

Engaging primary care in HIV testing & prevention

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Disclosures



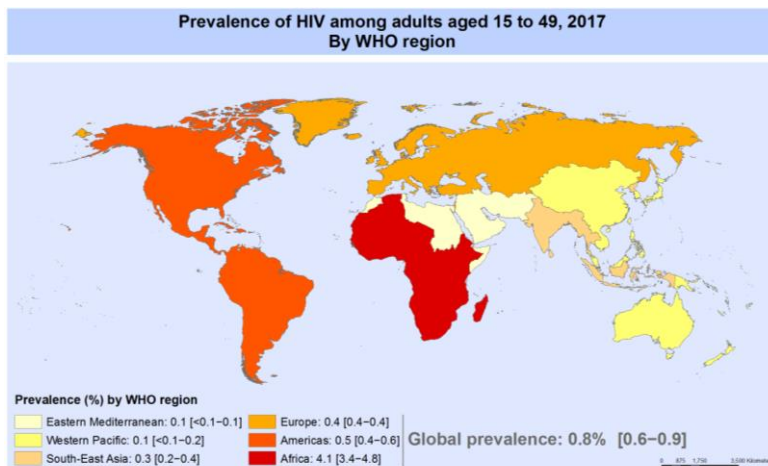
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Human immunodeficiency virus



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HIV in global context



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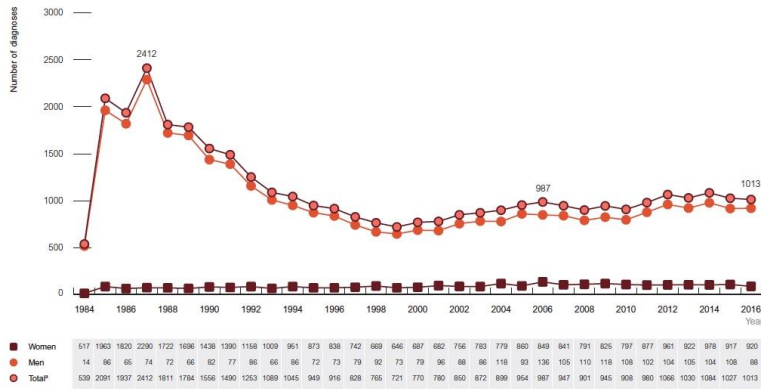
Date Source: World Health Organization
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HIV diagnoses in Australia

Figure 1.1.1 New HIV diagnoses in Australia, 1984–2016, by sex

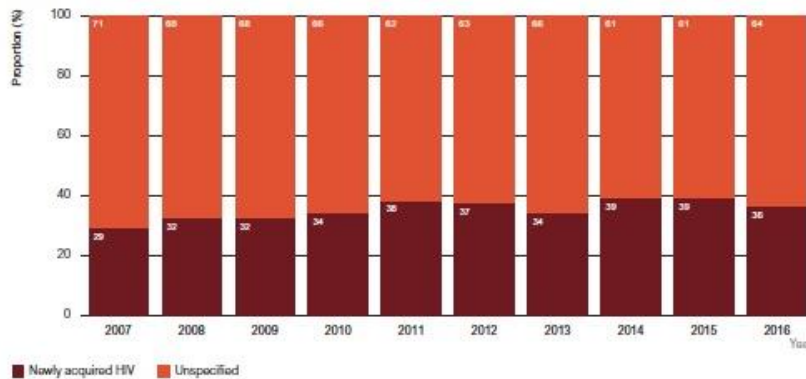


^a Includes transgender people and people for whom data on sex was missing.
Source: State and territory health authorities; see Methodology for detail.

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Newly-acquired HIV

Figure 1.1.19 Newly diagnosed HIV in Australia, 2007–2016, by newly acquired HIV status and year



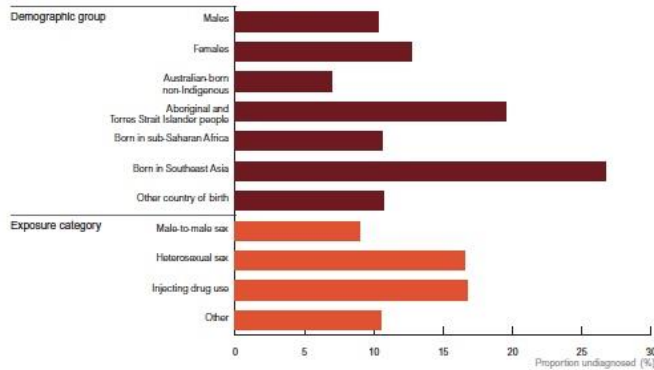
Note: Newly acquired HIV was defined as newly diagnosed infection with a negative or indeterminate HIV antibody test result or a diagnosis of primary HIV within one year before HIV diagnosis. Unspecified diagnoses are all diagnoses that do not meet the definition for newly acquired HIV.

Source: State and Territory health authorities; see Methodology for detail.

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Undiagnosed HIV

Figure 1.3.1 Estimated proportion of people living with HIV who are undiagnosed, 2016, by demographic group and exposure



Source: See Methodology for details of mathematical modelling used to generate estimates.

