

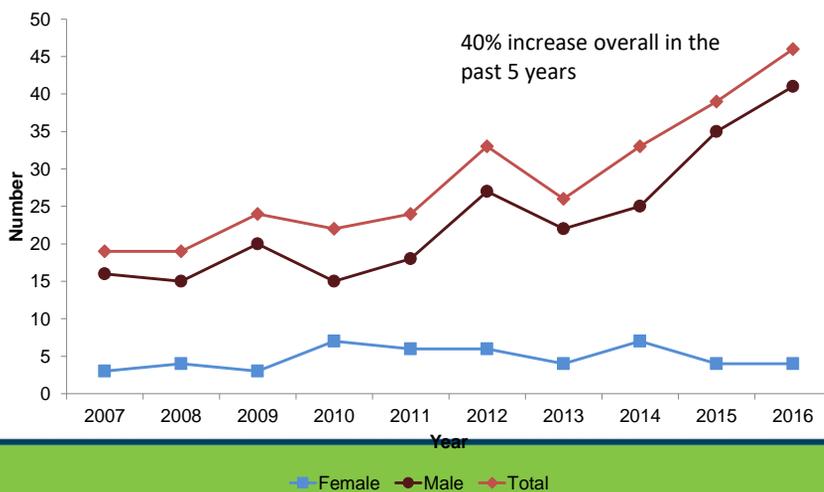
# Complexities of providing prevention tools to a vulnerable population; lessons from an outbreak in young Aboriginal people in FNQ

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## HIV notifications in Aboriginal and Torres Strait Islander people

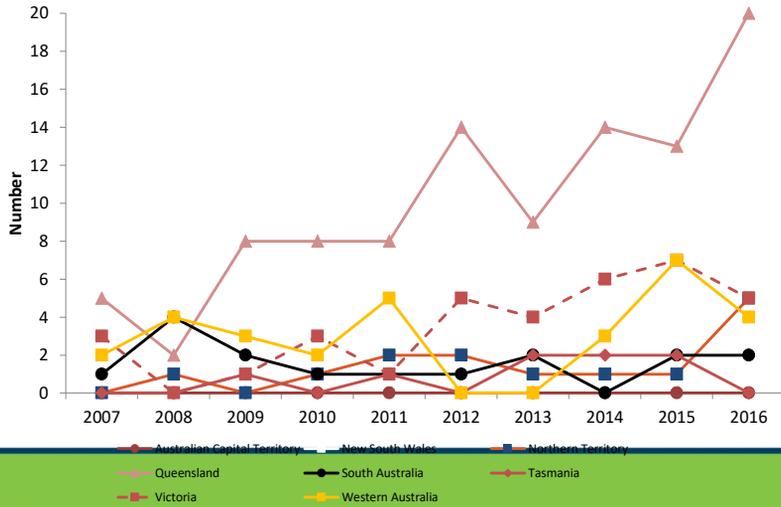


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Source: State and Territory health authorities



## HIV notifications in Aboriginal and Torres Strait Islander people, by jurisdiction

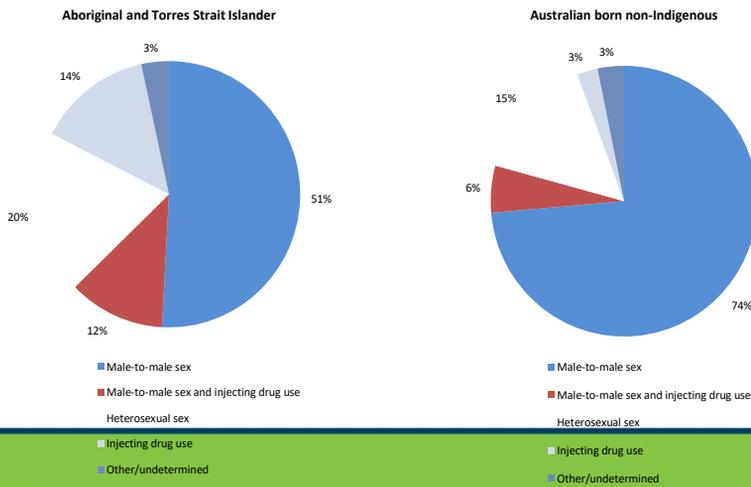


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Source: State and Territory health authorities



