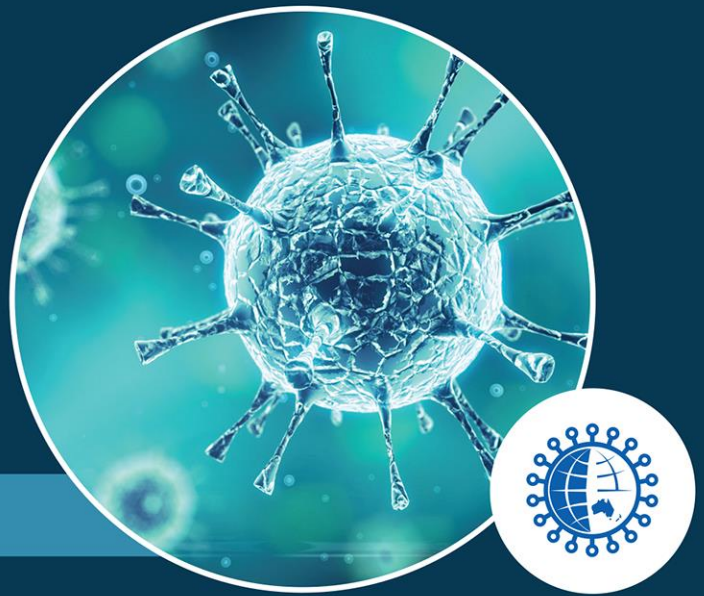


AUSTRALASIAN

20 **HIV** &
17 **AIDS**

CONFERENCE

6-8 NOVEMBER 2017 • CANBERRA



CONFERENCE REPORT: Key Learnings



ashm

Australasian Society for HIV, Viral Hepatitis
and Sexual Health Medicine



“Levinia Crooks you were a force of nature!

The world could have done with another three or four hundred years of you.

We are so diminished for having lost you. Yet so rich for having known you.

Vale Levinia! Farewell!”

A/Prof Edwina Wright

VALE LEVINIA CROOKS

LEVINIA Crooks, AM, Chief Executive Officer of the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and adjunct associate professor at the University of New South Wales and Latrobe University, died on 16 October 2017 from progressive non-Hodgkin lymphoma.

- Read the official valedelivered at the [Australasian HIV & AIDS Conference](#) by A/Prof Edwina Wright
- Read the tribute from the Community and Professor Sharon Lewin: [THE SUM OF US: Collective reflections on a remarkable woman, Levinia Crooks AM](#)
- [Read the MJA article](#): Levinia Crooks: leadership in blood-borne viruses and sexual health

THE SUM OF US

Collective reflections on a remarkable woman, Levinia Crooks AM

Responding to the public health dilemmas that face us requires collaboration between community, pharmaceutical, NGOs, and medical groups and we all have a role to play - some take a leading part, others play a supporting role. Some seek the limelight, others are happy to stay in the background.

If you are living with HIV, hepatitis or a blood-borne virus, live in a community affected by these conditions, or have worked in the blood-borne virus sector in Australia, you have been touched by the efforts of Levinia Crooks.

And you may be aware that you are no doubt part of a generation of health professionals in our sector right across Australasia who have been formed by the relentless and tireless efforts of a single woman, pushing for significant, meaningful and often dramatic changes and improvements in the response to HIV, sexual health and viral hepatitis.

Whether you knew her, knew of her, passed her in the hallways of some conference, sat with her in some meeting somewhere or read one of the copious volumes of policies, practice guides, funding submissions, strategies, reports or opinion pieces she authored, Levinia's fingerprints, along with her tenacity, her passion and her perseverance remain in the record as a legacy as one of the architects of the response to HIV in Australia.

Some of us stood with her when we were angry and scared. Together we crafted the slogans that we put down on placards, we organised countless letter writing campaigns and we walked together down the street holding candles, reading out the names while holding back the tears. Together we persevered.

Some of us spend many a late night trying to penetrate the vernacular of pharmaceuticals, the weird code of virology, or the cut and thrust of scientific enquiry and debate. We strove to match her dedication, resolve, energy and sheer determination to ensure change for any number of countless initiatives she championed.

Some of us danced with her, rolling our heads to the music, eyes closed, we lifted our arms to the delights that lifted our spirits.

Some of us felt her fury others saw it on show. She had command of the vernacular that would make a sailor blush and she passionately about tackling the hard tasks and issues that others just talked about, or blatantly ignored.

Some of us, as her students, saw her in full flight during lectures. It was more than teaching, she inspired us to reach further for the possibilities of the action that would make meaning of what



she had to say. She pushed us harder and further than we thought we could go. Some of us felt her compassion, maybe directly when she offered an opportunity that otherwise we wouldn't have had or when she took time from her constantly busy schedule to help us understand what we were doing. Certainly for those of us who are often considered to be 'marginal' (the positive injecting drug using powder sex worker), she stepped up and out in front and demanded that all of us leave our misconceptions, prejudices and our bigotry at the door.

Some of us watched in awe as she took charge of the ubiquitous white board covered in thoughts, comments, contradictions and collaboration. And as if by magic, through what seemed like an incomprehensible mess, brought disparate thoughts into a comprehensive project statement and plan of action.

Some of us ended up on her lounge room floor travelling from interstate for an ACT UP action or Mardi Gras, and were greeted by Levinia in her trademark black leather vest and Doc Martens. She knew the power of how to harness a community which didn't just reside in bricks and mortar of an organisation, but was felt just as viscerally in the bars and on the streets.

Some of us are part of that special group of people, nurtured and cultivated for our caring and compassionate nature. A rag-tag assortment of professionals across Australia speaking out for the people that we care for in different communities. And beside us, supporting us, a dedicated, strong and brilliant team of people who have travelled through the trials of ASHM.

Some of us saw through the 'tough guy' image to a core of warmth, generosity, care and absolute dedication to the rights of those she ultimately served. We saw the wounds if those core values were ignored, questioned, unacknowledged, misattributed or simply misunderstood.

Levinia leaves us all a major, important and extensive legacy to carry forward, with countless lives impacted by her energetic, pragmatic, visionary, brave and can-do approach.

It is incumbent on us to take the sadness and the loss we feel, and ensure that we continue to voice what must be heard, a voice that builds upon Levinia's work and passion over the years.

Levinia believed we all played a part and she believed that together we are the sum of us.

With love from your community
OCTOBER 2017

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A note about the report:

The purpose of this report is to capture highlights from the [2017 Australasian HIV & AIDS Conference](#) and to provide a tool to share research presented there. Only a small number of 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 have tried to link to 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.



PLENARY SPEAKER PRESENTATIONS

If you weren't able to attend the conference, a number of slides, abstracts and audio recordings from key speakers are available on the website. Click on the images below.



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Adam Bourne
Keynote Speaker Highlight

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APi of Adam Bourne is social and behavioural scientist who specialises in HIV-related health formation and evaluative research among key populations.

Prior to joining **Australasian Research Centre in Sex, Health & Society** in early 2017, he spent a decade working with the **Sigma Research** group at the London School of Hygiene & Tropical Medicine leading a number of national and international qualitative studies that explored HIV risk and prevention behaviours.


He has published widely in the field of drug use among LGBT populations, especially as it occurs in social settings (Chambers). He is currently co-investigator of the **TRANSFORM** international study which examines social and sexual networks of MSM in Kenya and South Africa.

He is currently a member of the **Global Advocacy Platform to Fast Track the HIV and Human Rights Response for Men who Have Sex with Men**, hosted by the **MSM Global Forum and UNAIDS**.

Join our multidisciplinary delegation at the **Australasian HIV/AIDS Conference** (the annual conference of the Australian Society for HIV/Viral Hepatitis and Sexual Health Medicine) – the premier HIV Conference in Australia and the Asia and Pacific region.

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Andrew Grulich
Keynote Speaker Highlight

#ASHM17 @ASHM17

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Professor Andrew Grulich is a medical epidemiologist and Public Health Physician. He is head of the **HIV Epidemiology and Prevention Program** at the Kirby Institute.

He is a past president of the **Australian Society for HIV Infections and Sexual Health Medicine**, a past member of the **International AIDS Society Governing Council**, and a Fellow of the **Australian Academy of Health and Medical Sciences**. His research group studies the transmission and prevention of HIV and sexually transmitted infections, in particular men and the links between HIV infection, immune function and cancer in people with HIV.



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Ayden Scheim
Keynote Speaker Highlight

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Ayden Scheim is a social epidemiologist currently based in London, Canada. After defending his PhD dissertation in **Epidemiology and Biostatistics** at **Western University** in August, he will begin a **Canadian Institutes of Health Research Postdoctoral Fellowship in Global Public Health** at the University of California San Diego.

His research examines the impacts of social and policy environments on health behaviours and access to care among stigmatised populations, particularly LGBT communities and people who use drugs.

For almost 15 years, he has worked to enhance sexual health promotion and HIV prevention for transgender communities in Canada and internationally through epidemiologic and social scientific research, health promotion, program development, and advocacy.

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Genoveffa Franchini
Keynote Speaker Highlight

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Dr. **Genoveffa Franchini** is a hematologist and renowned virologist who has pioneered research on oncogenes and human retroviruses (HTLV and HIV). She has made numerous achievements in virology and translational approaches to prevent human diseases caused by retroviruses.

Her work has furthered the understanding of HIV and HTLV pathogenesis, leading to the identification and characterization of new viral genes for HIV and HTLV-1 and their functions.

