUAL CULTURE

Dr Dean Murphy, Senior Research Associate, University of Sydney



[Audio Clips](#)



[Abstract](#)

- Qualitative study of 'chemical practices' among sexual and gender minorities examines how substances of various kinds can be used to augment as well as to normalise bodies.
- Consumption of these drugs in combination enhances sexual experience, in a way that mixes prophylactic/therapeutic and recreational logics.
- Research findings provide new perspectives on how risk, care and pleasure inform and/or interfere with each other across a range of different settings.

DEVELOPING A SUSTAINABLE HIV, VIRAL HEPATITIS, AND SEXUAL HEALTH WORKFORCE



ASHM needs clinical advisors, training presenters, expert committee members, resources authors, policy support and more.

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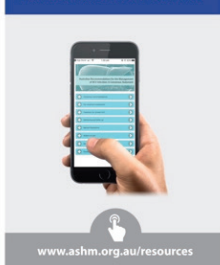
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DID YOU KNOW?

ASHM's Prescriber Locator Map helps you find ASHM-trained providers.



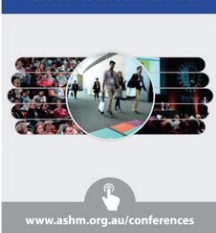
ASHM resources are all available online & some as APP versions.



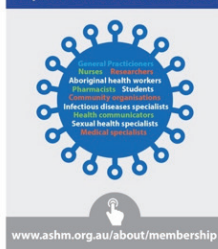
ASHM's course locator helps you find online and face-to-face training near you.



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ASHM membership is open to everyone working in the HIV, viral hepatitis and sexual health sector.





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Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

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HIV Management in Australasia

Essential information on the diagnosis and management of HIV infection and the causes, diagnosis and management of disease caused by HIV infection for health practitioner.

[Access the online website](#)

[Download app on Google Play](#)

[Download app on iTunes Store](#)

Australian STI Management Guidelines for use in primary care

A resource for primary care health professionals to provide concise information to support prevention, testing, diagnosis, management and treatment of STIs.

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Guide for Clinicians and other Healthcare Providers to discuss Undetectable = Untransmittable

These guidelines provide HIV prescribers and other health service providers in HIV services to discuss with patients the implications of U=U in their care.

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Australasian Contact Tracing Guidelines

The Manual provides practical support and guidance to health care providers to enhance the effectiveness of partner notification.

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Access ASHM HIV resources to support clinical practice, management and care, including

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Save the Date

2019 AUSTRALASIAN



HIV & AIDS

17-19 SEPTEMBER
PERTH CONVENTION CENTRE

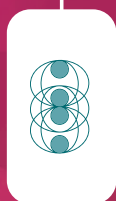
CONFERENCE

Key Deadlines

Abstract submission open	February 2019
Registration open	March 2019
Abstract submission deadline	Sunday 5 May 2019
Early bird deadline	Sunday 30 June 2019
Accommodation deadline	Sunday 11 August 2019
Final registration deadline	Sunday 31 August 2019

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With Thanks

We would like to say a special thanks to the 2018 Australasian HIV&AIDS Committee and all sector organisations who support the conference. A thank you is extended to all our sponsors for their generous support.

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