

“A pill and a prick; current sexual health issues in the [male] gay community”

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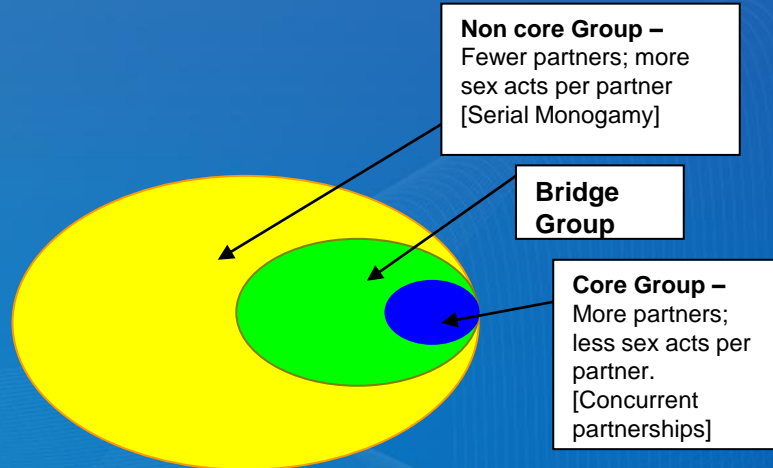


Summary of Presentation

- Where are we with HIV rates and STI rates in Victoria?
- The “Melbourne Declaration” – 12 months on
- Collaboration with “priority” communities impacted by HIV / STIs
 - Current state of ‘community’



Population and diagrammatic representation of the core group concept



Concurrent partners (N=5)

1 _____

2 _____

3 _____

4 _____

5 _____

Non concurrent partners (N=5)

1 _____

2 _____

3 _____

4 _____

5 _____

Public Health Control of STIs



$$R_o = \beta c D$$

Reduce

R_o . Reduce

$$R_o = \beta c D$$

E.g. Reduce R_o for HIV by

- Probability of Tx (β)
 - Co factors (gonorrhoea, Chlamydia)
 - Viral load
 - Condom use (education, availability - SOPV)
 - change type of sex (UAI)
- Rate of partner change (c)
 - Education / Health promotion

Duration of infection (D) –

- **Most important = Access / barriers to access**



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" Life isn't like a bowl of cherries or peaches...
it's more like a jar of jalapenos.
What you do today,
might burn your ass tomorrow."

Priority Groups – Homosexually active men, Sex Workers and ATSI; One STI - Chlamydia

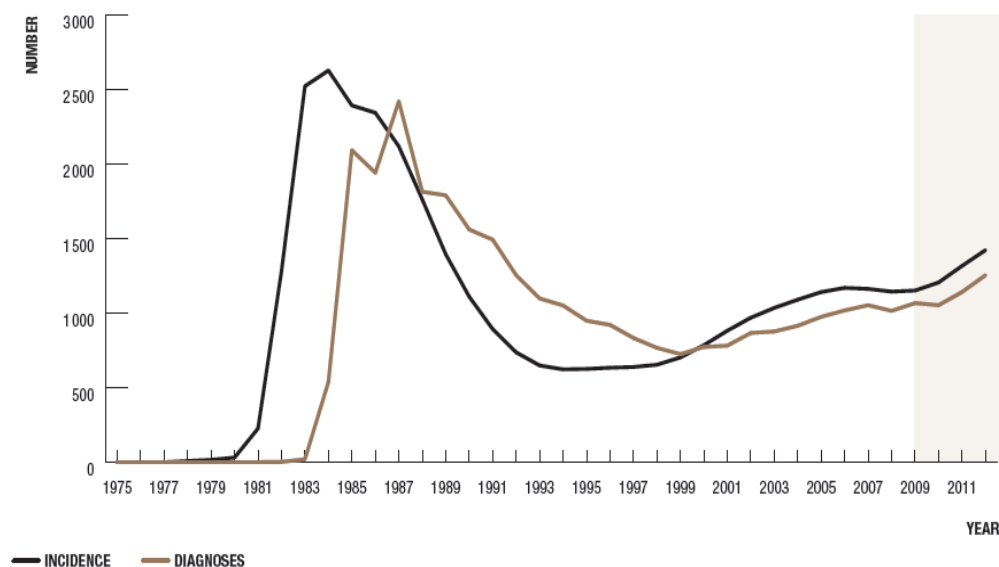
- 2nd National STI Strategy 2010 – 2013
 - Priority Infection
 - *Chlamydia trachomatis*
 - Young persons under 26 years old
 - Rural / Regional
 - Gap years / Contiki tours / Schoolies (students / backpackers)
 - Priority Groups
 - Homosexually active men
 - Aboriginal and Torres Straits Islanders
 - Sex Workers
- Public health perspective
 - Stigma and sexual health
 - Historical past (WW1,2; Women's Lib; Birth Control – The Pill; Gay Rights Movement; Jumbo Jet Age; AIDS)
 - Epidemiological profile of various STI s and HIV in Australia