Her accomplishments in HIV vaccine development include the pre-clinical trial that led to the first vaccine trial in 16,000 volunteers in Thailand that has demonstrated significant, though limited, protection against HIV acquisition.

Her basic work in immunological mechanisms of protection furthered the understanding of the efficacy of the currently available analogue vaccine in primates. She also has pioneered strategies to down-modulate regulators of immune response in HIV-infected individuals, using the mouse model of HIV infection.

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Georg Behrens
Keynote Speaker Highlight

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Prof. Georg MV Behrens is an Internal, HIV Specialist and Professor for T Cell Immunology in the Department for Clinical Immunology and Rheumatology at Hannover Medical School, Hannover, Germany.

He is an internationally acknowledged expert on HIV-related metabolic side effects, endocrinopathies. His lab works on ontogeny, progression by dendritic cells, asymmetry and autophagy in transgenic mouse models and human cells. He has published numerous papers in journals such as *Lancet, J Exp Med, J Clin Invest, Nat Immunol, AIDS, Immunity* and others.

He is current president of the **German AIDS Society**, Board Chair of the **EACS Guidelines** 'Prevention and management of non-infectious complications in HIV', elected Regional Representative of **EACS**, and a faculty member of the **Hannover Biomedical Research School**.

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Graham Taylor
Keynote Speaker Highlight

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Graham Taylor is a qualified MB ChB from the University of Birmingham Medical School, England, trained in General Internal Medicine in the West Midlands and South Wales Appointments as Chief Medical Officer (Medicine) for the Solomon Islands, 1988-1991 where he first became interested in the Human Leukocyte Antigen (HLA) system.

Graham joined the Section of Virology, Imperial College Faculty of Medicine (Imperial St. Mary's Hospital Medical School) 1992 as a HIV clinical research fellow working on the Duke Trial Site on the HTLV-1 clinic in 1992 on HIV antinatal service in 1995.

He runs the **National HTLV-1 clinical service** in England, a diagnostic lab and retrovirus translational research group. In 2005-2009 he was President of International Retrovirology Association and has been founder and honorary secretary of the HTLV European Research Network since 1993.

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Jeff Klausener
Keynote Speaker Highlight

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Dr. **Klausener** is a Professor of Medicine in the Division of Infectious Diseases and Professor of Public Health, Department of Epidemiology, University of California Los Angeles. As former Director San Francisco Department of Public Health STD program and Chief CDC PEPFAR South Africa HIV and TB Branch.

Dr. Klausener helped identify key factors associated with the increased spread of HIV and STD and implemented multiple novel public health prevention and treatment programs. Dr. Klausener has a particular interest in the use of technology, information, digital, and laboratory to improve testing and treatment access for disadvantaged and hard-to-reach populations.

Dr. Klausener has been funded by the NIH, CDC, private pharmaceutical and diagnostic test manufacturers to study the benefits of new ways to prevent and control infectious diseases. He is a frequent traveler to the US CDC, NIH and WHO.

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Nic Holas
Keynote Speaker Highlight

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Nic Holas is an activist, writer, and co-founder of **The Institute of Many (TIM)**, an advocacy platform and grassroots movement for People Living with HIV.

TIM has been identified as a major player in the world's modern-day HIV response, delivering grassroots activism, digital campaigns, resources, events, and digital community spaces since 2012.

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Reena Rajasurir
Keynote Speaker Highlight

#ASHM17 @ASHM17

Dr. **Rajasurir** is a senior lecturer in the Department of Pharmacy, University of Malaya and an adjunct Research Fellow at the Peter Doherty Institute for Infection and Immunity, Melbourne University Australia. She is also a past-doctoral scientist for the Centre of Excellence for Research in HIV/AIDS (CEHA) at University of Malaya.

Dr. Rajasurir graduated with her Bachelor of Pharmacy (Hons) from University Science Malaysia in 2000 and Master in Clinical Pharmacy in 2002. She was awarded her PhD degree in Immunology by Monash University Australia in 2011 and her doctoral research focused on immunogenetics in HIV patients.

Dr. Rajasurir coordinates the translational research program in HIV immunology at the Centre of Excellence for Research in HIV/AIDS (CEHA). Her current research focuses on the immunopathogenesis of accelerated aging and modulators of immune activation in HIV.

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Rowena Johnston
Keynote Speaker Highlight

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Rowena Johnston, PhD, is Vice President and Director of Research at **amPR**, The Foundation for AIDS Research. She has been instrumental in forming the **amPR** Research Consortium and HIV Evaluation (ARCH) and has designed ARCH studies including confirming the cure of the Berlin patients, characterizing the Minority CRF, defining sex differences in LRA responses of the reservoir, decreasing predictors of delay to rebound following ART and initiating a global network of successful treatment clinics aimed at repairing the cure of the Berlin patient.

She also designed studies to compare, as well as to develop, new tools to measure the reservoir. She has conducted independent studies identifying demographic inequalities in cure researcher and participant communities.

In 2014, she led the development of **amPR's** Countdown to a Cure for AIDS initiative and serves on the governing board of the **amPR** Institute for HIV Cure Research.

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CONFERENCE CAUGHT LIVE

Key messages on video from our speakers and conference committee

On the run? Get conference highlights and key messages from these short, on the fly interviews posted live from the conference. Just click on the images below.



[Keynote speaker Adam Bourne](#) speaks about some of the challenges in equity regarding rolling out PrEP globally in a variety of settings.

[Dr Darren Russell](#) of Cairns Sexual Health Service sends a strong + sobering message regarding the syphilis epidemic + 33% increase in the number of HIV diagnoses in Aboriginal and Torres Strait Islander Australians in the last five years particularly in Far North Queensland.

[Conference Co-Convenor Prof Martin Holt](#) speaks on how the conference program highlighted the diversification to access to PrEP but presented some of the geographic disparities.



[Nic Holas](#), co-founder of [The Institute of Many \(TIM\)](#) – a peer-run grassroots community movement for People Living with HIV in Australia - talks about what he considers are the most critical elements of any community/health campaign or initiative.

[Prof Christopher Fairley](#), who delivered the [ASHA Oration](#), presented an inspiring personal perspective of challenges and opportunities in sexual health.

[Brent Allan](#), ICASO's Senior Advisor on Policy and Programs, launches the [U = U Community Brief](#) – current information and analysis of new and updated clinical data on the effectiveness of antiretroviral therapy (ART) in preventing HIV transmission to sexual partners of people living with HIV.



Chad Hughes, Deputy Program Director of Disease Elimination at the **Burnet Institute**, [recaps on challenges in improving the HIV response in the Asia-Pacific](#) with regards to ensuring key populations don't get left behind; especially as current funding systems are shifting in the region.

A/Prof Darryl O'Donnell from **AFAO** speaks of the community response in sustainable HIV financing of four countries in South-East Asia with the [SHIFT \(Sustainable HIV Financing in Transition\) program](#).

A/Prof Maria Dulce Natividad from the University of the Philippines warns us that her country is [living in dangerous times in terms of HIV prevention](#). The Philippines currently has the fastest growing, "most explosive" HIV infection rate in the Asia Pacific Region.



Jonas Bagas from **APCASO** speaks on health vulnerabilities, human rights and the war on drugs in the Philippines.

Dr Phillip Read from the Kirketon Road Centre speaks on how imperative it is that we access marginalised populations with HIV prevention.

Keynote speaker Dr Ayden Scheim delivers a strong message to public health and policy makers about the need to address the lack of HIV surveillance data for transgender people.



ACFID CEO Marc Purcell shares his thoughts on getting HIV & AIDS back on Australia's international development agenda, highlighting the need to respond to the [human rights abuses happening in the Philippines](#) right now.

Dr Lloyd Einsiedel speaks to ABC Radio National's Breakfast reporter Fran Kelly calling for an urgent government response to a neglected BBV called HTVL-1 in Central Australia.

Professor Sharon Lewin joins The Australian HIV Cure Community Partnership together with AFAO on a live recording from the conference on what remission could mean for people living with HIV.

FROM OUR SPEAKERS

Dr Adam Bourne, Associate Professor, Australian Research Centre in Sex, Health & Society, La Trobe University

“Let’s be willing to acknowledge the central role of sexual pleasure and happiness in the lives of HIV affected populations, and recognise how it’s the seeking of pleasurable or satisfying sex that may prove to be a significant motivator for the uptake and use of PrEP, and the open, honest and stigma free discussion of HIV status and viral load.”



Mr Nic Holas, Co-founder of The Institute of Many (TIM)

“For the first time HIV Futures 8 has conclusively pointed to what we in the grass roots organisations have known for a long time. Much of the PLHIV community is moving online and is moving on. It’s now up to the sector to please keep up.”

Dr Ayden Scheim, Postdoctoral Fellow, University of California San Diego

“In a context of social stigma, and with the problems trans people can face navigating their own bodies, there are a lot of obstacles to having a fulfilling sex life. Those are the barriers we need to address in order to successfully prevent HIV in trans people.”



Dr Gracelyn Smallwood, Professor of Nursing and Midwifery, Central Queensland University

“We will never be able to address HIV or STIs in Indigenous communities until we address social justice.”

