

HIV in the Aboriginal & Torres Strait Islander community

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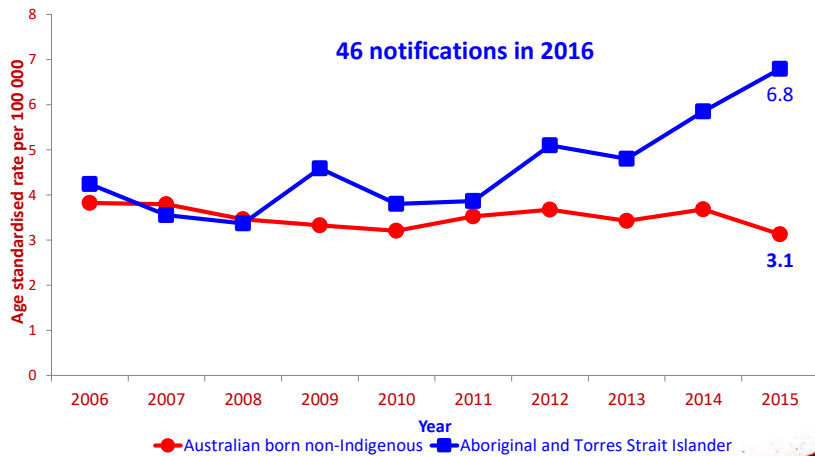


HIV notifications: Indigenous recording

- Indigenous status recorded for new HIV diagnoses from
 - 1985: NT, QLD, SA, TAS, WA
 - 1992: NSW, ACT
 - June 1998: VIC
- Some under-reporting, magnitude unknown



HIV notification rate in the Australian-born population, 2006-2015

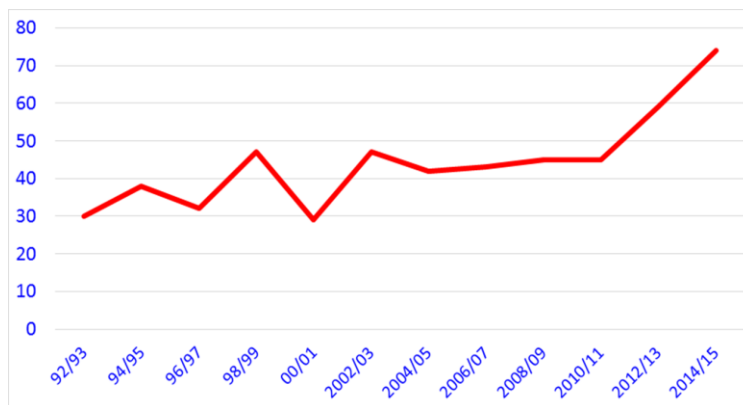


Source: State and Territory health authorities

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HIV notifications cumulative

- Cumulatively 559 notifications to end 2015



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Characteristics of HIV 1996-2015

Years diagnosed	Indig	Non-Indigenous
1996-1999	76 (17)	2183 (20)
2000-2003	80 (17)	2072 (19)
2004-2007	85 (18)	2274 (21)
2008-2011	89 (19)	2140 (19)
2012-2015	131 (28)	2362 (21)