“If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.”

*Ms. Lilla Watson
Murri Woman*

Current Rates of HIV

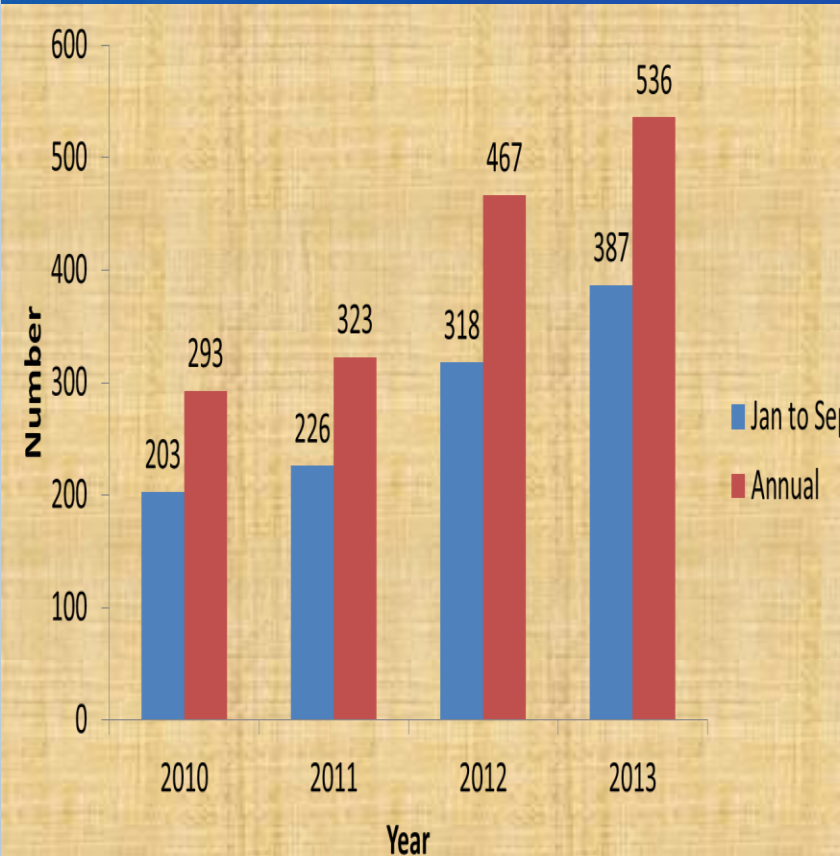
Figure 13 Historical observed HIV diagnoses in Australia and back-projected incidence curves, 1975 – 2012



- 25,708 PLWH ~ 0.1% of AU population.
- PLWH men affected 10X more than women
- 80% PLWH infected via SSS / gay identified
- Rise in rates 2010 / 2011
- Age group at first diagnosis 35-45 years old but seeing younger men infected in recent months
- Diagnosed as AIDS [?] rate

Re-emerging infection – the case with Syphilis [STS]

- The great ‘mimicker’; Rash mis-diagnosed; Chancre mis-diagnosed [Kenacomb ointment]
- Absence of STS for decades leads to lack of clinical suspicion
- Penicillin post WW2 - Neurological- and congenital STS lowered
- Stigmatized infection; stigmatized sexuality – can’t talk to GP about sexual matters
- Social – access issue – limited consult time incl. exam – how often are pts examined?