Dr Bridget Haire, AFAO President and post-doctoral research fellow, The Kirby Institute, UNSW

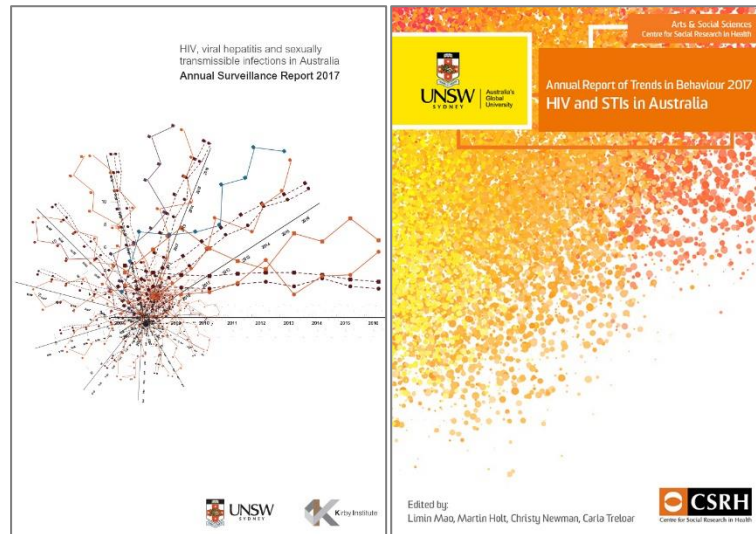
“Access to best-practice HIV prevention depends on where you live. This remains unacceptable, though the villain in the piece is arguably now not the government, which has been clearly supportive of getting PrEP onto the PBS, but drug companies for pricing the drug – which is cheap to make, and now off-patent – higher than the cost effectiveness price that the PBAC will fund. This is outrageous.”



Access audio recordings of all the [HIV Opening Plenary Presentations](#), including those by Bridget Haire, Adam Bourne and Nic Holas.

Access audio recordings of the full range of [Sexual Health Opening Plenary Presentations](#) including Ayden Scheim and Gracelyn Smallwood.

HIV SNAPSHOT



Key Findings from the [2017 Annual Surveillance Report on HIV](#) and the [2017 Annual Report of Trends in Behaviour](#)

- HIV diagnoses remained stable for fifth year in a row, with 1,013 new diagnoses in 2016.
- Of those living with HIV in Australia: 89% were diagnosed by the end of 2016, 95% were in care, 86% were receiving antiretroviral therapy.
- 93% of those on treatment had an undetectable viral load, which reduces the risk of onward HIV transmission to virtually zero.
- 11% of all people living with HIV in Australia were unaware of their HIV status.
- HIV diagnoses among Aboriginal and Torres Strait Islander people have increased by 33% since 2012, with a greater proportion of diagnoses due to injecting drug use and heterosexual sex, compared to non-Indigenous populations. This is in contrast to the 22% decline in the Australian-born non-Indigenous population.
- Some groups are still more likely to be diagnosed late, such as people born in a country with a high prevalence of HIV, and heterosexual men and women.
- Increasing numbers of gay and bisexual men are using HIV medications to prevent the spread of HIV.
- Some gay and bisexual men have gradually moved away from consistent condom use and rely on a range of biomedical and behavioural strategies to reduce HIV transmission.
- Strategies for testing, treatment and risk reduction need to be strengthened.
- Access to PrEP needs to be expanded to people who could benefit from it.
- Prevention in the Aboriginal and Torres Strait Islander population is required.



[VIDEO: Watch A/Prof Rebecca Guy of The Kirby Institute, UNSW](#) on ABC News reporting on Australia's Annual Report Card on STIs and blood-borne viruses



“The elephant in the room is price. It’s simple mathematics: PrEP can be highly cost effective but it depends on the ‘cost that it costs’. The pharmaceutical industry needs to get real and acknowledge that substantial price reductions guided by cost effectiveness analysis are required for public funding in Australia. The increase in uptake this presents means they can still protect their profit margins.”

Professor Andrew Grulich, Program Head, The Kirby Institute, UNSW

[Access audio recordings, slides and abstracts of presentations from the PrEP session](#)

Key Messages

- PrEP implementation can lead to very substantial declines of HIV infections at population level if properly targeted to high risk groups.
- To measure it you need systems for monitoring recent infections: incidence NOT new diagnoses.
- We need equity in PrEP not just from a human rights perspective but also to increase population protection.
- We are seeing an increase in condomless anal intercourse but that doesn’t necessarily mean an increase in HIV incidence provided we target these groups with multi-faceted risk reduction strategies.
- Pricing is holding much of the world back from PrEP.
- PrEP does not work on its own. It is not a silver bullet. It needs to be part of combination prevention.

Efficacy

- Oral PrEP is close to 100% effective in adherent gay men.
- Men can miss up to 3 pills a week without compromising the regimen.
- It is less effective in the vagina and daily adherence is required.
- The French [IPERGAY study](#) is showing that intermittent PrEP can be extremely effective (up to 97%) however the loading dose prior to sex is essential. These trials have not been done in women. (WHO and the Australasian PrEP National Guidelines do not currently recommend intermittent PrEP).

The Science

- The [DISCOVER](#) Study is recruiting over 5000 high risk MSM and transgender to see whether F/TAF (trade name DESCOPY®) is safe and effective as an oral daily regimen. Results expected in 2020.
- First study of [injectable PrEP](#) in MSM and transgender people is underway and expected to report in 2020. It will be a major step forward if successful.

Australian Implementation

PrEP trials are now in all states and territories apart from Northern Territory:

New South Wales	7,700	Western Australia	About to start
Victoria	3,600	Australian Capital Territory	About to start
Queensland	2,000		

Implementation gaps

- Notable under-recruitment of Asian born gay and bisexual men. Now being addressed.
- Slight under recruitment in men under 30.
- Recruitment of Indigenous Australians is proportional to numbers affected.
- There has been no decrease in STIs at baselines showing we’re continuing to recruit high risk gay and bisexual men.

Is it working at a population level?

Modelling shows us that the response will be maximised if:

1. It is targeted to the high risk gay men
2. There is high coverage (90%) and
3. It's rolled out quickly (1-2 years).

If you meet these criteria you will have a rapid decline in incidence but NOT new diagnoses as many of these will be from infections prior to PrEP introduction. Herd protection is a critical part of the population effect (as in any vaccination campaign).

Challenges to elimination

- Equitable access: in the US there is under-representation of young people and major under-representation of ethnic minorities.
- In Australia we're trying to focus on the gaps. We are seeing no decline in HIV in Asian born gay and bisexual men.
- We are seeing condomless anal sex in PrEP participants and we should stop pretending that we're not.
- There has also been an increase in the number of men who have condomless anal sex and are NOT on PrEP.
- Mathematical modelling suggests that this will have little impact at population level providing there is high levels of uptake of PrEP by those at high risk.
- However if we are continuing to have a high risk group who are not using PrEP there is a real risk of HIV outbreaks in those populations. Multi-faceted HIV risk reduction, including condom use, in this group remains critical.
- STI risk is real but there may well be a balance between increased testing (every 3 months) and therefore shorter duration of infection vs increased incidence. Note: Gonorrhoea increase in Australia began prior to PrEP, and this needs to be taken in to account.
- Public funding of PrEP in Australia is unlikely to happen until pharma lower their prices.

RELATED RESEARCH

Reconciling risk, pleasure and pills: multicultural perspectives on combination prevention

A/Prof Adam Bourne, Australian Research Centre in Sex, Health & Society, La Trobe University

- How do we ensure that the positive impact of PrEP and Treatment as Prevention is felt across all sections of the population?
- How can we ensure community understanding and acceptance of PrEP and TasP?
- How do we ensure wider sexual health and well-being for gay and bisexual men?

[View the slides](#) [Listen to the presentation](#)

A focus on NSW: Surveillance of Behavioural Risk

A/Prof Martin Holt, Centre for Social Research in Health, UNSW

- Over 2016-17, increase in PrEP use (+11.8%) mirrored by decline in consistent condom use (-11.7%)
- Overall level of protection remained at ~70%
- Many GBM in Sydney remain eligible for PrEP (25%)

View the full collections of presentations in the [Sponsored Satellite Session NSW Ministry of Health and The Kirby Institute: On our way to Ending HIV in NSW. Is this the end of the beginning?](#)

[Access audio recordings, slides and abstracts of presentations from the PREP session.](#)

WHO'S LEFT BEHIND?

Despite significant progress towards the virtual elimination of new HIV transmissions in Australia by 2020, there are still many challenges with late diagnoses and undiagnosed rates higher in Aboriginal peoples, heterosexuals, Culturally and Linguistically Diverse Communities (CALD) and other regional communities. Ensuring no one is left behind will require:

- Equitable access to new HIV testing, harm reduction services and biomedical intervention for groups at highest risk;
- A reduction in barriers to accessing treatment and care;
- Increased health literacy;
- Meaningful involvement of affected communities;
- Shared care models;
- Improved data and surveillance, research and evaluation;
- Continued investment and partnerships.

CONFERENCE MEDIA RELEASE:

New HIV Statistics Raise Concerns for Vulnerable Groups

(Canberra: Monday, 6th November 2017): Health experts gathered at the [Australasian HIV&AIDS Conference](#) in Canberra this week are calling for more to be done to address inequalities in HIV efforts.

New [national statistics](#) released from The Kirby Institute at the conference today reveal that in 2016 over half (55%) of HIV infections in heterosexual people are diagnosed late, with people carrying the infection unknowingly for four years or more. Heterosexuals make up about 1 in 5 of HIV diagnoses in Australia.