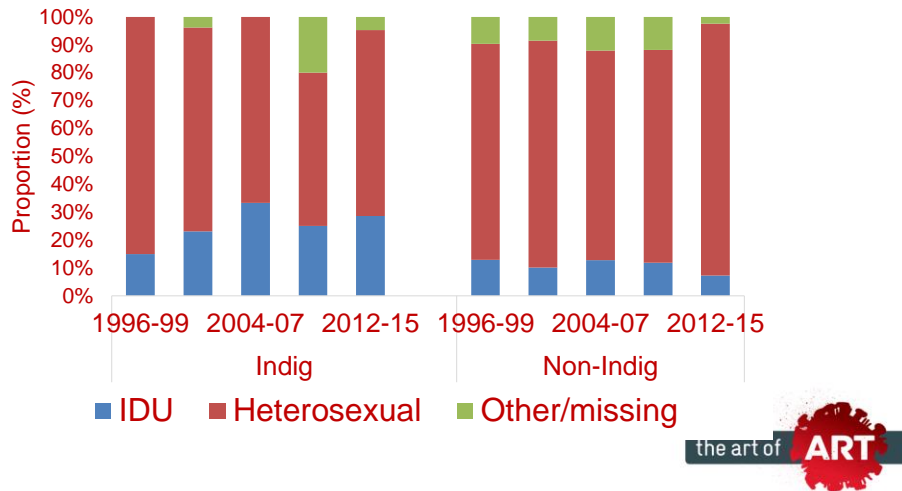


Indigenous - PLDHIV by jurisdiction

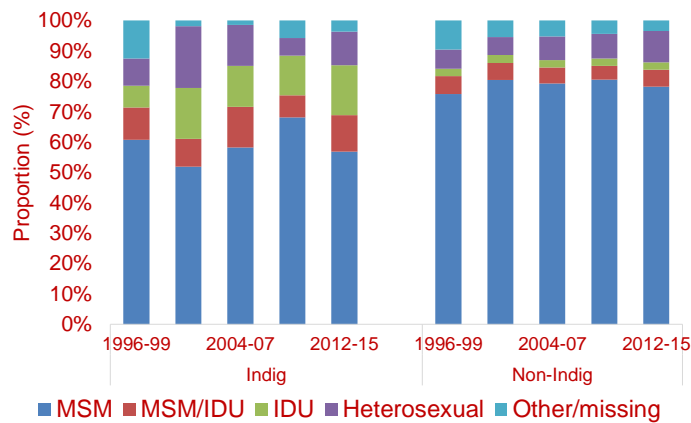
Jurisdiction	% notifications	PLDHIV
NSW	30.6%	184
VIC	9.8%	61
QLD	29.5%	175
WA	19.7%	122
SA	5.7%	37
ACT	0.3%	18
TAS	1.4%	5-10
NT	4.8%	31



Proportion of **female** HIV diagnoses by exposure, Indigenous status, and time-period



Proportion of **male** HIV diagnoses by exposure, Indigenous status, and time period



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Characteristics of HIV 1996-2015

Characteristic	Indigenous n=461 (%)	Non-Ind n=11,031 (%)	p value
Median age at diagnosis (range)	33 (26-41)	36 (29-45)	<0.001
Age at diagnosis (years)			
<20	23 (5)	204 (2)	<0.001
20-29	154 (33)	2750 (25)	
30-39	152 (33)	3767 (34)	
40+	132 (29)	4260 (39)	



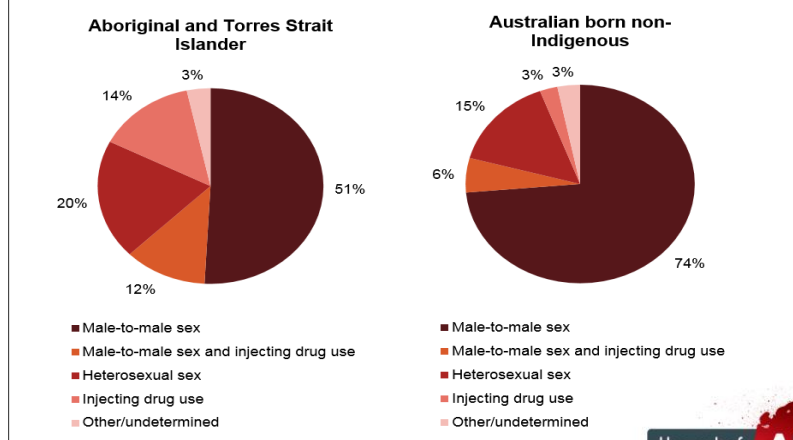
Characteristics of HIV 1996-2015

Sex	Indigenous	Non-Indigenous
Males	355 (77)	10395 (94)
Females	105 (23)	609 (6)
Missing	1 (0.2)	27 (0.2)
Route of exposure		
MSM	210 (46)	8205 (74)
IDU	75 (16)	322 (3)
MSM & IDU dual risk	38 (8)	564 (5)
Heterosexual sex	114 (25)	1295 (12)
Other/unknown	24 (5)	645 (6)



HIV diagnoses by exposure, Indigenous status, and time period

Figure 2: Newly diagnosed HIV infection and HIV exposure category, 2012 – 2016, by Aboriginal and Torres Strait Islander status^v



Characteristics of HIV 1996-2015

Area of residence	Indigenous	Non-Indigenous
Major cities	263 (57)	9154 (83)
Regional (inner/outer)	128 (27.8)	1342 (12.2)
Remote and very remote	51 (11.1)	58 (.5)
Missing	19 (4.1)	477 (4.3)
Clinical information	Indigenous	Non Indigenous
Late diagnoses (exc. advanced)	57 (12.4)	1452 (13.2)
Advanced diagnoses	96 (20.8)	1662 (15.1)
Not late	218 (47.3)	5814 (52.7)
Missing	90 (19.5)	2103 (19.1)