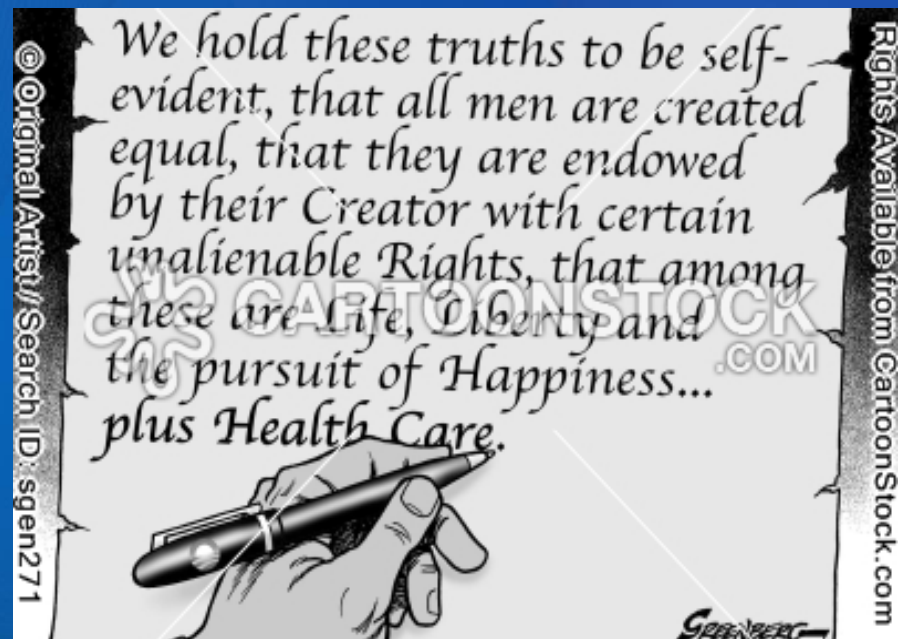
Gonorrhoea [GC] – increasing antibiotic resistance

- GC Urethral almost always symptoms
 - Throat (Never Sx) and ano-rectal – almost never
- GC resistance to antibiotics is becoming a problem in Australia.
- Chlamydia – LGV
- Coliforms – *Shigella*, *Klebsiella*, *E.coli*



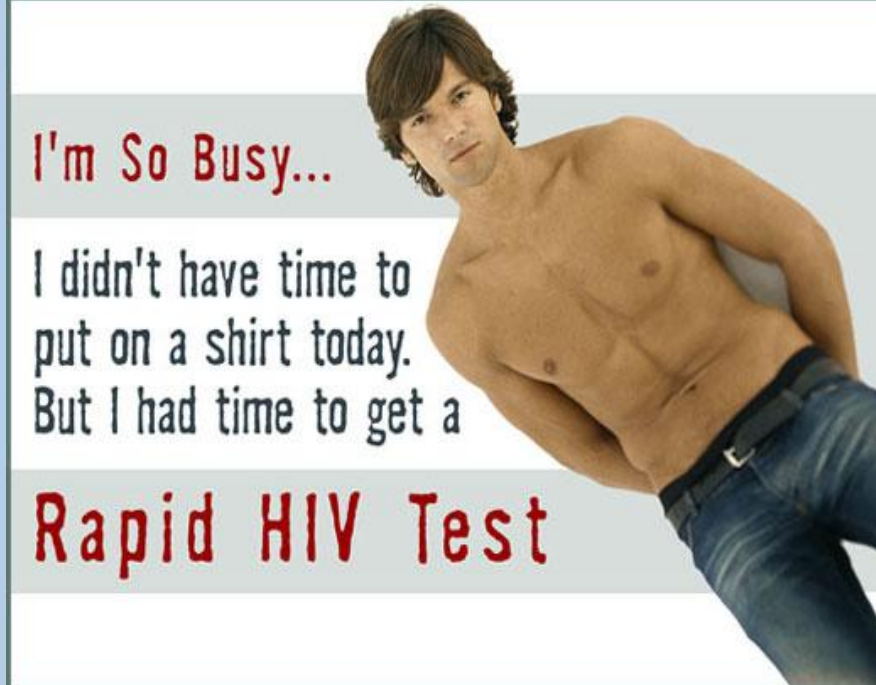
The “Melbourne Declaration” – 12 mths on