HIV in Aboriginal and Torres Strait Islander people continues to escalate, with new diagnoses now at more than double the rate of Australia's non Indigenous population. This is particularly notable in Queensland - new infections are up 50 per cent in Cairns - and is thought to be connected to a syphilis epidemic.

HIV experts warn that unless urgent action is taken, Australia could follow Canada, where Indigenous people account for 11 per cent of new HIV infections, despite making up just 4.3 per cent of the total population.

These findings are in sharp contrast to the dramatic reduction (31 per cent) of HIV diagnoses seen in gay and bisexual men in NSW in the first half of 2017 alone.

"Whilst we celebrate our successes we must also be aware of the key populations for whom we can and must do better," said Conference Co-Convenor A/Prof Martin Holt.

[Read the full media release](#)

GAPS IN DIAGNOSIS



MJA Insight Opinion Piece:

[Challenges in HIV Diagnosis for GPs at the Coalface](#)

By ASHM HIV Clinical Advisor Dr David Baker

Undiagnosed HIV presents some tough challenges. In 1993, the MJA ran a series of articles (Could it be HIV?); almost 25 years later, an estimated 11% of people living with HIV remain undiagnosed, with a third of new HIV diagnoses in people presenting late, often when they are unwell. Late presentation is associated with being older, female, heterosexual, born overseas or living in rural and remote areas. Late diagnosis of HIV results in delayed treatment, with increased morbidity and mortality and the potential for HIV transmission to sexual partners.

Dr Yi Dan Lin and colleagues performed a [retrospective review of patients hospitalised with a late diagnosis of HIV infection](#). Over 40% of patients had an “indicator” symptom prior to diagnosis, with the most common conditions being unexplained weight loss, herpes zoster, thrombocytopenia or leukopenia, oral or oesophageal candidiasis, community-acquired pneumonia and sexually transmitted infection. Most patients had these symptoms for at least 3 months prior to hospital admission. The study suggested a potential benefit in applying the European AIDS Clinical Society testing guidelines for indicator conditions in the Australian context, which is supported by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine’s [indications for HIV testing](#). [Read the full MJA article](#)

RELATED RESEARCH

Access the full range of slides and audio recordings from the [‘Test and Treat’ session](#) and the [Initiating, Testing and Diagnosis](#) session.

[Prevalence of HIV Indicator in Late Presenting Patients with HIV: A Missed Opportunity?](#)

Dr Yi Dan Lin, Infectious Diseases Registrar, Monash Health

Patients diagnosed with late-presenting HIV often had an HIV indicator condition prior to diagnosis, presenting a missed opportunity for diagnosis. There could be benefits to applying the EACS testing guidelines for indicator conditions in the Australian context.

[Access audio recordings, slides and abstracts of presentations from Dr Lin’s session.](#)

[Undiagnosed HIV Infections among Gay and Bisexual Men increasingly contribute to new infections in Australia](#) **Dr Richard Gray, Senior Lecturer, The Kirby Institute, UNSW**

Rates of HIV transmission from undiagnosed GBM has increased substantially, augmented by declining levels of consistent condom use. These findings highlight the importance of HIV testing and intensified prevention for GBM at high risk of HIV in Australia.

[Access audio recordings, slides and abstracts of presentations from Dr Gray’s session.](#)

RELATED RESEARCH

[Predictors of Late Diagnosis for People Newly Diagnosed with HIV Infection in NSW](#)

Ms Barbara Telfer, Epidemiologist for HIV and HIV Support Program Health Protection, NSW

More work is needed to improve the timeliness of detection of HIV infection in women and in people who are older, of culturally and linguistically diverse backgrounds, and living in regional and rural NSW.

[Access audio recordings, slides and abstracts of presentations from the session](#)

[Characteristics of HIV Cases Diagnosed at Non-HIV Specialist GP Clinics in Victoria](#)

A/Prof Mark Stoope Head: Public Health Discipline Burnet Institute

These data suggest the ongoing need for education and support to non-HIV specialist GPs for HIV management and care.

[Access audio recordings, slides and abstracts of presentations from A/Prof Stoope's session](#)



Plenary Highlight:

[Advances in Self-Testing for HIV Infection and other STDs](#)

Professor Jeffrey Klausner, UCLA

"We need to give people choices to increase HIV testing and also to ensure that the people who do self-test with a positive result are linked to care."

Take-away messages:

- ✓ HIV self-testing is desirable, safe and effective, WHO recommended BUT need more evidence on outcomes, impact and cost effectiveness
- ✓ STD home-specimen collection and self-referral/management options need more attention and innovation but promising; true STD home-based self-testing is coming soon

ADOPTION of HIV self-testing (HIV ST)

- Commercial HIV STI kits are required to have 24/7 bi-lingual (as needed) support with videos for correct use and appropriate connection to care. They are effective at picking up undiagnosed HIV and result in high rates of self-testing with high satisfaction
- Home based HIV ST results in greater frequency of ST with no reductions/harms in clinic-based testing behaviours nor negative impact on STI screening (i.e. no adverse effects on clinic visits)

FIDELITY (correct use) of HIV ST

- Mixed results depending on populations e.g. highly educated, HIV familiar populations (urban MSM in the US/Singapore) failure rate is very low (<2%)
- Can be variable in other populations where unsupervised and different aspects (e.g. reading instructions, swabbing correctly, reading results, anxiety, sending results in) need to be analysed, understood and responded to
- Adaptations are needed (and made available) for lower literacy (reading and HIV) participants

DISSEMINATION of HIV ST

- Choices are critical (as for any other product) and use well known social marketing options i.e./e.g.
 - Vending machines in sex on premises venues
 - Voucher programs (redeemable in neighbourhood commercial outlets etc)
 - Mail-in options
 - On-line ordering

- Each option has advantages or considerations (e.g. vending machines – who pays for the actual tests and how does this interact with local regulations, how to manage results related anxiety) but choices and options across each of the modalities increase coverage of those untested (infrequent or never tested) and overcome confidentiality and other barrier concerns

FOLLOW-UP of HIV ST

- Consistently high proportions of those in receipt of HIV ST sending samples in for testing
- Be aware that there are some who use them for confirming earlier positive results or who are confused about HIV e.g. being undetectable (“does this mean I still am HIV+”)

LINKAGE TO CARE

- Demand, use and correct results are indicated but are outcomes being met (i.e. connection of HIV+ to care)?
- Better data and follow-up are needed – mixed results but still encouraging. Contingent on service availability and lower stigma (as for other testing modalities) and we continue to learn (especially engaging those who are harder to reach)

STI Self-testing

- Home-based collection, screening and remote management are possible
- Overcomes high stigma contexts, lack of convenience and other barriers
- On-line support can help to overcome confidentiality concerns, provider issues and results in positive outcomes including telemedicine (vouchers being sent by a physician for a prescription issue)
- More needs to be done including true and effective pocket PCR units

[Access audio recordings, slides and abstracts of presentations from Prof Klauser’s plenary presentation](#)

GAPS IN ACCESSING PREVENTION TECHNOLOGIES

“It’s important to remember that people in marginalised populations have multiple health and social needs and therefore an integrated approach to delivering health care is vital. Healthcare should be delivered in an affordable, accessible, and – crucially – equitable way, if gains in HIV prevention are to be realised in these populations.” **Dr Phillip Read, Director, Kirketon Road Centre**

Key Messages

- Addressing systemic inequities is hard, takes time and demands increased resources.
- We need to empower communities to inform the responses that will best address their needs.
- The role of enabling policy and legal frameworks in addressing the structural violence that keeps particular populations marginalised need to be recognised.
- Always remember the far more pressing priorities of some populations who are living with chronic poverty, housing and food insecurity or fear for their own safety and opportunities.
- Achieving the meaningful participation of affected communities needs to ensure it doesn’t also overburden the individuals being asked to speak to those perspectives.
- We must continue to improve clinician understandings to ensure testing is made easily available to everyone, not just those who ‘look’ like they may be at risk.
- Peer-based programs are well placed to support linkage to care, but must be better connected to clinical services to avoid delays to referrals.

RELATED RESEARCH

Access the full range of slides and audio recordings from the sessions:

- [Addressing access and inequity in Australia’s HIV prevention response](#)
- [Symposium – Who is left behind in a ‘virtual’ elimination of HIV](#)

Interventions internationally which have reduced access gaps

Professor Jeffrey Klausner, Professor of Medicine, University of California

[View the slides or listen to the presentation](#)

Current Gaps in Australia’s HIV Prevention Response

Professor Andrew Grulich: Program Head, The Kirby Institute, UNSW

For a detailed analysis of gaps in HIV testing, treatment, PrEP and safe sex view Professor Andrew Grulich’s [session](#). These explore:

- New HIV diagnoses in Indigenous Australians; MSM by region of birth; by language spoken at home; and by age.
- Late diagnoses in gay and bisexual men.
- Gaps in treatment by age; predictors of not being on treatment; predictors of detectable viral load.

How ‘equitable access’ is conceptualised by key stakeholders in the Australian HIV response

Associate Professor Christy Newman Centre for Social Research in Health

[View the slides or listen to the presentation](#)

SPOTLIGHT: Migrant Communities

Despite incredible diversity in the range of migrant and refugee communities affected by HIV in Australia, there are consistent issues and priorities identified by those who work with them.

Language and literacy issues, gendered roles and responsibilities, experiences and fears of racism, and structural impediments to access, including Medicare ineligibility and immigration status fears are all persistent barriers to engaging migrant and refugee communities with HIV information.

