

Australasian HIV/AIDS Conference 2009 – Rapporteur report

Theme D: HIV in populations

This theme examined issues and experiences specific to populations affected by HIV and covered a range of research areas including clinical, epidemiological, nursing, social research and community perspectives. Four concurrent sessions were built around abstracts submitted under theme D – Reframing Risk and Community Interventions on Thursday September 10 and Living with HIV in Diverse Contexts and Policy and Development on Friday September 11.

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Many of the papers in these sessions addressed emerging populations living with HIV in Australia particularly priority CALD populations and those that acquire HIV via travelling or working in countries with high HIV prevalence as well as papers addressing HIV regionally. While there were still papers which addressed the core population affected by HIV in Australia – gay men – the majority of these papers featured in Theme C: Preventing HIV.

On Wednesday of the conference there were two concurrent sessions which related to theme D – the Indigenous Health Symposium supported by Queensland Health and the Contact Tracing Symposium supported by the Government of Western Australia, Department of Health.

Indigenous Health Symposium

James Ward from NCHECR provided an overview of STI epidemiology in Indigenous communities and particularly highlighted the need to improve surveillance and the recording of Aboriginal and Torres Strait Islander status in state collected data.¹ The Northern Territory and South Australia are the only two states or territories where Aboriginal and Torres Strait Islander status is adequately recorded for notifications of Chlamydia and Gonorrhoea. One of the initiatives to enhance STI diagnosis and management service activity in remote Aboriginal health services is the STRIVE community-based randomised control trial currently in development in the Northern Territory, Western Australia and Far North Queensland. Other initiatives include the establishment of the Centre for Clinical Research Excellence a partnership between the National Aboriginal Community Controlled Health Organisation (NACCHO) and NCHECR and a national survey of Indigenous young people via convenience sampling at cultural events in 2010-2011.

Janet Knox from the Kimberley Aboriginal Medical Council in WA pointed out that STI notification data for Aboriginal communities are usually indicative of testing rates and that more detailed clinical audits are required to assess progress in detection and treatment.² The highest yield of positive results was in the 15-19 year olds but these had the lowest testing coverage rates. Low rates of follow up at 3/12 were also found. Only 31% of people with a positive PCR test had a follow up test taken 3/12 later. Of those re-tested – 25% were re-infected. Audit results were fed back to services which resulted in more

appropriate syphilis testing and improvements in STI management and follow-up.

Trish Fagan from Tropical Population Health Services gave a paper addressing successful programs in Far North Queensland.³ Fagan outlined that success in sustaining reductions in STIs must be about fostering community conversation and action, establishing health system processes and priorities so that there is a space for sexual health on the health and community agenda and building local capacity. Strategies used in FNQ include improving quality of data and the opportunistic testing in primary health care clinics, complementary intensive periodic testing strategies utilising clever health promotion to drive participation and community ownership. Fagan presented data comparing STI notifications in Cape York from the Well person's check in 1999 and the Young person's check conducted in 2009. Improvements in syphilis, chlamydia and gonorrhoea rates were noted.

Contact Tracing Symposium

At the Contact Tracing symposium Claudia Estcourt⁴ presented research on accelerated partner therapy using a hotline, pharmacy or routine clinic-based model. The hotline was found to be most effective as a sexual history was obtained over the phone and the index client took the sample jar and the treatment for the contact. Clients >30yrs expressed most difficulty in communicating with sex partners and clinicians identified that they needed more guidance and resources. Joanne Leamy⁵ from Cairns Sexual Health Service and Liza Doyle⁶ from ASHM presented on contact tracing projects in Queensland and Western Australia respectively. A contact tracing exhibition at the conference also provided an opportunity to showcase contact tracing projects from around the country.

Reframing Risk

Garrett Prestage examined trends in drug use and sexual risk behaviour among gay men as reported by the Gay Community Periodic Surveys between 2004 and 2008.⁷ Prestage outlined that drug use was an important component of intensive sex partying and is independently associated with unprotected anal intercourse and being more sexually active. The use of some party drugs increased over the four year period and some decreased with an overall slight decline possibly linked to age.

Carol El-Hayek from the Centre for Population Health at Burnet Institute analysed national and state data to investigate trends in heterosexual transmission of HIV in Australia.⁸ Queensland, Victoria and Western Australia were the states which showed increases that were statistically significant. The increases were accounted for by increased notifications among females from high prevalence countries and males reporting sexual partner/s from high prevalence countries.

Jeffrey Grierson from ARCSHS presented the results of a community survey in 2009 examining gay and lesbian attitudes toward people living with HIV and obligations to disclose HIV status.⁹ Those who had HIV positive friends were

more comfortable having a sexual relationship with a person with HIV and less likely to believe that HIV positive people had a legal, moral or community obligation to disclose their HIV status to sexual partners.