- I. *Increase access and uptake of voluntary HIV testing*
- II. *Enhance access to and uptake of antiretroviral treatment (cART) for HIV*
- III. *Make HIV pre-exposure prophylaxis available*
- IV. *Strengthening the partnership response and enabling environment*



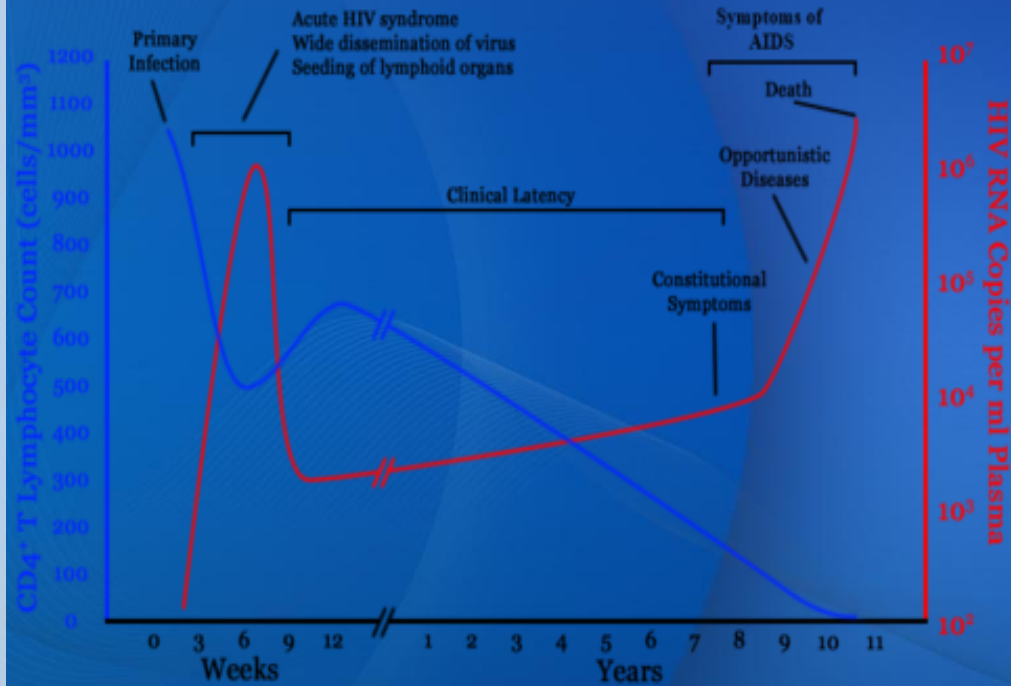
Why the call to increase HIV test rates?

- “Suck it and See...” Midsumma, Melbourne 2008.
- Overall HIV rate (n=645) **13.4%** (95% CI 11.1-16.0)
- 100 HIV +ve men, **20%** (95% CI 13-28.7%) unrecognised HIV infections
- Late presenters with AIDS related diagnosis; on post-mortem [No data]



Access to and uptake of voluntary HIV testing

- First test available 1984
- Screening test (ELISA) and diagnostic / confirmatory test (Western blot)
- 3rd Generation test
Antigen / Antibody test
reduces window period to 6 weeks



Basics of Screening tests

Sensitivity measures the percentage of positive test [individuals] who are correctly identified as having the condition.