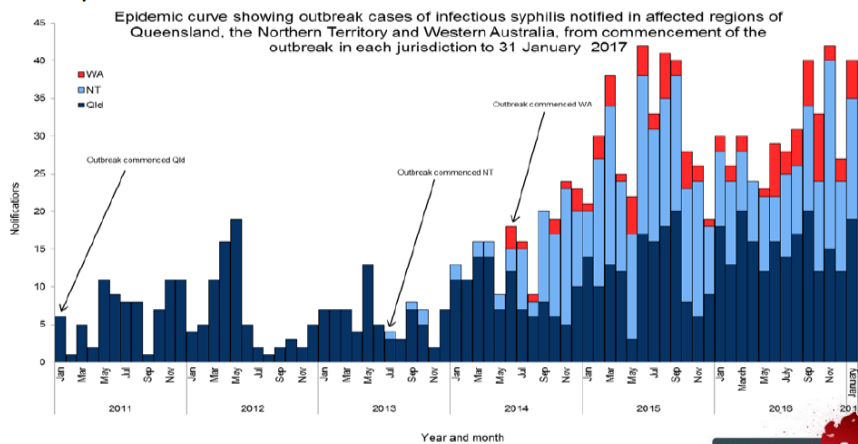
The current situation

- HIV is increasing
- HIV is different from non Indigenous people
- Epidemiologically - younger age, gender, regions, rates, exposure, late diagnosis, higher undiagnosed,
- The divergence is growing between the two populations
- Despite advances in medicine and technology
- There is little reported information about treatment access, linkage and timeliness of care, treatment adherence and prevalence of drug resistance in the Aboriginal population.



A reminder about timeliness

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 January 2017^c.



STI & HIV/syphilis testing

	Any + STI test	HIV & syphilis testing within 30 days of any positive STI test (incl. same day)		HIV & syphilis testing within 30 days of any positive STI test (excl. same day)	
	N	HIV test <30 days n (%)	Syphilis test <30 days n (%)	HIV test <30 days n (%)	Syphilis test <30 days n (%)
Overall	15260	4,858 (32%)	6727 (44%)	854 (6%)	1099 (7%)
Sex					
Male	4190	2035 (49%)	2355 (56%)	208 (5%)	209 (5%)
Female	11055	2815 (25%)	4361 (39%)	646 (6%)	889 (8%)

Ward et al MJA 2016

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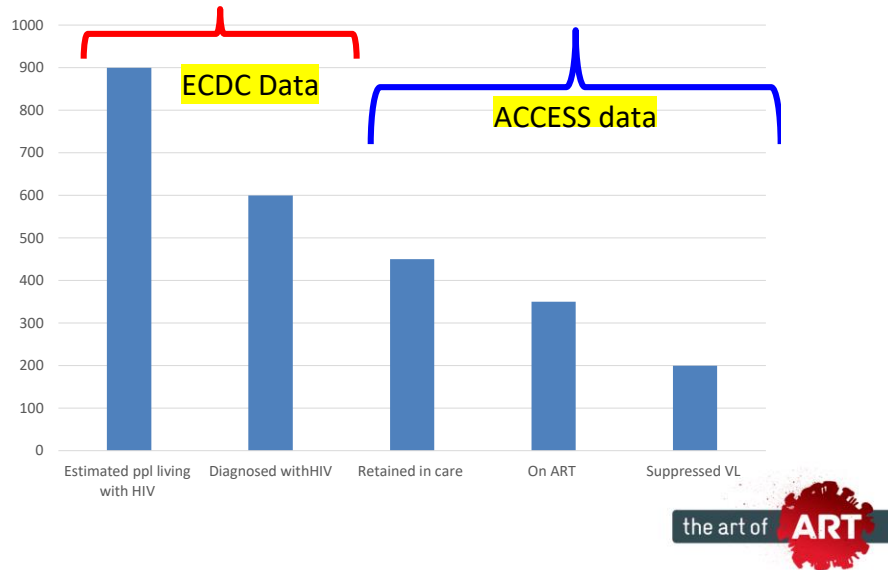
The diagnosis and care continuum

As it relates to Aboriginal and Torres Strait Islander people

- People living with HIV
 - People diagnosed with HIV
 - Estimate of undiagnosed infection
 - Estimate of mortality among people previously diagnosed with HIV
- ECDC
- People retained in care
 - Proportion of People in care on ART
 - Proportion of people on ART with UDVL
- ACCESS

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A&TSI Diagnosis and Treatment Cascade



THE ECDC HIV Modelling tool

The HIV modelling tool developed by European Centre for Prevention and Disease Control (ECDC)

- uses evidence-based methods to calculate HIV incidence in a given population.

