



**Joint Australasian Sexual Health and
HIV&AIDS Conferences
VIRTUAL**

Monday 6 - Thursday 9 September, 2021

Dear Ivy,

Welcome to the Inaugural COVID-19 Conference Day: [Devils in the details – making sense of COVID-19](#). This day rounds off a stellar week in which we have discussed HIV, sexual and reproductive health. Now we turn our attention to the pandemic on everyone's mind, COVID-19.

Australians have been at the forefront of HIV research and care over the past 40 years, and now, in this COVID-19 pandemic we are again seeing Australian research lead the world on many fronts, with our infectious disease specialists, clinicians and social researchers are providing invaluable insights and clues as to how to cope with the short- and long-term effects of SARS-CoV-2.

COVID-19 research is also an important subject for our wider ASHM audience – we know that people who are living with HIV are also at greater risk of the serious effects of COVID-19, adding another layer of complexity.

There are also valuable lessons to be taken from our HIV&AIDS experience, public health messaging, modelling, and helping the public understand the challenges facing our health

systems – as well as plenty of examples of what not to do.

We have a line-up of some of the best researchers on the subject with us today to take stock of what we know about SARS-CoV-2 , and how to best respond to treating and managing COVID-19.

We've highlighted some of the sessions to watch out for today below, but first: a look at some highlights from yesterday's final joint [HIV&AIDS and Sexual Health Conference](#) sessions and the inaugural [Australasian Sexual and Reproductive Health Day](#).

Yesterday's session highlights

Social research: offering new views on policy

Social research can point the way to real policy change, said Professor Suzanne Fraser, Director of the Australian Research Centre in Sex at La Trobe University, in the first keynote of the plenary session. Although social research has at times copped criticism for being excessively critical of policy and light on solutions, Suzanne said part of the value in social research is its capacity to create a space from which to view practical policy more clearly. Identifying policy assumptions and opportunities is itself a creative and productive contribution from social research, and social researchers do sometimes propose alternative policies and solutions – if only by pointing out the limits of policy casting some behaviour as uniformly problematic.

How do we embrace new ART options?

The scale of the HIV epidemic appears to be growing, Dr Beatriz Grinsztejn, Clinical Researcher at Brazil's Fundação Oswaldo Cruz, noted in the second keynote. By the end of 2020, nearly 38 million people were living with HIV – an increase of 24% compared with 10 years earlier. She pointed out that access to ART depended a lot on where people lived and the wealth of their countries. With the current ART regimen being triple combination therapy, Dr Grinsztejn looked at the opportunities and challenges of moving to different regimens such as the two-drug, less-frequent dosing, and longer-acting formulations. She presented plentiful data and research to help understand the impacts, noting that one of the challenges was dealing with tuberculosis – TB being the leading killer of people with HIV. There are no simple

answers to changing ART regimens but if you are considering the problem, Dr Grinsztejn's presentation and research – and data-rich slides – provide a great resource.

Considering sex and gender in health outcomes across two pandemics

Biological sex and gender constructs both have direct impacts on physical health as well as feeding into perceptions of self, said Dr. Eileen Scully, Assistant Professor Of Medicine at Johns Hopkins University School of Medicine. These distinctions are relevant to both the HIV and SARS-CoV-2 pandemics. Gender in both diseases has relevance to exposure, prevention measures and the incidence of other health behaviours such as smoking, alcohol use and obesity. There are also sex-specific immunologic differences, based on factors such as the need to transfer protective immunity to infants. Oestrogen may play a role in lower HIV transcription rates, for example. The difference in responses to a viral infection may provide clues to pathogenesis, Dr Scully says. Too often we ignore sex and gender considerations and so miss out on what it can teach us about the disease as well as sex-specific treatments – even though half of HIV cases worldwide are in women, they are seriously under-represented in clinical trials.

Clinical antiretroviral guidelines

The session on antiretroviral (ARV) treatment guidelines focused on key issues for the current and future management of people with HIV.

David Baker, East Sydney Doctors, discussed the use and implementation of a new long-acting injectable (LAI) ART for HIV. Cabotegravir + rilprivine LA was licensed in Australia in February 2021 and is likely to be listed on the PBS in coming months. It will be administered every two months via ventrogluteal depot injection and will be particularly suitable for people with 'pill fatigue', no or few oral medications and concerns about disclosure of their HIV diagnosis.

More than 3,000 women are living with HIV in Australia and many of them are of child-bearing age. Sushena Krishnaswamy from Monash Health explained that the treatment of women with HIV who are pregnant or considering pregnancy needs to consider a range of factors, including

whether the ART will interact with their contraception or affect their developing baby. She emphasised that maternal ART is the most important aspect in all strategies to reduce the risk of HIV transmission to their babies. Although formula feeding is recommended postpartum, this needs to be an informed and shared decision.

