What needs to happen to achieve the elimination of HIV transmission in Australia.
A public health/epidemiology research perspective

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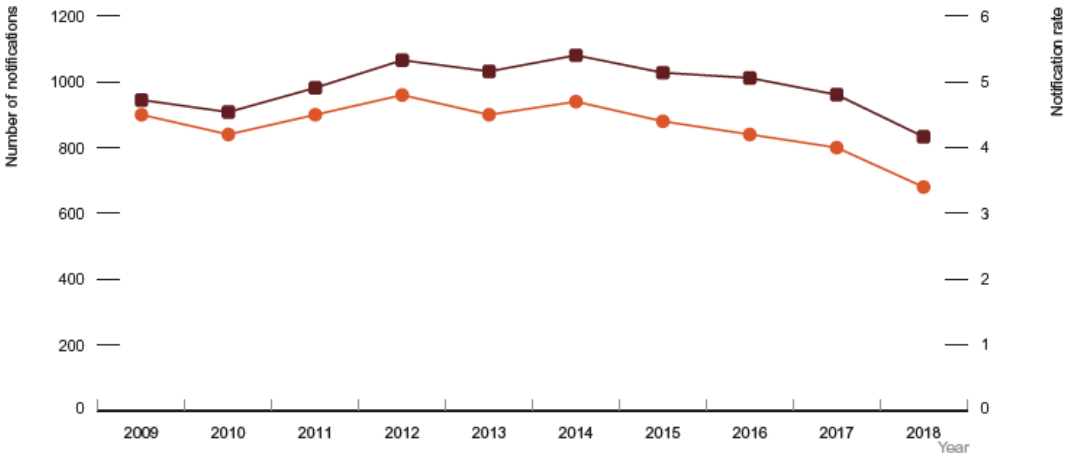
Conflicts of interest

None to declare

HIV in Australia – modest declines but elimination not close



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Number of notifications	945	908	982	1066	1032	1081	1028	1012	961	833
Notification rate	4.5	4.2	4.5	4.8	4.5	4.7	4.4	4.2	4.0	3.4

Source: State and territory health authorities.

What needs to be done to achieve elimination targets

1. Lots more money
2. Maintain high levels of PrEP and expand to populations
3. Further diversify testing options
4. Increase knowledge of priority populations, providers, funding bodies

We need lots more money

- Public health is critically underfunded
- Elimination is expensive

Increase uptake and maintenance of PrEP - GBM

GBM PrEP is most common HIV prevention tool (Holt)

High PrEP uptake contributed to declines in HIV incidence
- 30% reduction in HIV incidence among Victorian GBM (Ryan)

Need to ensure that people who engage with PrEP can keep using PrEP while in periods of high risk
- Risk levels change over time and PrEP users make decisions based on risk and relationships (Murphy, Fraser)
- People who are more likely to stop using PrEP are female, young, PBS concessional (Medland, Fraser)
- Concerns about daily dosing toxicity (Murphy),
    - Experienced PrEP users desired to use PrEP daily (52%), event driven (43%), long acting injectable (60%), implant (46%) (Chan)

Significant decline in PrEP use in context of COVID-19
- Data from national surveillance system showed 33% decline in scripts in April 2020, with some recovery (Traeger)

Increase uptake and maintenance of PrEP

Increasing access to PrEP for people who are Medicare ineligible

- PrEPMe clinic in Melbourne provides free testing and support to purchase PrEP. Began in June 2020 with 48/50 clients accessing PrEP (Wright)
- PrEPaccessNOW provides PrEP Coupon scheme since 2016 for people who are otherwise unable to afford PrEP. 204 applications, 66% Medicare ineligible (Whelan)

PrEP among people who inject drugs

- No abstracts in this years conference?
- Data suggest few PWID eligible for PrEP for injecting reasons, but 66% of those would consider PrEP (Read, Sexual Health, 2019)

PrEP among ATSI

- No abstracts in this years conference?
- In PrEP demonstration studies 24.9% urban and 11.1% non-urban high risk gay ATSI on PrEP (Stephens, ASHM, 2019)

Increase testing options

Modest increase in test frequency over time
- 21% of GBM not on PrEP test >=4 times per year (Dittmer)

Community models of testing continue to show benefits
- Asian born GBM access community based testing
- Relatively high proportion of diagnoses occur at community sites (Chan)

Self testing opens up new models of testing
- Vending machine in sex on premises venue (NZ) (Bradshaw)
- Virtual self testing with peer conversation (Powyer)
- Small numbers, but positive response

TGD report numerous barriers to testing and care (Bushby)

Increase knowledge – across the board

Health care workers and researchers need better knowledge

- Staff that see CALD patients didn't know service offered HIV testing (Power)
- Lack of understanding of sexual risk among heteros who have sex on methamphetamine (Bradley)

Need to expand knowledge on PrEP

- Asian GBM recently diagnosed with HIV find out about PrEP once diagnosed (Philpot)
- TGD have low awareness and uptake of PrEP (Bushby)
- Event driven prep knowledge is poor among PrEP users (Vaccher)

Peers can provide education

- Peer support at diagnosis increase treatment uptake and adherence (Ogier)

Summary

- High PrEP use has reduced HIV incidence among gay and bisexual men, but we need to ensure these gains are not lost
- There is a paucity of data in priority populations such as trans and gender diverse, people who inject drugs, heterosexuals
- We need more funding to offer services and education that meet the needs of the target population

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