

The Cairns HIV Outbreak – where are we now?

A/Prof Darren Russell
Cairns Sexual Health Service,
And James Cook University

Great state. Great opportunity.



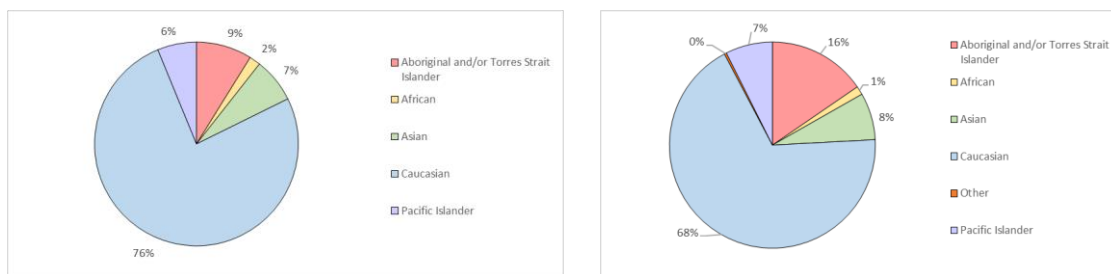
The FNQ Outbreak (aka *'The Cairns Cluster'*)

- Commenced in Cairns in 2014
 - Now 40 diagnoses
 - Predominantly young (18-35) and male (though 3 females to date)
- MSM (though *not* gay), and only sporadic IDU
 - Many are associated with infectious syphilis
- Poor housing situations and employment, drug and alcohol usage, high mobility, low health literacy
- Spread to Cape York, Torres Strait, NW Qld, and the Northern Territory...



Great state. Great opportunity.





Comparison of ethnicity and Indigenous status of Cairns Sexual Health Centre clients – 2012 (left) and 2018 (right)

Great state. Great opportunity.



Test and Treat

• Testing

- Low level of HIV testing overall in this at-risk group
- The *North Qld STI Action Plan* aims to increase testing for STIs, especially syphilis...little mention of HIV, however...
- Good testing of male prisoners in Cairns, and *reasonable* testing rates for pregnant women (more data needed, however)
- *Adult and Young Person's Health Checks* now include HIV testing
- We are aiming to try and increase testing in FNQ
 - Use of Point of Care Tests??



Great state. Great opportunity.



TasP

- Currently 33 of the 40 are being supported by our HIV Response Team
 - Nurse and Indigenous Health Worker
- Some of these individuals are at significant risk of onward transmission of HIV
 - Generally young, with poor housing situations, poor finances, alcohol and drug issues, and/or poor or sporadic engagement with health services
 - Some are highly mobile
 - Not taking antiviral medications, or taking them only intermittently...
- *38% had an undetectable viral load at end of 2017. Now up to >70% are engaged in care and are undetectable...*



Great state. Great opportunity.



We've been here before...

HIV RATES
PER 100,000



CANADA

5.9

(2013)



SASKATCHEWAN

11.4

(2013)



ON-RESERVE

63.6

(2012)

 CBCnews

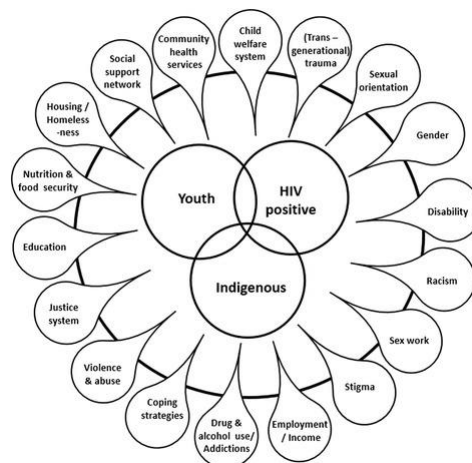
Source: Public Health Agency of Canada

Great state. Great opportunity.



The Canadian Experience...

- A recently-published Canadian study looked at the intersectional social determinants for indigenous people who became infected with HIV in their youth
- 21 Indigenous young people were interviewed
- “...*abuse, trauma, ...child welfare system, housing and food security...*”



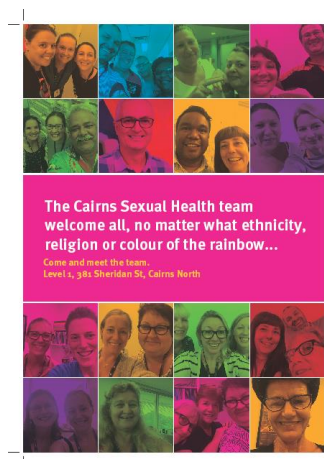
Woodgate et al. Int J Equity Health. 2017; 16: 132

Great state. Great opportunity.



How to engage clients?

- An individualised response is essential!
- Try to assist them with *their* needs, rather than *our* needs
- Needs to be done where *they* want it done
 - Aboriginal Medical Services?
 - Sexual Health Clinic?
 - General Practice clinic?
 - Under a tree?
- Men’s & Women’s Business needs to be respected for those for whom it is important
- Making use of Indigenous Health Workers
- It takes a long time to build rapport and trust...



Great state. Great opportunity.



Causes of leaks from the treatment cascade

- Avoidance of Sexual Health Clinic and/or Aboriginal Medical Service
- Lack of transport
- Homelessness/poor housing
- Lack of family awareness, no support
- Low HIV literacy
- Alcohol and drug use
- Family & cultural responsibilities
- High mobility
- Need to hide ARVs
- Stigma and shame
- Lack of finances
- Work
- Newly diagnosed

Great state. Great opportunity.



New approaches?

- Financial incentives
 - Several studies have looked at financial incentives to encourage people to engage in care and remain undetectable
 - Most studies have not produced positive results...



Great state. Great opportunity.