With this tool you can estimate:

- Number of people living with HIV – including those not yet diagnosed.
- Annual number of new HIV infections
- Average time between infections and diagnosis
- Number of people in need of treatment according to CD4 cell counts





Proposed SAHMRI study

Methods

- ACCESS database
- 42 sexual health clinics
 - All states, except SA, ACT & Tasmania
- 2 hospitals: NSW only
- High case load GPS major cities



ACCESS HIV population in care

- ACCESS
- 167 Aboriginal PLHIV in care in 2013-2014
- Represents 41% national data: 167/408 (41%)
- National cascade for VL step previously used AHOD, $\sim 2000/20,000 = 10\%$
- Is the 167 nationally representative?



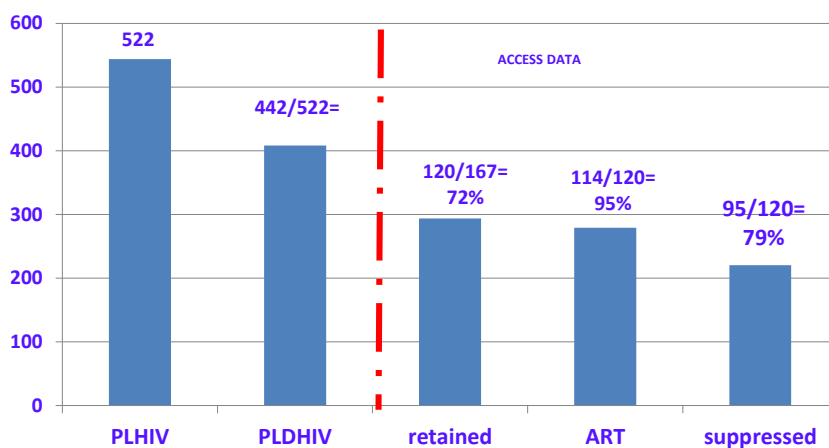
Definitions

Retained in care:

- Of those who had a ≥ 1 VL in 2013-2014 (HIV population in care), the proportion with a VL in 2015 (retained)
- **On ART**
 - Of those retained in 2015, the proportion on ART
- **VL suppression**
 - Of those on ART in 2015, the proportion with suppressed virus (<200)



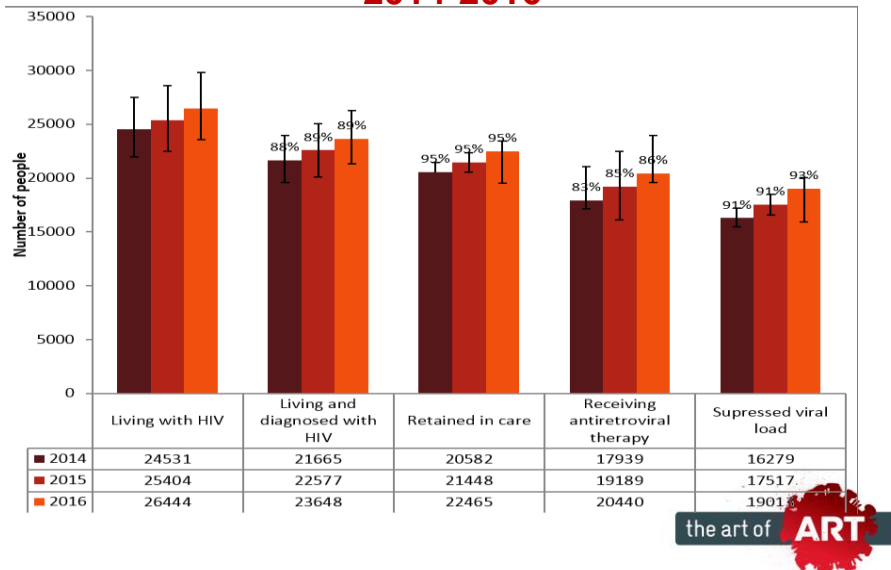
Cascade for Aboriginal people



Suppressed VL 220/544= 40%
national= $\sim 70\%$, WHO target=73%



Australia's HIV Diagnosis and care cascade 2014-2016



What about PrEP and Aboriginal people

- Of the 17,000 people on PrEP in Australia
- ~200 Aboriginal people



General comments

- Access to care is less for Aboriginal people
- TasP and PrEP slower uptake in community
- Heightened awareness about potential for outbreaks in community with new diagnosis in Aboriginal communities



