

hiv&aids+sexualhealth 2022

Joint Australasian HIV&AIDS and Sexual Health Conferences 2022

29 August - 1 September 2022
Sunshine Coast Convention Centre

With 700 registrations, the atmosphere was incredible as we opened the first day of the joint Australasian HIV&AIDS and Sexual Health Conference.

Welcome & Opening Plenary

We had the pleasure of Zele Davis welcoming us to the beautiful lands of the Kabi Kabi and Jinibara Peoples as the traditional custodians of the lands on which we meet today.

[Professor Michael Kidd AM](#), Deputy Chief Medical Officer, provided a government welcome and highlighted the significant contributions of ASHM to drive treatment, prevention, and tackle discrimination in the ever-changing landscape of sexually communicable diseases.

In the welcome by ASHM President [Nicholas Medland](#), we were reminded of the genuine possibility of delivering HIV elimination in Australia and further emphasised that we should not accept compromises in our battle for people living with HIV. Opening remarks by Darryl O'Donnell, CEO of AFAO, and [Scott Harlum](#), NAPWA President, stressed the importance of our ongoing battle against stigma and focusing on the quality of life of PLHIV.

Our first keynote speaker [Marsha Rosegarten](#) highlighted the challenges of generating evidence to guide interventions and further insisted on novelty in our approach to evidence generation to guide effective interventions. Marsha reasoned that we need a speculative process grounded in current knowledge to guide evidence generation and cautioned against the rapid dismissal of new ideas.

Looking across the pacific, [Aadia Rana](#) provided insight into the US's fragmented healthcare system, which contributes to one of the lowest HIV viral suppression rates in the developed world. With 1.2 million people living with HIV in the US and 40,000 new infections per year, socioeconomic issues contribute to the disproportionate availability of care and prevention. A 4-pillar national policy consisting of diagnosis, treatment, prevention and response will help achieve the goal of a 75% reduction in HIV infections by 2025 and 90% by 2030.

Our final keynote speaker [Kane Race](#) allowed us to reflect and gain new perspectives on the largely successful U=U campaign. Specifically, the concept and emergence of a *serodivide*, where viral suppression underpins social consequences and creates *paradoxes of undetectable identity*, which need to be considered in our ongoing discourse in PLHIV.

Session Recap: Proffered Papers: Social, Political & Cultural Aspects

In the Social, Political & Cultural Aspects session, [Anthony Smith](#) began by exploring the enhanced reciprocal relationship between healthcare provider and patient that the introduction of PrEP has supported. The introduction of PrEP is an example that future interventions will likely significantly shift focus in STI prevention from condom use to other modalities and provide opportunities and challenges for healthcare providers and patients.

More than 1 in 10 PLHIV in Australia are women and, as [Jane Costello](#) described, disproportionately require legal assistance and face discrimination. Jane shared a case study describing the plight of a WLHIV facing discrimination in the workplace while simultaneously battling the colossal legal hurdle of migrating to Australia. The case reinforces the need to empower WLHIV and provide resources that can allow them to continue to access support for legal issues.

The impact of Australian migration law can be so profound that PLHIV often struggle to find words that effectively describe the harmful experience. In a sobering presentation by [David Carter](#), we were given a perspective on the relentless harm the Australian migration system can have on PLHIV. Ultimately, David explained, migration law needs to be rectified, and the linkage of health and legal services in PLHIV services is crucial in mitigating health-harming impacts.

[Jacek Kolodziej](#) treated us to a New Zealand perspective on issues affecting communities in Aotearoa New Zealand. In the study, the most prevalent issues were cited as discrimination (31.8%) and Mental well-being (26.9%). Interestingly, transgender and non-binary participants were over six times more likely to mention discrimination as a critical issue. This study provides important insights into possible engagement with communities in New Zealand.

Session Recap: Abstract Spotlight Session

Beginning the session outlining incredible advances in our understanding of the pathophysiology of HIV, [Ya-Chi Ho](#) explained that perusing basic and novel scientific principles have the potential to bring us much closer to a HIV cure. Ya-Chi expertly led us through key pieces of research characterising fundamental ambiguities of the CD4+ T cell latent reservoir, revealing mechanisms and pathophysiology that were previously unknown or poorly understood. Ultimately, these pieces of research will be critical to developing a cure, which seems to be dependent on destroying the latent reservoir of infected CD4+ T cells.

[Scott Ledger](#) presented the results of a cutting-edge RNA-therapeutic approach with the aim of inducing a deep state of latency. In this pre-clinical research, RNA therapeutics successfully reduced numbers of virus-infected CD4+ T cells and subsequently delayed viral rebound. The results of this study show promise for future RNA therapeutics, which may render ART therapy a relic of the past.