Although sexual health and sexuality are often taboo subjects among in communities, peer based approaches are nonetheless the most effective at overcoming fears of addressing sensitive topics in culturally appropriate ways.

Key messages:

- Migrants and refugees are being diagnosed at a very late stage.
- Access to ART is limited compared to Australians.
- PrEP uptake is low.
- There are many cultural barriers to accessing testing and treatment,

Barriers and Enablers to HIV Testing Among People Born in Sub-Saharan Africa & South-East Asia

Ms Victoria Sande, Masters Student, Curtin University

People born in Sub-Saharan Africa (SSA) or South-East Asia (SEA) have the highest HIV diagnosis rates in Australia for any region of birth. About a third of these notifications occur via late or advanced HIV diagnosis. Understanding the barriers to HIV testing, and identifying possible enablers, is needed to increase testing to ensure early diagnosis, reduce likelihood of onward HIV transmission and improve health outcomes.

CASE STUDY: Cultural Competency in HIV Work and Community Mobilisation

Dr Sumbo Ndi, Program Coordinator (BBV/STI), Relationships Australia, South Australia

The African community in SA shifted from complete denial of HIV in the community and reluctance to engage to now openly having discussions about HIV, developing resources and campaigns to promote safe and respectful relationships and encouraging testing and taking a stand against stigma and discrimination.

Access the full range of slides and audio recordings from
[Proffered Papers - Working with migrant communities](#)

CHANGING LANDSCAPES IN THERAPY

Access the slides and audio recordings from the [S100 prescriber session](#)

Access the slides and audio recordings from the [ARV Guidelines: Optimising Care session](#)

Drug Drug Interactions – When is Cobicistat not ritonavir, when is TAF not TDF?

Ms Alison Duncan, The Alfred Hospital

Key Learnings:

- All novel antiretroviral agents have different drug interactions; even drugs of the same class or which act in the same way, may have different drug interactions so don't assume
- When switching between older and newer agents, always consider current ART regimens effect on the patient's concomitant medication
- Tenofovir AF level is significantly affected by p-glycoprotein efflux and as a result should not be given with inducers of p-glycoprotein – less relevant with Tenofovir DF
- Cobicistat and ritonavir cannot be readily interchanged without considering a patient's other medications because they do not have identical effects on hepatic enzymes

When is 2 drugs better than 3

Professor Mark Boyd, University of Adelaide

Key Learnings:

- Changing the language of ART – drop the term “Triple Therapy” for “Combination Therapy” – more inclusive of newer regimens
- Optimal outcomes come not necessary from 3 drugs, but drugs from different classes (2 class therapy)
- Longer term follow up required and more research before widespread implementing into practice novel regimens

Polypharmacy of Concomitant Medications (CM) in HIV-Infected Australian Adults is Common, and Associated with Adverse Effects

Ms Krista Siefried, St Vincent's Centre for Applied Medical Research

Key Learnings:

- Polypharmacy (defined as >5 medications) more common in HIV infected adults
- Associated with increased risk for morbidity, non-adherence, drug interactions and side effects
- Study of 522 HIV infected adults showed that 75% took concomitant medications (commonly cardiovascular, non-prescription vitamins and minerals, antidepressants, endocrine agents and anti-infectives)
- CM use significantly associated with sleep disturbance and myalgia
- CM polypharmacy significantly associated with diarrhoea, fatigue, myalgia and peripheral neuropathy

Failure of Antiretroviral Therapy (ART) in Australian Adults is Mainly Due to ART Toxicity

Ms Krista Siefried, St Vincent's Centre for Applied Medical Research

Key Learnings:

- Toxicity the reason for ART failure in almost of quarter of a cohort of 522 HIV infected adults over 12 months (namely nephrotoxicity, CNS symptoms, side effects such as nausea/vomiting, hepatotoxicity and metabolic toxicity)
- Virological failure uncommon, true loss to follow up rare in cohort

HIV Comorbidities: Treat, Switch ART, or Both?

Professor Andrew Carr, St Vincent's Hospital

Key Learnings:

- Comorbidities more common in HIV+ people
- Comorbidities cause more deaths than AIDS in adults on ART in resource-rich countries
- Cardiovascular disease: advantage is with HIV treatment, not switching (all conventional risk factors need to be addressed)
- Chronic Kidney Disease: switch or omit TDF (earlier rather than later)
- Low BMD: Switch or omit TDF, treat with Bisphosphonate
- Key message: "If it ain't broke, don't fix it; If it's about to break, switch and treat"



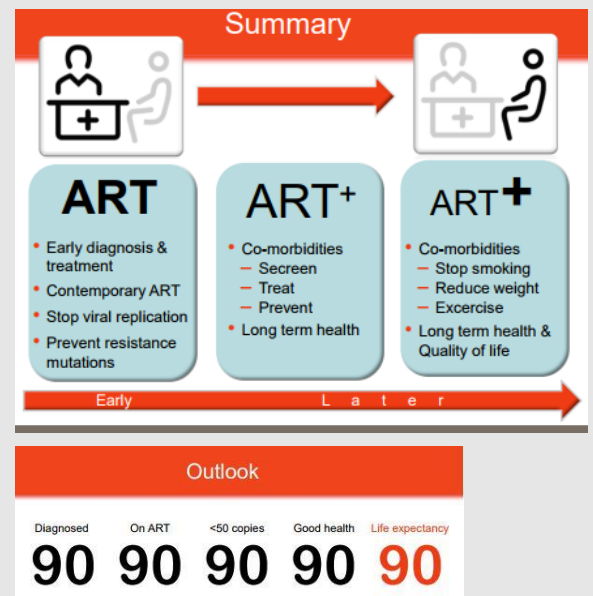
Plenary Highlight:

Co-morbidities in HIV: hit hard hit early?

Prof Georg Behrens, Hannover Medical School

Take-away messages:

- PLHIV cohort is ageing:
Life expectancy in HIV is continuing to increase, however that life expectancy in older individuals with HIV is still less compared to non-HIV individuals
- Better outcomes are projected if undetectable or high CD4s
- Chronic morbidities are associated with inflammation – this may be driven by immune activation
- It is important to be proactive in interventions
- Monitor for morbidity including frailty (multi-morbidity)
- Screen early and refer to sub-specialties
- Aim for the fifth 90 – 90 years of age!



Optimising Quality of Care: How to enmesh quality improvement into routine HIV Care

Professor Jennifer Hoy, Alfred Hospital and Monash University

Key Learnings:

- A "call to arms" – especially for the use of guidelines, regular clinical audit, and a culture of quality improvement – **Quality of Life is linked to the Quality of Care delivered**
- Individual clinics doing audit activities related to KPIs and targets is not enough; AUSTRALIA has no Standards of Care delineated, no measurable audits or targets

Optimising Quality of Life –The Fourth 90% - How to Include Quality of Life in Guidelines

Dr Graham Brown, Australian Research Centre in Sex, Health and Society

Key Learnings:

- **HIV Futures 8**: Overall, most PLHIV reported good levels of physical health and general health overall – however there are still considerable prevalence of issues concerning mental health, isolation, comorbidities, and impact of stigma and discrimination
- **Developing PozQoL study** as a tool for measuring Quality of Life – usability/acceptability trial

SPOTLIGHT: Indigenous Australians

“All of the Aboriginal HIV initiatives have been progressively defunded, and without a return of resources, there will be no way to ensure Aboriginal communities are not left behind.”

Michelle Tobin, PATSIN



A/Prof James Ward discusses the gap in HIV rates between Indigenous and non-Indigenous Australians and what needs to be done, including Treatment as Prevention (TasP) and getting communities onto PrEP prevention.

[Watch the video](#)

See also: **A/Prof Ward** explaining some of the reasons STIs are more prevalent in Indigenous communities than in the non-Indigenous population.

[Watch the video](#)

Access the full range of slides and audio recordings from the [Aboriginal & Torres Strait Islander Health](#) session.

Key Messages

- HIV notification rates in Indigenous Australians are now 2.2 times higher than in non-Indigenous Australians.
- Since 2011 a syphilis epidemic has swept across northern Australia, spreading across multiple states and hitting Indigenous communities hard.
- The spike in new HIV infections in Far North Queensland is potentially linked to this epidemic.
- Undiagnosed HIV and syphilis in Indigenous communities is a concern.
- Experts warn that unless trends are turned around, Australia could go the way of Canada where Indigenous people account for as much as 11 % of new HIV infections, despite making up just 4.3 per cent of the total population.

Engagement in Care of Indigenous People Living with HIV

A/Prof Darren Russell, Cairns Sexual Health Service

Key Learnings:

- An individualised response is essential;
- Support the client with their needs;
- Have the consultation where the clients want it done (even under the tree);
- Utilise Aboriginal health workers to build trust and provide culturally appropriate care.

The team also identified areas for improvement like expanding the multidisciplinary team to involve more members; increasing contact tracing and linkage and finding novel approaches to make the service more available and appealing to the Indigenous members of the community.

Complexities of providing prevention tools to a vulnerable population; lessons from an outbreak in young Aboriginal people in FNQ

A/Prof Darren Russell, Cairns Sexual Health Service

- Health promotion: urgently required, but we have some ideas as to how to increase this.
- Condoms: some usage already, and unlikely to increase this significantly.
- TasP: most likely to reduce onward transmissions, but costly to implement effectively (will require DOT in some cases).
- PrEP: many barriers to implementation, and likely to only be taken up by gay community-attached men.
- NSPs: need to be strengthened for young Indigenous injectors.

