3 - 4 MAY 2018

2018 CONTROLLING THE HIV EPIDEMIC SUMMIT

Partnership Approach to Eliminating New HIV infections in Melbourne (FTC), Victoria

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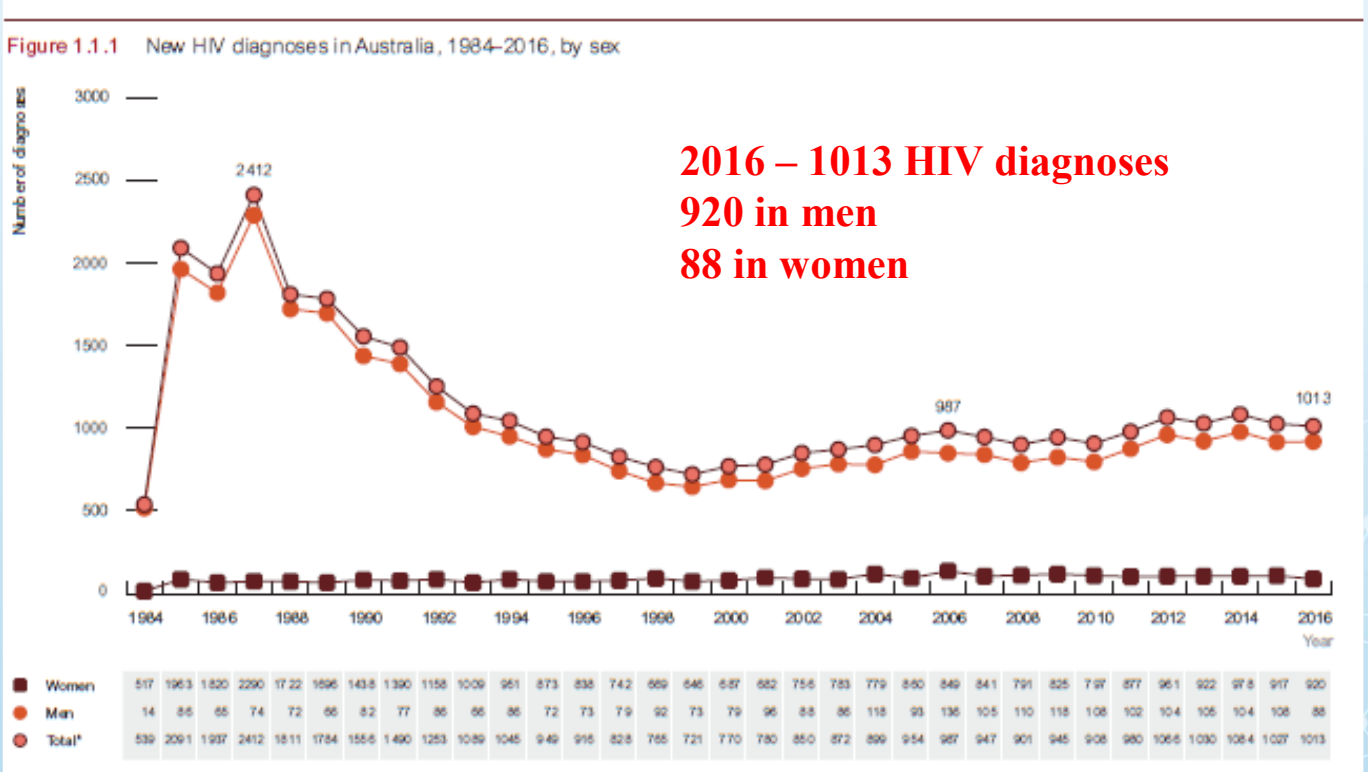
HIV in Australia – a GBM epidemic



2016 – 1013 HIV diagnoses
920 in men
88 in women

Low prevalence in the Australian population 0.13%

- 7.3% in GBM
- 1.4% in PWID

HIV, viral hepatitis and sexually transmissible infections in Australia, Annual Surveillance Report 2017, Kirby Institute