There is a range of potential side-effects of HIV ART, but various studies indicate the most important are obesity, diabetes and cardiovascular disease. Andrew Carr from St Vincent's Hospital in Sydney examined each of these in detail. When considering whether to change medications for a person living with HIV, considerations such as smoking cessation and increased exercise are important, as the risk factors for people living with HIV are just as relevant as for the general population.

The human factor in HIV

As the average age of people living with HIV moves beyond 50, what help do they need to ensure quality of life? How have the coercive powers relating to public health been enforced with respect to HIV? And how is injecting drug use intertwined with being gay in Australia? These were some of the issues tackled in the session on **Social, Political and Cultural Aspects of HIV & AIDS**. Jen Power reported the HIV Futures project had discovered that people aged between 50 and 64 generally suffered from poorer health and greater financial insecurity than those older than them, and needed extra support. David Carter from UTS found lack of transparency about the use of legal powers if people were deemed a public health risk. Some living with HIV had been detained until death. And Sophie Schroeder from the Burnet Institute described the distinctive communal culture of injecting drugs during gay sex.

All sessions are available to watch on demand in the virtual event portal.

Today's COVID Day sessions

[See the program here](#)

Devils in the Details - Making sense of COVID-19

Never before have we developed an effective vaccine – let alone multiple ones – so fast as we have against SARS-CoV-2 . We should be proud of that fact, but not lose sight of what those achievements demanded. We start that investigation with an address by Professor Paul Young from the University of Queensland on the challenges of designing a vaccine.

New basic science - what do we know about the virus?

It's just as important to talk about what we don't know – taking stock of what we have learnt so far in the pandemic and what we still have to uncover about SARS-CoV-2 and its effects. Where did SARS-CoV-2 come from? What do we know so far about the immune response to this virus, and what have we learnt about neutralising it? Join Professor Edward Holmes, ARC Australian Laureate Fellow of the University of Sydney and Dr. Jennifer Juno, and Dr Stuart Turville, Associate Professor, The Kirby Institute, UNSW to hear more.

Long COVID – once the caravan moves on

Much research and health care energy over the past 20 months has, understandably, gone into helping our ICU and health systems cope under the strain of pandemic infection rates. But from early on it was becoming clear that for some patients SARS-CoV-2 infection was not just a short-term emergency but a persistent long-term illness. This session will address the growing understanding about the persistent symptoms that we call Long-COVID and a look at the emerging antiviral treatments for SARS-CoV-2 infection.

Masks, models and anti-vaxxers

This examination of the social aspects of COVID-19 draws closely on our experience of the HIV pandemic and the long-term impact of the virus, the role of modelling in helping the public understand the challenges of the pandemic, and the acceptance of vaccination as a vital part of the solution to the crisis. Who better to wrap up the session – and the week – than

conference co-chair, Associate Professor Edwina Wright from Alfred Health and Monash University.

What you're saying on Twitter

With yesterday's sessions from the inaugural Sexual and Reproductive Health Day, it was wonderful to see your thoughts and perspectives coming through about reproductive justice, social science's contribution to better policy, and our panel on the future of sexual and reproductive health.



A screenshot of a Twitter post. At the top, it says "ASHM Retweeted". The user is "Marie Stopes Australia @mariestopesaus" and the tweet is from 3 hours ago. The text of the tweet reads: "Rate of contraceptive use by people from non-english speaking countries is around 10% less!". Below this, there is a link: "Read more about it here: mcwh.com.au/2021-sexual-an...". The tweet is attributed to "@AdeleMurdolo from @MCWH1978" and includes the hashtags "#ASRHDay2021 #ASRHDay #SH2021 @ASHMMedia". At the bottom, there are icons for replies, retweets (3), likes (4), and a share icon.

ASHM Retweeted



SPHERE @SPHERE_CRE · 6h

Thank you for a brilliant panel on the future of sexual and reproductive health!

So far a phenomenal inaugural [#ASRHDay!](#) [#ASRH2021](#)

[@Danielle_Mazza](#) [@drcatmelville](#) [@AngelaJDawson](#) [@emilycallander](#)
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ASHM Retweeted



A'nise @anisaassifi · 6h

[@EmilyCallander](#) discussing the need for funding systems which privileges women most in need..."A funding system that fits the needs of women, not women needing to fit the funding system" [#ASRHday2021](#) [@ASHMMedia](#)



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Join the conversation on Twitter using #HIVAIDS2021 and #SH2021

We love hearing your thoughts and comments on the sessions you're attending. Please keep using the hashtags #HIVAUS2021 and #SH2021 so we and others can follow and re-tweet you (we'll be tweeting from @ashmmmedia). You can also use the #COVID19 for comments about today's sessions.

If you have any questions or technical troubles, contact us at conference@ashm.org.au or on +61 2 8204 0770.

We hope you enjoy the insights from today's sessions.

It has been a pleasure reporting from [The Joint Australasian Sexual Health and HIV&AIDS Conferences 2021](#), and hearing about the fascinating and important work happening across so many disciplines to improve lives around the world.

Cheers,

Bill & ASHM Conference and Events Team.

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