Indicators of Intervention Success in a Region of Aboriginal Communities on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands

Dr Rae-Lin Huang, Sexual Health Program Co-ordinator, Nganampa Health Council

Example of a project which has achieved long-term prevalence reductions in STIs.

Access the full range of slides and audio recordings from the [Aboriginal & Torres Strait Islander Health](#) session



“What we’ve seen in Australia in the last five years is a 33% increase in the number of HIV diagnoses in Aboriginal and Torres Strait Islander Australians and this is a real concern. What we’re seeing in Far North Queensland is a huge syphilis outbreak as well. It started 2011 with almost 1,000 diagnoses of in young people. It’s endemic syphilis – it’s no longer epidemic – particularly in Cairns and the Northern Territory as well. So on the back of this syphilis epidemic we have HIV. The way HIV has come in, it’s affected a regional area – that’s a bit different to what we expected initially, we thought that it’d be remote in far-flung communities – but it’s not: It’s in a sizeable regional town where there’s a lot of syphilis. These tend to be younger individuals with HIV – they’re indigenous and they’ve got housing issues, problems with mental health, drug and alcohol issues – very hard to reach, engage in care and to get to undetectable. Unless we do something – all Australian, all levels of government, the Aboriginal and Torres Strait Islander communities – this epidemic won’t stop – it will continue, and it’s likely to spread across the top of Australia like syphilis did. None of us wants to see that happen.”

[A/Prof Darren Russell, Cairns Sexual Health Service](#)

CONFERENCE MEDIA RELEASE:

Indigenous Australians Dying from HTLV-1

- HTLV-1 is a virus that is acquired from breast milk, sex and - prior to the introduction of testing - blood transfusions.
- Indigenous communities in central Australia have the highest prevalence rates in the world, exceeding 50 per cent for adults in some remote communities surveyed so far.
- The virus is associated with a rapidly fatal form of leukaemia, inflammation in various organs including the lungs, and an increased risk of other infections.

(Canberra: Monday, 6th November 2017): As new [national statistics](#) reveal an unprecedented spike in new HIV infections in Indigenous Australians, a little known HIV-related virus has been found to be highly endemic to Australia's remote communities. However most people with the infection don't even know they have it.

"We are desperately seeking action and commitment from Government to eradicate this deadly virus," says Dr Lloyd Einsiedel, Executive Director Central Australia, Baker Heart and Diabetes Institute, who is holding a special session on the topic at the [Australasian HIV&AIDS and Sexual Health Conferences](#) in Canberra today.

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) - led by the recently deceased CEO Levinia Crooks - has been spearheading efforts to push for a national response, but says that little has been done since the virus was first found in remote communities in 1988.

"The recognition of HTLV-1 as an emerging issue in the previous Fourth Aboriginal and Torres Strait Islander BBV National Strategy was a positive step towards action on this issue. However, this recognition has not transformed into further funding for action or research on HTLV-1. ASHM has continued to advocate for inclusion of HTLV-1 as a Priority Area for Action throughout the development of the Fifth National Strategy, expected to be released in 2018," said ASHM's Acting CEO Scott McGill.

[Read the full media release](#)

Access the slides and audio recordings from the [Joint Symposium: HTLV-1](#)

Access the plenary presentation on HTLV-1 by keynote speaker [Professor Graham Taylor](#)



Pictured: Shane Schinke diagnosed w/ HAM/TSP (HTLV-I-Associated Myelopathy/Tropical Spastic Paraparesis), which is an inflammation of the spinal cord seen in some people infected with the Human T-Lymphotropic Virus Type I (HTLV-1) addressed the audience with positive aspects of securing a diagnosis and effective treatment. He parted the audience with this key message: this message:

“Take HTLV-1 seriously; we need more research for vaccine, treatment and cure.”

IN THE NEWS

Dr Lloyd Einsiedel, Executive Director Central Australia, Baker Heart and Diabetes Institute, was interviewed by Radio National Presenter Fran Kelly.

[Listen to the radio interview with Dr Lloyd Einsiedel on ABC Radio National Breakfast](#)

A screenshot of the Radio National (RN) website. The top navigation bar includes 'RN', 'Programs', 'Guide', 'Subjects', 'Features', 'Social Media', 'Podcasts', and 'About', along with a search bar. Below the navigation, the page title is 'RN Breakfast' with links for 'Program Home', 'Past Programs', 'Features', 'Subscribe', 'About Us', and 'Contact Us'. The main article is titled 'HIV related virus spreading in remote indigenous communities'. It includes a 'Listen now' button and a 'Download audio' button. The article text discusses the urgent need for government response to a rapidly spreading HIV-related virus in Central Australia, mentioning HTLV-1 and its association with leukaemia and inflammation. A photograph of several test tubes is shown. The caption for the image reads: 'IMAGE: AUSTRALIAN RESEARCH INTO HTLV-1 IS FALLING BEHIND OTHER COUNTRIES, SUCH AS JAPAN. (FLICKR: PHILLIP JEFFREY)'. On the right side, there is a profile picture of Fran Kelly, her name, and the program's schedule: 'Monday to Friday 6am Presented by Fran Kelly'. Below this, there is a section 'IN THIS PROGRAM' for 'Monday 06 November 2017' with links to 'Listen' and 'Download'. Three news items are listed: 'State Labor withdraws support for billion dollar Commonwealth loan to Adani coalmine' (7:36 AM), 'PM Malcolm Turnbull rejects NZ offer to resettle Manus refugees despite 'humanitarian crisis'' (8:06 AM), and 'At least 20 dead after gunman opens fire in Texas church'.

PrEP AND STIs

“My view is that in a casual sex setting, everybody needs to be doing something to protect themselves. They can’t just be relying on others to protect them.”

Professor Andrew Grulich, Program Head, The Kirby Institute, UNSW

Key Messages: STI Risk

- Increasing condomless anal intercourse with casual partners has accompanied PrEP roll-out in San Francisco and in Australia.
- Mathematical modelling suggests that this will have little impact on population-level HIV prevention impact provided there are high levels of uptake and adherence in those at high-risk.
- Increase in STI risk will be counter-balanced by increased testing and shortened duration of infection.
- An increased number of infections related to increased STI testing can definitely be anticipated.
- Rates of gonorrhoea are increasing in gay and bisexual men, but this trend began before the introduction of PrEP.

RELATED RESEARCH

Access links to the full range of slides, audio recordings and abstracts for this topic:

[Joint Proffered Papers: Clinical Sexual Health and Epidemiology](#)

An epidemiological investigation into an increase in Gonorrhoea cases In NSW, 2016-2017

Mrs Tove-Lysa Fitzgerald, Epidemiologist, Health Systems Support Group (HPNSW)

- The increase in gonorrhoea notifications was likely due to targeted screening of gay and bisexual men (GBM) at high risk of sexually transmissible infections (STIs).
- Further investigation is required to determine the impact of PrEP on STIs in GBM in NSW.

The Syphilis Epidemic in a New World: A Mathematical Modelling Study of Changes in Testing Frequency and Coverage, Risk Behaviour and Scale-Up of HIV Pre-Exposure Prophylaxis Among Australian Gay, Bisexual and Other Men who have Sex with Men

Dr Anna Wilkinson Honorary Fellow Burnet Institute

- Frequent testing remains central to syphilis control.
- Findings show the importance of pragmatic strategies that facilitate frequent (three-monthly) syphilis testing for PrEP users.
- There is an urgent need to maintain frequent syphilis testing among HIV-positive men, intermittent to routine HIV monitoring appointments, as the need for frequent HIV care dissipates.

Twelve-Month Incidence of Anal High-Grade Squamous Intraepithelial Lesions (HSIL) in a Cohort of Gay and Bisexual Men (GBM): Results from the Study of the Prevention of Anal Cancer (SPANC)

Dr Fengyi Jin, Senior Lecturer, The Kirby Institute, UNSW

- Incident anal HSIL was extremely common in sexually active GBM and was highly associated with HRHPV infection.
- Repeated testing for HRHPV should be considered as a screening strategy for anal cancer prevention in high-risk populations.

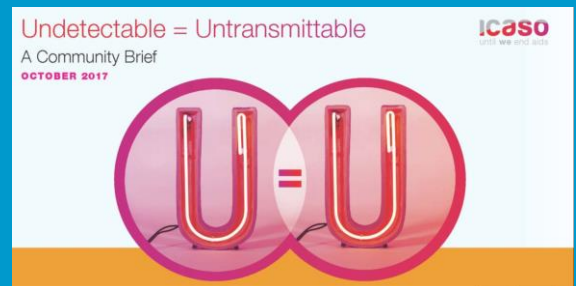
WHAT DOES 'SAFE SEX' MEAN FOR GAY MEN IN THE PrEP ERA?

- How safe sex is approached and negotiated by gay men has changed significantly with the introduction of PrEP and Treatment as Prevention (TasP).
- Alongside more choices, comes more complexity.
- Some aspects of PrEP adoption reported in [SIN-PrEP](#) indicate a developing culture of care and mutual responsibility.
- There is however also evidence of normative pressure to adopt PrEP over condom use to maintain social and sexual capital.
- Potential increases in STIs are also of concern to some community members.
- Health promotion specialists need to engage with both the negative and positive impacts of PrEP to support an inclusive culture that minimises HIV risk.