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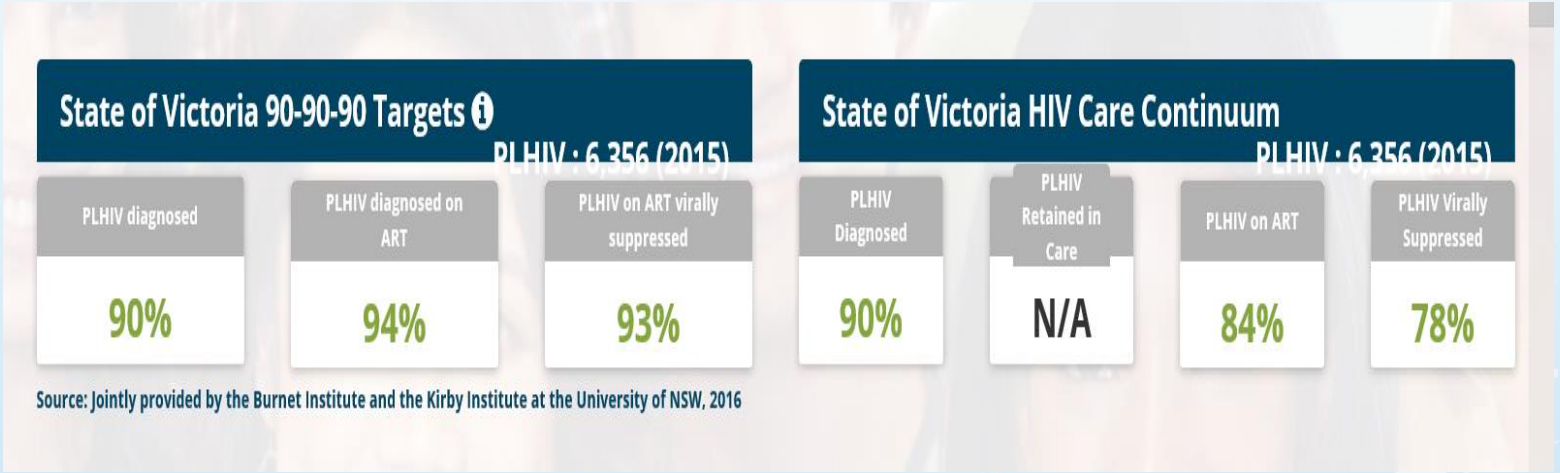
Globally Unique Epidemiology

2016	Melbourne, Victoria (n=321)		Australia (n=1013)	
MSM	234	(73%)	712	(70%)
Heterosexual	40	(12%)	209	(21%)
Heterosexual women	27	(8%)	88	(9%)
MSM/IVDU	10	(3%)	51	(5%)
IVDU	4	(1%)	14	(1%)
Indigenous	5	(1%)	46	(5%)
Vertical transmission	0	(0%)	5	(0.5%)



The Victorian Government supports a comprehensive approach to HIV that addresses four key areas: prevention, testing, treatment, and stigma and discrimination. These are framed around targets set by UNAIDS and the Fast-Track Cities Initiative, and adopted by the Victorian Government. By 2020,

- 90 per cent of all people with HIV will be diagnosed;
- 90 per cent of people who are diagnosed with HIV will be on treatment;
- 90 per cent of people on treatment will reach undetectable viral load;
- HIV-related stigma and discrimination will be eliminated in Victoria; and
- New HIV transmissions will be virtually eliminated in Victoria.