Melissa Schulz and [Simon Pekon](#) provided a fascinating snapshot into a point-of-care testing initiative to detect and monitor viral load in PNG. At its peak, 100-200 tests are undertaken each month, with over 95% of results delivered on the same day, most of which within 3 hours. This provides an opportunity for targeted counselling and changes to ART regimens to allow continued viral suppression.

PozQol is an Australian-developed validated tool used to assess quality of life in PLHIV and used in research presented by [Emma Mason](#) to map QOL in PLHIV in Western Sydney. The use of the PozQol tool shows excellent potential to guide interventions based on various socio-demographic and clinical factors and ultimately improve the quality of life of PLHIV.

How to "unlearn" 40 years of fear was a question asked by ACON as they put together the campaign "It's time to think positive about HIV". Presented by Karl Johnson, the campaign is designed to empower HIV-negative people with the primary goal of reducing HIV stigma. A [four minute video](#) is central to the campaign and demonstrates that anti-stigma campaign messaging can be inspiring and helpful.

Advancements in Anal Cancer Research in PLHIV

We were privileged to have the results of the ANCHOR study presented by [Joel Palefsky](#), which has revealed that treating anal cancer precursor lesions (high grade squamous intraepithelial lesion, HSIL) reduces cancer risk for PLHIV. Joel explained that in the study, the rates of HSIL were much higher than expected, and the treatment of HSIL resulted in a 57% reduction in the risk of anal cancer. The ANCHOR study should encourage further research regarding treatment and diagnosis of HSIL, and especially research in prioritising patients at the highest risk. The ANCHOR study has the potential to prompt a paradigm shift in the monitoring and diagnosis of anal cancer in PLHIV.

[Andrew Grulich](#) presented the results of the SPANC study, which explored the effects of HSIL and HPV monitoring in Australian patients. The study revealed a high incidence of both HSIL and HPV in PLHIV and other at-risk populations. Andrew discussed HPV16 testing as a potential methodology to identify HSIL, which may require intervention; however, these tests lack specificity, and there is a need to investigate better methods to identify people at risk. An ideal screening test would be one that can be administered in primary care to reduce unnecessary referrals.

From the perspective of PLHIV, [Jane Costello](#) presented a summary of Positive Life's initiatives regarding raising and investigating awareness of anal cancer in high-risk communities. Surveys showed overall poor levels of awareness and understanding of anal cancer amongst all participants, which is concerning considering PLHIV are at increased risk of anal cancer. Attitudes to screening were revealed to be understandably poor, with high-resolution anoscopy (HRA) being invasive and uncomfortable.

From a local perspective, [Jason Ong](#) explained that whilst treating anal HSIL reduces cancer risk, the acceptability, feasibility and cost of widespread HRA at this stage is not viable. Until an improved method of identifying high-risk lesions are determined, the focus should be on primary prevention using vaccination in younger people and early detection of early anal cancers using digital anal rectal examination (DARE).

HIV Self-Testing: Opportunities and Implementation Challenges

[Jason Ong](#) commenced proceedings with an overview of the outlook of HIV self-testing and explored available technology and the challenges from a regulatory and policy perspective. With so many potential technologies it is important to have an effective regulatory structure to manage their quality and efficacy.

The technology [RAPiD](#)end, an HIV self-test vending machine covered by [Luke Coffey](#), shows significant potential to contribute to an Australian self-testing program, following promising initial findings of the devices installed at two urban sex-on-premises venues. The challenges, strategies and current state of play regarding self-testing were covered by speakers [Melissa Warner](#), [Aaron Cogle](#), and [Mark Stoope](#).

The National Response to Monkeypox (MPX) in Australia

With 99 countries now reporting cases of MPX, the WHO has urged impacted countries to remain vigilant and implement measures to contain the outbreak, with [Teo Dora W](#) providing an update on the epidemiology and the WHO response. Presently over 98% of cases are in male patients, primarily concentrated in MSM in Europe and the USA. Teo Dora stressed that vaccinations must be implemented as part of a broader containment measure, with enhanced surveillance, contact tracing and risk reduction methods recommended by WHO.

[James McMahon](#) then briefly covered the clinical presentation and treatment of MPX, highlighting that the vast majority of treatment is symptomatic, with the only recommended therapy, tecovirimat, being limited to rare cases requiring further intervention.

Updating us on the Australian Government response, [Professor Michael Kidd AM](#) praised the vigilant GP who identified the first local MPX case in May 2022. Since then, MPX was immediately listed as a notifiable disease, and the government began to engage expert groups to shape clinical approach and community engagement. Whilst efforts to secure the vaccine have been successful, the globally limited supply of vaccines means that access arrangements will need to be reviewed and expanded over time. The government is conscious of Sydney WorldPride 2023 and the importance of promoting safe celebrations amongst the community.