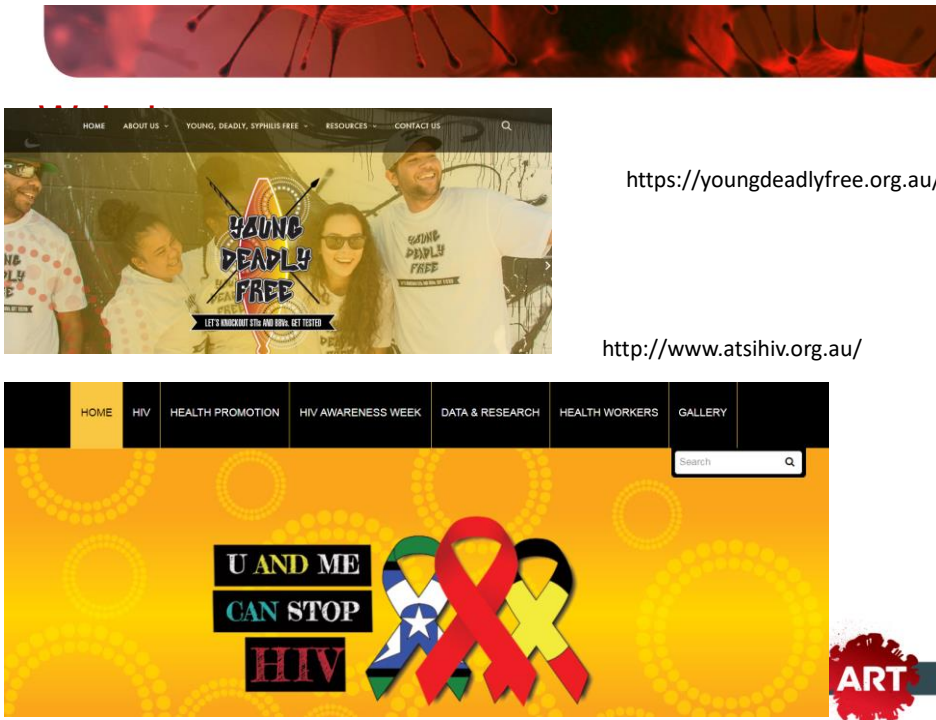
Health Education and Awareness

- www.atsihiv.org.au
- www.youngdeadlyfree.org.au



PrEP explainer

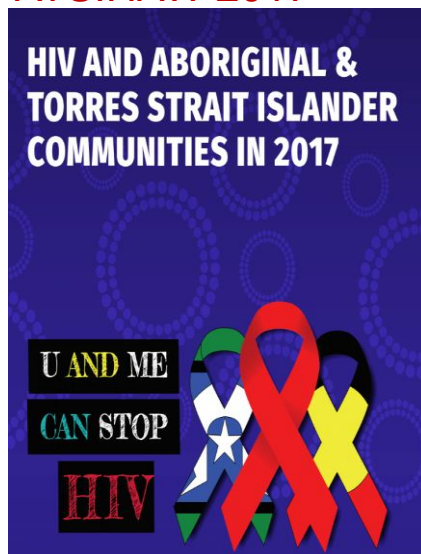




<https://youngdeadlyfree.org.au/>

<http://www.atsihiv.org.au/>

ATSIHAW 2017



54 events nationally
Parliamentary breakfast
35 Ambassadors

TESTING

If a condom broke, or you shared injecting drug, or you shared tattooing equipment, get tested.

**YOU CAN HAVE
HIV AND NOT KNOW
IT. THE ONLY WAY
TO KNOW IS TO
GET TESTED.**



UNDETECTABLE

Taking HIV treatment can reduce the level of HIV in a person's blood to such a low level that it is undetectable in tests. This is called having an undetectable viral load.



Having an **UNDETECTABLE VIRAL LOAD** means the person still has HIV but they cannot transmit HIV to someone else.

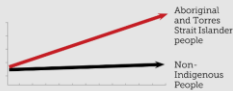


HIV AND INJECTING DRUGS

YOU CAN GET HIV IF YOU SHARE INJECTING DRUG EQUIPMENT WITH SOMEONE WHO HAS HIV.

HIV – THE FACTS

HIV rates have stabilised in Australia for non-Indigenous people but have been going up for Aboriginal people.



DISCLOSURE

It's against the law to disclose someone's HIV status to someone else without their permission.



WITHOUT TREATMENT

HIV keeps on making more of itself - it always wins. If you are diagnosed with HIV talk to your doctor about starting treatment straight away.



PrEP animation



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HIV animation