Access links to the full range of slides, audio recordings and abstracts for the [Joint Symposium: Meanings of Safe Sex among Gay Men](#)

SPOTLIGHT: Undetectable Viral Load = No Risk of Transmission

A community brief on U=U (Undetectable = Untransmissible), drafted by ICASO, was launched at the conference. The brief was developed to provide the HIV community with current information and analysis of new and updated clinical data on the effectiveness of antiretroviral therapy (ART) in preventing HIV transmission to sexual partners of people living with HIV. The key message is: **If you are able to maintain an undetectable viral load, then you are unable to transmit HIV.**



[Read the media release](#) | [Download the community brief](#)



"This brief provides a detailed analysis of the scientific, legal, policy and advocacy implications of U=U for people living with HIV and the broader HIV community sector. It also provides information on how this new scientific evidence can support civil society advocacy on scaling up access to ART and viral load diagnostics that are required to achieve the UNAIDS 90- 90-90 targets – being that 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression by 2020."

Brent Allan, ICASO's Senior Advisor on Policy and Programs

THE SCIENCE: PROGRESS TOWARDS AN HIV CURE



What role do HIV positive people play in the research for a cure? Are there different types of cures?

Why would I want to participate in cure research?

Realistically, how far away is a cure for HIV?

[Listen to the discussion between Professor Sharon Lewin](#)

[and Dr Rowena Johnson](#)

There are many logistical limitations and cost challenges that come with providing life-long care to those living with HIV. Continuing research to find a cure that controls the virus in the absence of antiretroviral treatment (ART) remains an important step to ending the epidemic.

In the search for a cure for HIV, three main approaches are being explored.

1. A vaccine to protect against acquiring HIV at the time of exposure;
2. A functional cure likened to putting the virus into remission and
3. A full cure that completely eradicates HIV from the body (sterilising cure).

- There has been a lot of progress around the idea of finding a ‘functional cure’, where low levels of HIV remains in the body by using a treatment strategy that keeps the virus under control but doesn’t require any ongoing medication.
- There has also been an aim among researchers to completely eradicate the virus’ presence within the body with a ‘sterilising cure’.

Shock/kick and kill: This approach aims to force the dormant, infected cells to become active so that the body's own immune system or ARVs can destroy the last remnants of the virus. Drugs have been identified to wake up the virus, but it needs to wake all the HIV in the hidden reservoirs at the same time. So far that remains a challenge.

Gene editing: This approach focuses on the modification of cells that are targeted by HIV (such as the CD4 cells) in order to render them resistant to HIV. Other gene therapy strategies focus on cutting HIV from the infected cell. Currently, both of these approaches are under pre-clinical and clinical investigation. This is a relatively new field of opportunity for cure research.

Immune modulation: Immune modulation researchers focus on drugs or procedures that can cause some type of sustained change in the immune system to better fight off HIV. Natural killers that have been found in the body include CD8+ T cells, NK cells and, the most commonly researched, broadly neutralising antibodies (bNAbs).

Vaccine: One of the most promising recent attempts to create an effective vaccine came in 2014 when scientists induced sustained remission of the simian form of HIV (SIV) in infected monkeys. The vaccine worked to suppress the virus for almost two years, in some cases, and almost completely replenish key immune cells destroyed by the virus – a development unachievable with ART alone.

Cure strategists from all strands of research are also focused on the need for more human trials in order to investigate the full potential of treatments.

How a person will eventually be ‘cured’ is unclear. It is thought it will involve one or a combination of these approaches and will be heavily reliant on a modification of the immune system and/or a stimulation of it using a vaccine to eventually cure and eradicate the HIV virus.

RESEARCH HIGHLIGHTS

View all the presentations in the [HIV & AIDS: Theme A Proffered Papers - Cure Session](#)

- Many presentations looked at genetic approaches to lock down the HIV virus.
- The study presented by Keynote Speaker Dr. Genoveffa Franchini made a big head start in identifying a way forward in analyzing other vaccines.
- 'Lessons from the Sacred Cow' identified an exciting new area of research. Cows don't get HIV, but after being injected with a protein that's very similar to the HIV virus' envelope, their bodies produced antibodies to block it. The research could help find ways to help HIV-infected individuals produce more broadly neutralising antibodies (Bnabs) — antibodies which are known to combat multiple forms of virus.

Correlates of risk of protective HIV vaccine candidates

Dr. Genoveffa Franchini, Senior Investigator, NIH National Cancer Institute

- Of the 6 independent HIV vaccine trials conducted so far, only the RV144 vaccine trial demonstrated limited, but significant, efficacy (31.2%).
- This study looked at correlation of risk: things that actually increase the risk of HIV transmission.
- It found that subtle changes in the way vaccines are scheduled can have a massive impact on the kind of quality of response that can be measured.
- DNA was found to be a better approach than viral vectors which have been used in the past for phase 3 studies.
- The study posited that the engagement of CD14+ monocytes and inflammasome activation by the ALVAC vectored vaccine is central for the elicitation of protective innate and adaptive responses by an ALVAC-based HIV vaccine platform.

[Read the abstract](#)

Experiences and Expectations of Participants Completing HIV Cure Focused Clinical Trials

Dr James McMahon, Infectious Diseases Physician, Alfred Health

- The overwhelming majority of participants in cure-focused studies rated a 'complete' or 'sterilising' cure as more desirable than a scenario of HIV remission.
- The potential benefits of not transmitting HIV was considered most important.
- Understanding participant expectations in this field of research allows investigators to more clearly discuss the rationale for these studies and potentially improve study design.

The Circadian Transcription Factors Clock and Bmal1 Activate HIV Transcription through Binding to the HIV Long Terminal Repeat

Mr Jared Stern, Honours Student, The Peter Doherty Institute for Infection and Immunity, The University of Melbourne and Royal Melbourne Hospital

- The discovery that circadian rhythms have a big impact on the level expression of HIV genes was a surprising finding. This study explored this further.
- It found that the level of HIV virus activation is linked in with the expression of these circadian proteins.
- Specifically, the circadian transcription factors CLOCK/BMAL1 activate transcription from the HIV LTR, which requires the presence of at least the one intact E-box.
- These data are consistent with direct binding of the protein complex to the LTR upstream of the NF-κB and Sp1 binding sites.
- The capacity of these transcription factors to activate latency in models of latent HIV infection using primary cells is currently being explored.

Design of a Gene Therapy Ultraparticle to Successfully Mediate a Gene Therapy Approach to HIV-1 Cure

Mr Andrew Wong, PhD Student, The Kirby Institute, UNSW

- A pathway to HIV-1 cure is through gene therapy; a practice of genetically modifying cells to confer protection against HIV-1 infection or spread.
- Historical inroads into HIV-1 gene therapy cures were undermined by inefficient gene transfer into resting CD4⁺ T cells.
- This study found genetic delivery into the most challenging cell type was achieved with a “fire-and-forget” ultraparticle realised through a superfusogenic envelope synergized with an effective Vpx.
- These results validate a gene therapy platform that is ready for pre-clinical applications.

OTHER SCIENCE: PREVENTION

View all the presentations in the [Prevention session](#).

Vaginal Microbiome and HIV Susceptibility

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

This presentation reviewed current knowledge of the role of the genital microbiota in modulating HIV acquisition and strategies to promote a protective and non-inflammatory mucosal environment in the genital tract.

Partial efficacy of a broadly neutralizing antibody against cell-associated SHIV infection

Dr Matthew Parsons, University Of Melbourne

- These data provide the first evidence that BnAbs can protect non-human primates from challenge with CAV.
- The partial nature of the observed protection appears to be related to early suboptimal plasma concentrations of PGT121 and/or the long-term persistence of cells harbouring virus until waning of therapeutic antibody to suboptimal concentrations.

OTHER SCIENCE: IMMUNOLOGY AND PATHOGENESIS

View all the presentations in the [Immunology and Pathogenesis session](#).

Knockdown of CCR5 Expression In Antigen-Specific Cytotoxic CD4 T Cells

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

- CCR5+ cytotoxic CD4 T cells may be critical to control of persistent viruses in immune cells, but are susceptible to HIV-1 infection.
- Using the OX40 assay, Ag-specific CD4+ T cells can be isolated for genetic modification of CCR5 expression via stable transduction with lentiviral shRNA. Cell therapy with in vitro expanded Ag-specific T cells, such as for EBV and CMV, has proved beneficial following hematopoietic stem cell transplant.
- Our results suggest that CCR5-negative Ag-specific cytotoxic CD4+ T cells may also be produced in vitro for possible augmentation of immunity, including to HIV-1 itself, in HIV+ subjects.

TRANS PEOPLE AND HIV

“If we want to effectively address trans people’s vulnerabilities to HIV we must first challenge the erasure of trans people in sexual health and HIV research and services.”

Dr Ayden Scheim, Postdoctoral Fellow, University of California San Diego

Access links to the full range of slides, audio recordings and abstracts for this topic:

[Joint Symposium: Getting It Right: Trans-inclusion in clinical care](#)

Key Messages

- Trans populations are incredibly diverse.
- Trans women are disproportionately impacted by HIV globally.
- A “global” picture obscures context and knowledge gaps.
- Trans people face multi-level HIV/STI vulnerabilities and protective factors.
- We must make trans people visible in HIV and sexual health.
- A trans sexual health agenda is needed.
- We need to move beyond relying on a handful of understanding clinicians, to ensure that all clinicians, particularly GPs, need to be prepared for providing informed and supportive care to any person with a trans experience who seeks their help.
- This points to the need for far more attention on promoting trans-affirmative education in health and medical training programs, and this needs to extend well beyond the HIV sector.