Katerina Lagios from Clinical Sexual Health Services and Cumberland Hospital in South West Sydney presented a study of around 100 patients with a severe mental illness admitted to Cumberland Hospital where results were compared to the "Sex in Australia" survey to compare risk factors and STI and BBV prevalence.¹⁰ An elevated prevalence of HCV (20%), HBV (14%) and HIV (3%) was found in the study group.

Casper Sikou presented information from a HIV vulnerable group research project in the Solomon Islands amongst young people, sex workers and men who have sex with men.¹¹ The study which revealed risk factors such as low and inconsistent condom use, low level of knowledge about STIs and HIV and sexual violence will inform future HIV health promotion interventions in the country.

Community Interventions

The community interventions session featured an array of projects utilising a broad range of engaging mediums including dance, film, story-telling and audio. The presentations outlined the methods of working in partnership with communities and developing interventions that are relevant and culturally appropriate.

Elizabeth Mlambo from Lemongrove Sexual Health HIV and HCV Health Promotion Unit in Sydney presented an evaluation of a peer support project for the increasing number of HIV positive clients who are heterosexual, female and from Sub-Saharan Africa in the South West Area Health service region of Sydney.¹² Wa'el Sabri from Multicultural HIV/AIDS & Hepatitis C Service NSW detailed a community capacity building initiative in which engaged a group of young Cambodian volunteers to produce a DVD exploring HIV issues among their community.¹³ Anna McGowan and Ronald Prince discussed the process of developing and conducting a retreat for Aboriginal people with hepatitis C to share information about treatment issues.¹⁴

Lance Freeny from Positive Life NSW gave a very interesting paper on why systemic advocacy of positive life is necessary and how it facilitates important social change for people living with HIV.¹⁵ NSW Health funds the advocacy project which encompasses accommodation, aged care, health care, work and income support issues. It has also assisted Positive Life to participate in policy discussion, government inquiries and public policy change.

Richard Riley¹⁶ and Kathy Reakes's¹⁷ presentations focused upon people living heterosexually with HIV, their diversity and the need for appropriate resources and support programs.

Living with HIV in diverse contexts

Suzanne Polis and Peggy Bain presented a paper analysing reasons for non-adherence within HIV positive people diagnosed with an intellectual

disability.¹⁸ Learning impairments are often well concealed from health professionals and different tools are needed to explain and assist in adhering to treatment regimens.

Fiona McKay from Monash University presented an analysis of newspaper reports of criminal cases involving HIV transmission where the defendant was from a refugee background.¹⁹ McKay found that the concept of 'otherness' was prominent and the double stigma of HIV and refugee status were apparent.

Angela Miller's paper on HIV disclosure in schools gave an insight into the process for families deciding upon disclosing their child's HIV status to key staff members at schools and generated questions and discussion.²⁰ Of the cases handled by the Paediatric HIV service social workers, 18 families have chosen not to disclose to the school, 16 have opted for a partial disclosure and 1 a full disclosure.

Both Vikki Gibb²¹ and Hedimo Santana²² looked at peer support and programs for people living a lifetime with HIV. Gibb presented the Phoenix Rising return to work program for PLWHA and Santana addressed the challenges of running a long-term peer support group within a health promotion framework.

Policy and Development

Keynote speaker Dr Endang Sedyaningsih spoke at the start of the Policy and Development session about conducting collaborative research with Indonesia.²³ Sedyaningsih outlined that the National Institute of Health Research and Development in Indonesia welcomes health research collaborations and has developed expanded rules and regulations to cover issues such as transferring specimens abroad. Ross Hutton from Oil Search examined the goals and achievements of the public private partnership model for delivering an HIV management program in rural PNG.²⁴

Barbara Nattabi from the Centre for International Health at Curtin University of Technology gave a very interesting paper which discussed both a theoretical analysis of symbolic capital in regard to women as child bearers and qualitative research with HIV positive women in Northern Uganda.²⁵ Richard Gray from NCHECR presented mathematical modelling data based on information from Cambodia and PNG's HIV epidemics to analyse the possible impacts of the global economic crisis on HIV/AIDS programs.²⁶

Both papers by Nattabi and Gray received awards for best oral presentation within theme D. Meggan Grose from ACON won best poster presentation in theme D for her poster about meeting the needs of Aboriginal people at risk of acquiring HIV and living with HIV in NSW.²⁷

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22. Santana H. Living longer with HIV and getting on with life. Australasian HIV/AIDS Conference 2009 September 9; 289.
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