## HIV exposure category, 2012-2016, by Aboriginal and Torres Strait Islander status

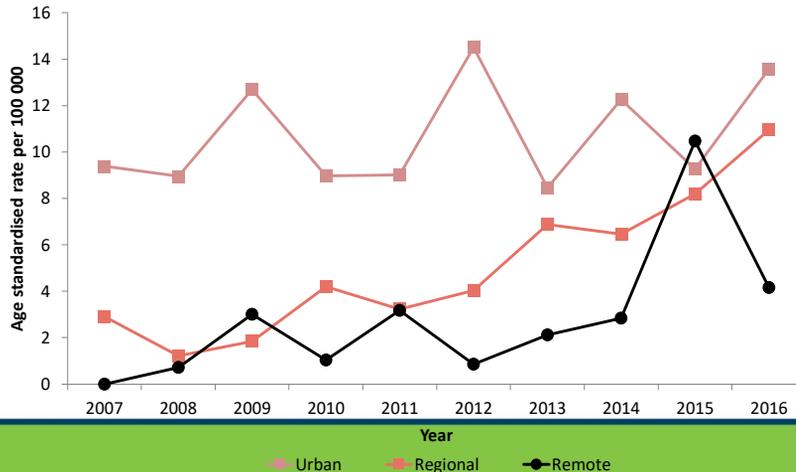


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Source: State and Territory health authorities



## HIV notification rate in Aboriginal and Torres Strait Islander people by area of residence



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Source: State and Territory health authorities



## The FNQ Outbreak

- Commenced in Cairns in 2014
- Now about 30 diagnoses
- Prominently young (18-30) and male (though 2 females to date)
- MSM (though not gay), and only sporadic IDU
- Coinfection with STIs, especially infectious syphilis
- Poor housing situations and employment, drug and alcohol usage, high mobility, low health literacy
- Spread to Cape York, Torres Strait, and Northern Territory...

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# Condom usage

	Remote Indigenous sample (15–19 yrs)			National sample (grades 10 and 12)		
	Male	Female	Total	Male	Female	Total
Proportion of sample reporting SI	93%	74%	82%	36%	33%	35%
Proportion of sample reporting age <15 at first SI	66%	19%	40%	n/a	n/a	n/a
Proportion sample reporting age <16 at first SI	81%	47%	62%	n/a	n/a	n/a
Reported "always use a condom" in past year <sup>b</sup>	66%	55%	60%	60%	46%	52%
Reported condom use at last SI <sup>b</sup>	81%	51%	66%	74%	58%	65%
Reported 3+ sex partners in last 12 months <sup>b</sup>	68%	31%	49%	23%	17%	20%
Reported "drunk or high" at last SI <sup>b</sup>	26%	18%	22%	28%	18%	23%

Self reported behaviours: remote Indigenous sample (15–19 yrs) and national sample (grades 10 and 12)

– Fagan et al. ANZJ Public Health 2010

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# 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 (*Alere Determine*)??

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## TasP

- A recent audit showed 21 Indigenous Cairns and FNQ individuals were deemed in need of case management and extra support
- 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...
- Treatment and support need to be individualised, perhaps best using a multidisciplinary outreach team



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## Causes of leaks from the treatment cascade

- Avoidance of Sexual Health Clinic and/or AMS
- 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

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## PrEP

- The *QPrEPd* study has over 2000 individuals on PrEP
  - 3% identify as Indigenous (4% of Qld's populations is Indigenous)
  - Most of those on PrEP are in SE Qld, however...
- Low level of knowledge about PrEP in FNQ at-risk group
  - Most do not identify as gay and don't consider themselves at-risk
  - Are women appropriate for PrEP, too??
- My opinion is that *on-demand* PrEP or *long-acting* PrEP may be more appropriate in our target group
- Clearly a lot more engagement and culturally-appropriate PrEP promotion needs to occur!

## Summary of Prevention Tools

- *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...