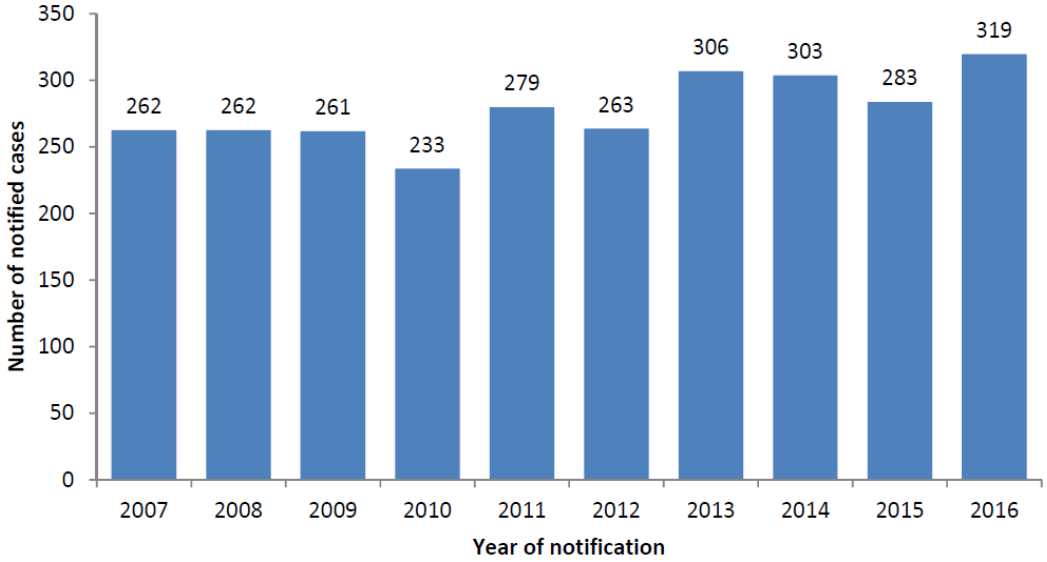
Achieved in 2015

What has Worked and Why

1. An ongoing investment to the ‘partnership approach’ and ‘practical responses’
2. A commitment to “good data” to inform an evidence base
3. Adoption of ‘distributed leadership principles and procedures’
   - acknowledging **who leads** on what and why
   - appreciating **who has capacity** to lead on what and when
   - Supporting coordinated and collaborative strategic responses

What's not Working …

Figure 1: Notified cases of new HIV diagnoses, by year, Victoria, 2006-2015



In 2016, 91 per cent of HIV diagnoses were in males (n=292) similar to the 89 per cent in 2015 (n=251). Twenty-seven women (8 per cent) were diagnosed in 2016, compared to 32 (11 per cent) women in 2015.

…and Why?

GBM cascade 2004-2015

- % of undiagnosed GBM ↓14.5% to 7.5%
- % of GBM with suppressed virus ↑ 30.2% to 73.7%
- Annual new infections ↑ ~660 to ~760
- % of new infections attributed to undiagnosed GBM ↑ 33% to 59%

GBM who don't know they are HIV positive are fuelling the continued epidemic

Gray et al, JIAS, 2018, 21; e25104

Can Australia eliminate new HIV infections?

- TasP unlikely to achieve elimination of new HIV infection by itself
- PrEP scale up is required to 30% coverage of GBM at high risk over 5 years
- Coordinated scale up of tackling HIV stigma and discrimination (i.e. social marketing, peer network investments) adopting system wide stigma and QoL metrics
- Sexual health service capacity (incl. training and delivery) needs significant scale up
- Wider distribution of rapid testing and early adoption and education of new testing technologies, regulatory approval of home test kits

How can Victoria/Australia achieve a 75% reduction in new infections by 2020?

1. Modelling suggests achieving 90-90-90 will reduce incidence of HIV from 2010 levels by only 10%
2. Achieving 95-95-95 by 2030 will reduce HIV incidence by 17%
3. Adding scale up of PrEP to 30% coverage of GBM over 5 years will achieve a 34% reduction in HIV incidence
4. If condom use is boosted to 60% among GBM on top of expanded PrEP coverage and cascade levels at 95 95 95 – only a 45% reduction in incidence will be achieved

Scott et al, Clin Infect Dis 2018, 66: 1019

5. HIV testing needs to increase more

Significant increases in repeat HIV testing (2012-2017)

- 12-monthly testing 56% to 63% requires↑37% (but over what period?)
- 6-monthly 28% to 44%
- 3-monthly 10% to 22%

Concerns and Barriers to routine repeat testing

- What is the minimum testing frequency?
- Access, isolation and distance to comprehensive services
- Sexual stigma (aka 'being affectionate and popular')
- Current STI services at capacity – innovations are required (eg. nurse led clinics)
- HCW upskilling in sexual health esp. regional areas
- Home HIV testing kits not yet approved

6. High level policy and services commitments on S&D

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The Victorian Government has developed the *Victorian HIV strategy 2017-2020* to guide the HIV response in Victoria. It outlines specific objectives and priority actions to help achieve those targets. These include:

- Increasing the frequency and regularity of HIV testing and sexual health screening
- among priority populations
- Reducing the proportion of undiagnosed HIV infections
- Reducing the time between infection and diagnosis
- Streamlining referrals and linkage to care to improve rates of treatment uptake and adherence
- Identifying baseline measures for stigma and discrimination, then developing effective responses.

Final Thoughts & Challenges

- A homogenous (gay) epidemic marginalizes those from other communities
- Keeping the focus on HIV and dedicated funding – so close to elimination – creates a perception among community and political spheres that HIV and AIDS has gone away
- There are sporadic cluster outbreaks in communities where multiple and overlapping vulnerabilities are apparent
- **1/3** of new HIV diagnoses are newly acquired BUT of concern is that **1/3** are late diagnoses – missed opportunities for HIV testing
- Thorough cascade analysis must include disaggregated data for better narration of entry/exit points for different key populations (aka the streams in the cascade)