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Late HIV diagnosis

- Heterosexual exposure
- Older age
- Indigenous
- Born abroad
 - Africa
 - Asia
 - Central America

Summary data

HIV

New HIV diagnoses

- The number of new HIV diagnoses in Australia has remained stable over the past five years, with 1066 diagnoses in 2012, 1035 in 2013, 1084 in 2014, 1027 in 2015, and 1012 in 2016.
- Male-to-male sex continues to be the major HIV risk exposure in Australia, reported for 712 (20%) HIV diagnoses in 2016, with heterosexual sex reported for 208 (21%), injecting drug use for 161 (15%), heterosexual sex for 111 (10%), and other for 64 (6%) HIV diagnoses.
- Of 2016 HIV diagnoses in 2016 that were attributed to heterosexual sex, 74 were diagnosed from the high-prevalence countries (predominantly in having 1% or higher Acute HIV seroconversion), and a further 17% were in people who reported heterosexual sex within six months from a high-prevalence country.
- Based on the test for remote infection (2016 self survey), a total 20% of new HIV diagnoses in 2016 were identified as late diagnoses (20% self survey of less than 100 weeks). These diagnoses are being in people who had acquired HIV at least four years before diagnosis without being tested.
- Over the past five years (2012–2016) the proportion with late diagnoses were higher in people born in Central America (25%), sub-Saharan Africa (23%), and Southeast Asia (23%). The proportion with late diagnosis was also higher in people with heterosexual sex (47%), male-to-male sex (40%), non-Indigenous sex (45%), and Aboriginal (20%), and the age group 45–64 years with 48% (vs 41% for 15–44 years).
- In 2016, there were 45 new HIV diagnoses among Aboriginal and Torres Strait Islander people. The age-standardised rate of HIV notifications among Aboriginal and Torres Strait Islander people increased 25% from 8.8 per 100,000 in 2012 to 11.1 per 100,000 in 2016, compared to a 2% increase in the Australian non-Indigenous population. In 2016 the notification rate was 2.2 times as high as in the Australian non-Indigenous population (2.8 per 100,000).
- Over the past five years (2012–2016) a higher proportion of HIV notifications in the Aboriginal and Torres Strait Islander population were attributed to heterosexual sex (20%) and injecting drug use (18%), than in the Australian non-Indigenous population (15% and 7%, respectively).
- In 2012–2016, among 221 people born in women with HIV in Australia, 2% of women were diagnosed with HIV, compared to 3% in 1992–1998.

HIV incidence

- Among gay and bisexual men attending sexual health clinics in the ACCESS network, HIV incidence over the five years (2012–2016) fluctuated between 1.8 and 3.8 per 100 person-years (2.8 per 100 person-years in 2016).
- HIV incidence among people who inject drugs remained at or below 2.1 per 100 person-years over the past five years.

- Over the past five years (2012–2016) the proportion with late diagnoses was higher in people born in Central America (45%), sub-Saharan Africa (43%) and Southeast Asia (43%). The proportion with late diagnoses was also higher in people with heterosexual sex as their HIV risk exposure (47%), men with bisexual sex as their HIV risk exposure (40%), and men aged over 50 years with male-to-male sex as their HIV risk exposure (37%).

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Barriers to HIV prevention & diagnosis

A long time ago, in a galaxy far, far away....



HIV and the social exclusion of culturally and linguistically diverse men who have sex with men
By Daniel Reardon




Making monsters: heterosexuality, crime and race in recent Western media coverage of HIV
Asha Persson and Christy Newman
National Centre in HIV Social Research, University of New South Wales, Australia

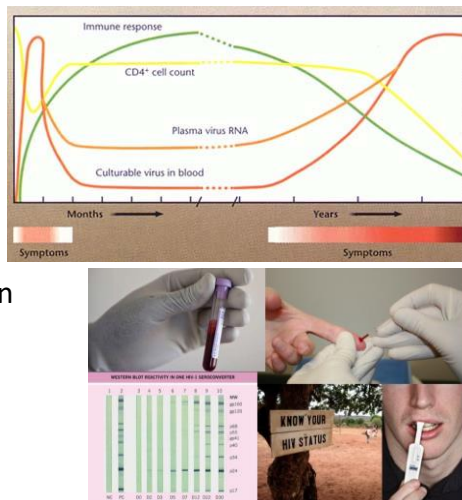


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HIV testing

- Screening
 - Risk factors
 - Guidelines
 - Regulations
- Diagnostic
 - Seroconversion
 - Opportunistic infection
 - Differential diagnosis



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Everybody counts

- Everyone with HIV should be diagnosed before they fall ill or risk transmission
- Everyone at risk of HIV should know how to avoid infection & have access to means of prevention
- Everyone with HIV should have treatment & support
- Everyone needs to be involved in HIV prevention and care – not just the “HIV sector”



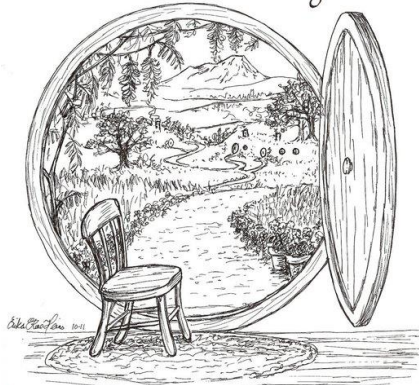
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HIV in primary care

- Sexual & reproductive health care
- Chronic illness management
- Most tests will be negative, but every conversation can be positive

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The road goes ever on and on,
down from the door where
it began...



Now far ahead the road has gone,
and I must follow, if I can.
~ J.R.R. Tolkien