What do we know?

- In a US survey approx. 1 in 3 trans people identified as non-binary.
- Some but not all need to medically transform their body through hormones or surgery.
- About 1 in 5 people in Ontario were not living in their felt gender day to day.
- The implications are very significant in clinical practice. If we are relying on visual cues or active disclosure to know when clients are trans, clinicians will be missing a sizeable part of the population.

Trans people and HIV

- 2013 study estimated 19% of transwomen in 15 countries to be HIV positive: [‘Worldwide burden of HIV in transgender women: a systematic review and meta analysis](#)
- However data was - and remains - unavailable in most parts of the world and we know surprisingly little about HIV and trans in high income countries such as Canada and Australia.
- HIV prevalence may be over-estimated in trans women in Australia, but even if the figure is dramatically reduced, HIV is still disproportionately high.

What next?

To prevent HIV infections you need to identify and address vulnerabilities. Know your epidemic: collect sex/gender data by asking the following questions in research and clinical practice:

1. What sex were you assigned at birth, meaning on your original birth certificate?
 - Male
 - Female
2. Which best describes your current gender identity?
 - Male
 - Female
 - Indigenous or other cultural gender minority identity (e.g., *locally appropriate term*)
 - Something else (e.g., genderfluid, non-binary)

SPOTLIGHT: HIV IN ASIA AND THE PACIFIC

Access links to the full range of slides, audio recordings and abstracts:

[Joint Symposium: Are we there yet? Reaching global goals for HIV in Asia and Pacific Regions](#)

Getting HIV & AIDS back on Australia's International Development Agenda

Marc Purcell (CEO, Australian Council for International Development)



“At this conference, we’ve been talking about the importance of getting the Australian government behind helping developing countries to reduce the rates of infection of HIV & AIDS. It’s not just about money in the Global Fund and sending money off to Geneva: it’s about working to fund community groups here and in developing countries to tackle the problems together [by approaching politicians] with our ideas and proposals to reduce HIV rates in countries like PNG, Indonesia, Myanmar – they’ll be listening at this point. Now’s the time to act: Get active, get organised, get your proposals together and talk to politicians now in your capital city.” [Watch the video](#)

Community Response in Sustainable HIV Financing of Four Countries in South East Asia

Adj A/Prof Darryl O’Donnell (AFAO)

The SHIFT project aims to foster sustainable financing and transitions towards domestic funding in Indonesia, Malaysia, Philippines and Thailand. It is funded by the Global Fund to Fight TB, AIDS, and Malaria.

[Read more about the SHIFT project](#) [View the SHIFT slides](#) [Listen to the SHIFT presentation](#)

IN THE NEWS

The Philippines: HIV Prevention in Dangerous Times

- From “low and slow” to “the most explosive in the Asia Pacific region”
- Between 2010-2016, HIV cases have more than doubled -- from 4,300 to 10,500
- Mostly from sexual contact, particularly among MSM
- A significant percentage of HIV prevalence among injecting drug users
- 79% of HIV transmissions among young people ages 15-34

[Listen to the radio interview on ABC’s The World Today](#)

[View the slides of Dr Maria Dulce Natividad \(University of The Philippines\)](#)



The World Today
with Linda Mottram

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Duterte's war on drugs exacerbating Philippines HIV/AIDS crisis
By Flint Duxfield on The World Today with Linda Mottram

Share     MP3 available 210 MB

Health experts in the Philippines are warning that President Rodrigo Duterte's war on drugs is contributing to the country's worsening HIV epidemic.

INDEPENDENT CLINICAL REPORTS FROM ASHM SCHOLARSHIP RECIPIENTS

ASHM reports back HIV and Sexual Health research findings from two leading conferences with daily blogs by ASHM Scholarship Program delegates:

FESTUS ANOCHIE Somerset Medical Centre TAS	REBECCA BOSWORTH Justice Health And Forensic Mental Health Network NSW	HARRIS CABATINGAN QLD Health	AMANDA CHAMBERS SHINE SA	GERALDINE DUNNE Clinical Nurse Consultant NSW	TONY ELIAS Bairo Pile Clinic East Timor	KATHERINE GARNHAM Metro North Sexual Health & HIV Service QLD	LISA HARRINGTON True Relationships + Reproductive Health QLD
PENNY KENCHINGTON QLD Health	RUTHY MCIVER Sydney Sexual Health Centre NSW	MICHAEL MOSO Alfred Health VIC	USAIWEVHU MUNYENGETERWA Justice Health NSW	TĀWHANGA NOPERA Te Whānaki Takapou NZ	ELIZABETH PEARCE NSW Health Albion Centre NSW	MAUNG MAUNG SEIN Australian General Practice Training TAS	KASHA SINGH Melbourne Health Doherty Institute VIC
JANELLE SMALL Taree Community Health NSW	RACHAEL SMITH NSW Health - SLHD NSW	KALJA TALVIHARJU Kirkton Road Centre NSW	FIONA TAYLOR QLD Health	MARGARET TRAILL Albury Wodonga Health VIC	REBECCA WIIG Clinic 16, Royal North Shore NSW	translating science into clinical practice Access the Clinical Blog Posts Online http://ashm.info	

Twenty-one clinicians were granted scholarships to attend [2017 Australasian HIV&AIDS and Sexual Health Conferences](#) through [ASHM's Scholarship Program](#) – with allocation of scholarships specifically open to HIV S100 prescribers (GP/Primary care), Sexual Health Physicians and Hospital Based Specialists managing HIV and some for HIV nurses and pharmacists. Our scholarship recipients 'report back' via blog posts from conferences to share knowledge, latest updates and key learning back to ASHM members – the focus being to translate science into clinical practice.

Subscribe to posts and visit the [ASHM Report Backs](#)

SPOTLIGHT – SOCIAL MEDIA ENGAGEMENT

Thank you to all of the conference Tweeters keeping us informed of the buzz of the program and event in the moment. [Click here to view #ASHM17 content from Twitter](#)

ENDING HIV @ENDINGHIV Following

The cis-gender Aussie-born city-gay man is not only at risk. The experts discuss who is being "left behind" in the fight against HIV #ASHM17



1:42 PM - 8 Nov 2017 from Canberra, Australian Capital Territory

Neil Fraser @Neil_Fraser Following

Tim Duck HIV testing in NSW increasing but who are we still missing? #ASHM17

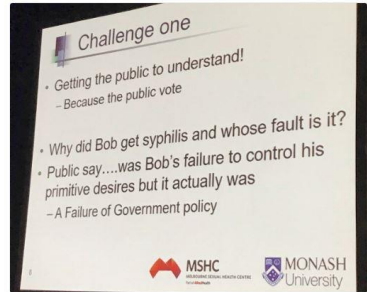


11:46 AM - 7 Nov 2017

2 Retweets 3 Likes

Ted C @that_cub Follow

Kit Fairley from MSHC offers the truth that HIV & STIs are controlled, not by individuals, but by good public/government policy. #ASHM17



9:30 AM - 7 Nov 2017

Nic Holas @nicholas Following

Total honour to hear from Professor Gracelyn Smallwood, an architect of the iconic, lifesaving Condoman campaign. #ASHM17 #SH17



10:17 AM - 7 Nov 2017

ACON @ACONHEALTH Following

Recently crowned 'ACON Icon' Dai shares his story 2 the #DisclosureProject. View stories & submit your own @ disclosureproject.org.au #ASHM17



4:43 PM - 6 Nov 2017

2 Retweets 6 Likes

ASHM @ASHMMedia Following











Danielle Collins sharing her journey in developing an innovative model of care for Nurse-Led clinics az659834.vo.msecnd.net/eventsairaepr ... #ASHM17 #SH17



12:11 PM - 7 Nov 2017

The influencers of #ASHM17

Top 10 by Mentions

-  @ashmmedia 478
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-  @napwaha 200
-  @scarletalliance 200
-  @thisnewman 197
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-  @neil_fraser 148
-  @_afao 140
-  @martinholt 122
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SAVE THE DATE!



Australasian HIV&AIDS Conference 2018
24 - 26 September 2018 | Sydney Masonic Centre, Sydney NSW

WITH THANKS

We would like to say a special thanks to the [2017 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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ASHM SUPPORTS THE HEALTH WORKFORCE IN HIV, VIRAL HEPATITIS AND SEXUAL HEALTH

WE NEED YOU!

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

Talk to our staff or write to us with your interests:

ashm@ashm.org.au

DID YOU KNOW?

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

www.ashm.org.au/prescriber-locator

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

www.ashm.org.au/resources

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

www.ashm.org.au/training

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

www.ashm.org.au/about/membership

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.

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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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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.

[Access the online web site](#)
[Download app on Google Play](#)

ASHM HIV PrEP Guidelines
These guidelines were written for clinicians who will be initiating PrEP and monitoring people taking PrEP and are designed to reflect Australia's unique epidemiology.

[Access the Guidelines](#)

STANDARDS FOR PSYCHOLOGICAL SUPPORT FOR ADULTS WITH HIV

Standards for Psychological Support for Adults with HIV
The document sets out standards for psychological support that should be available for all adults with HIV in Australia to promote mental health and wellbeing.

[Access the Standards](#)

Nationally accredited training for frontline aged-care staff to provide support to people with HIV in aged-care settings
This new nationally accredited course titled Course in HIV and Ageing was **formally launched** in October 2017. [Read more](#)