Speaking about the partnership between ASHM and AFAO in guiding the MPX taskforce, [A/Prof Nick Medland](#) briefly highlighted some of the priorities, including the membership and sub-groups targeting community and clinical workforce groups. Conscious of the potential to overwhelm sexual health services, the taskforce is concentrating on improving case definition, testing guidance, messaging for healthcare workers, service provision, and guiding research to further direct effective interventions.

From the AFAO perspective, [Heath Paynter](#) spoke to community efforts in response to MPX, calling on decades of experience from dealing with the HIV response. A virus that primarily impacts gay and bisexual men and is transmitted primarily via sexual contact echoes experiences with the HIV epidemic. Efforts to rapidly disseminate information to, and engage with, affected communities is crucial. The most challenging aspect is dealing with stigma and creating a safe space for men to speak freely without fear. MPX messaging can easily be weaponised to foster stigma and anxiety in a community, and Heath urged us to be vigilant.

In the panel discussion that followed facilitated by Aaron Cogle from NAPWA, several issues were tackled, including the impact of MPX in PLHIV impacted by MPX, challenges of disclosure when dealing with vaccination providers, and sex workers as a priority group in Australia.

Perhaps the vital message when dealing with MPX is to ensure the community's trust through careful and respectful communications.

Day 2

Today marks the opening of the Sexual Health portion of the conference, which begins with the opening plenary and welcome at 8:30 AM, followed by keynote presenters [Catherine O'Connor](#), [Teodora Flvira](#), and [Lisa Vallety](#).

The schedule is jam-packed with the Sexual Health conference's opening and concurrent HIV sessions throughout the day. We're again spoiled for choice at the proffered paper sessions, which begin at 11:00 AM with an abundance of exciting topics, with the selection continuing throughout the day with sessions that commence after lunch at 1:30 PM and again at 3:30 PM. Make sure you make the most of the conference app to create your personalised agenda!

Early Career Networking Sessions

For our early career delegates, join the ASHM-sponsored Early Career Networking sessions throughout the day. These sessions will provide an opportunity to network with keynote speakers and experts in an informal setting and offer a chance to answer any burning questions!

Split by theme, *Clinical Management & Therapeutics and Social and Political & Cultural Aspects* will take place during morning tea at 10:15 AM, and *Discovery & Translational Science* will take place during lunch at 12:40 PM. The *Epidemiology & Prevention* theme networking will take place during lunch time on Wednesday.

Poster Tours

While enjoying some lunch, don't forget to attend the HIV poster tours commencing at 12:45 PM. The people's choice award for the best poster will be announced in the closing plenary – be sure to vote for your choice in the conference app!

Welcome Reception

After a day full of content, begin to unwind with some wine and cheese at the welcome reception commencing at 5:00 PM, providing an informal opportunity to connect with our industry colleagues

Viiv Platinum Satellite Session

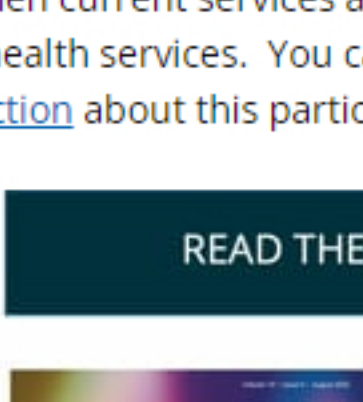
Join Dr Kteska Nwokolo in this Viiv-sponsored educational dinner at 6:30 PM, covering positive action and progress for women living with HIV. **This dinner is an RSVP only event. This dinner has reached capacity.**

New Sexual Health special issue 'Delivering sexual health services in the 2020s'

[Sexual Health](#) publishes original and significant contributions to the fields of sexual health, including HIV/AIDS, sexually transmissible infections, issues of sexuality and relevant areas of reproductive health.

Sexual Health is launching a special Issue called [Delivering sexual health services in the 2020s](#) at the joint Australasian HIV&AIDS + Sexual Health Conferences. This Special Issue aims to collate the latest evidence-based focused evidence on optimising sexual health services in the 2020s. The issue discusses why we need specialist sexual health services, how to get the right people to attend, how to strengthen current services and more intelligent use of technologies to enhance sexual health services. You can watch Special Issue Editor Jason Ong's [video introduction](#) about this particular issue. All papers are Open Access.

READ THE NEW OPEN ACCESS SPECIAL ISSUE



> **How should we deliver sexual health services in the 2020s?**
Guest editors: Jason J. Ong, Claudia Ettouart, Joseph Tucker, Matthew R. Golden, Iain S. Hocking and Christopher K. Bailey
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Impact factor 2.0
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We acknowledge that ASHM offices are located on the land of the Gadigal peoples of the Eora Nation (Sydney Office) and the Turrbal and Jagera/Yuggera peoples (Brisbane Office) who are the Traditional Owners of the lands where both offices are situated. We pay our respects to Elders past and present.

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