- True positive: Sick people correctly diagnosed as sick
- False positive: Healthy people incorrectly identified as sick

Specificity measures the percentage of healthy people who are correctly identified as not having the condition, sometimes called the *true negative rate*).

- True negative: Healthy people correctly identified as healthy
- False negative: Sick people incorrectly identified as healthy



Rapid [Point of Care] tests / home testing

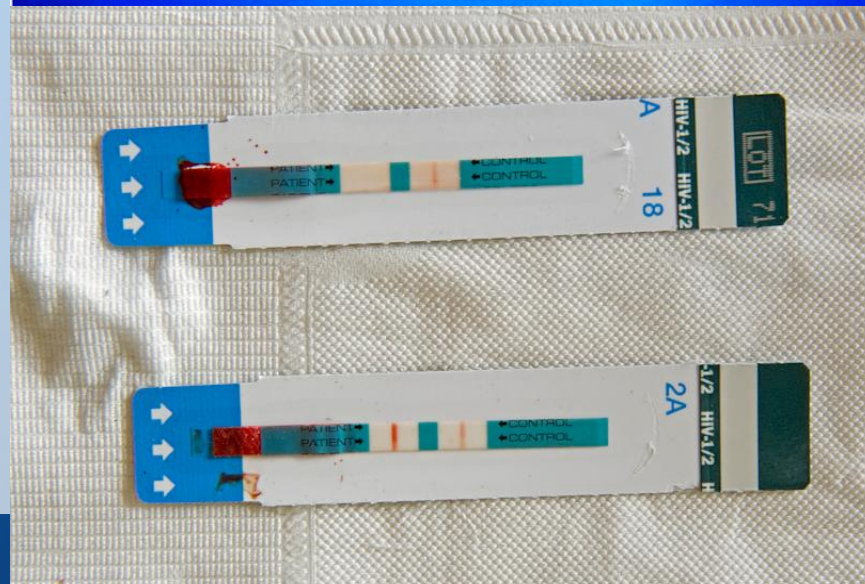
- Not new in health care – pregnancy / diabetes / blood pressure
- 3 available HIV rapid test
 - Finger prick blood test (AB p24Ag) approved by TGA AU (Sn 99.8%; Sp 99.4%)
 - Finger prick (AB only) (Sn 98.5%; Sp 99.5%) – not yet approved
 - Orasure (mucous membrane fluid – not saliva) – not yet approved (Sn 99.3%; Sp 99.3%)



Demonstration Rapid test

Will rapid testing increase the number of gay men who tests and test frequently?

- Advantages
 - Quick / convenient – 20 mins turnaround
 - Time and expense (off work etc.)
 - Could be home-tested
- Disadvantages
 - False +ve results
 - Window period
 - False sense of security
 - Does not test for STIs



Evidence of rapid HIV tests

- Will rapid testing increase the number of gay men who tests and test frequently?
 - In a health service, did not result in sustained increase in HIV testing by SSAG men
 - The rate of initial HIV testing did increase by a third.
- Social-constructs; medicalization of 'homosexuality'; the "MSM"; the 'worried well'; the non gay community attached;
- What community [?]



Where to get rapid HIV tests?

PRONTO !!

175 Rose Street in Fitzroy.

www.pronot.org.au

prahran market clinic



phone 9514 0888

Pran Central Shopping Centre, Mezzanine Level
325 Chapel Street Prahran VIC 3181



- AUD20 excl. consult (AUD72 for consult)
- PMC Outreach at Bendigo
 - Primary Care Centre, Arnold Street
 - Ph: 5441 8622
- On Line on eBay (? Legalities)
 - <http://www.ebay.com.au/itm/like/131038039316?lpid=27> (AUD 44.00)

Will a pill fix all our problems?

- I. Enhance access to and uptake of antiretroviral treatment (cART) for HIV
- II. *Make HIV pre-exposure prophylaxis available*

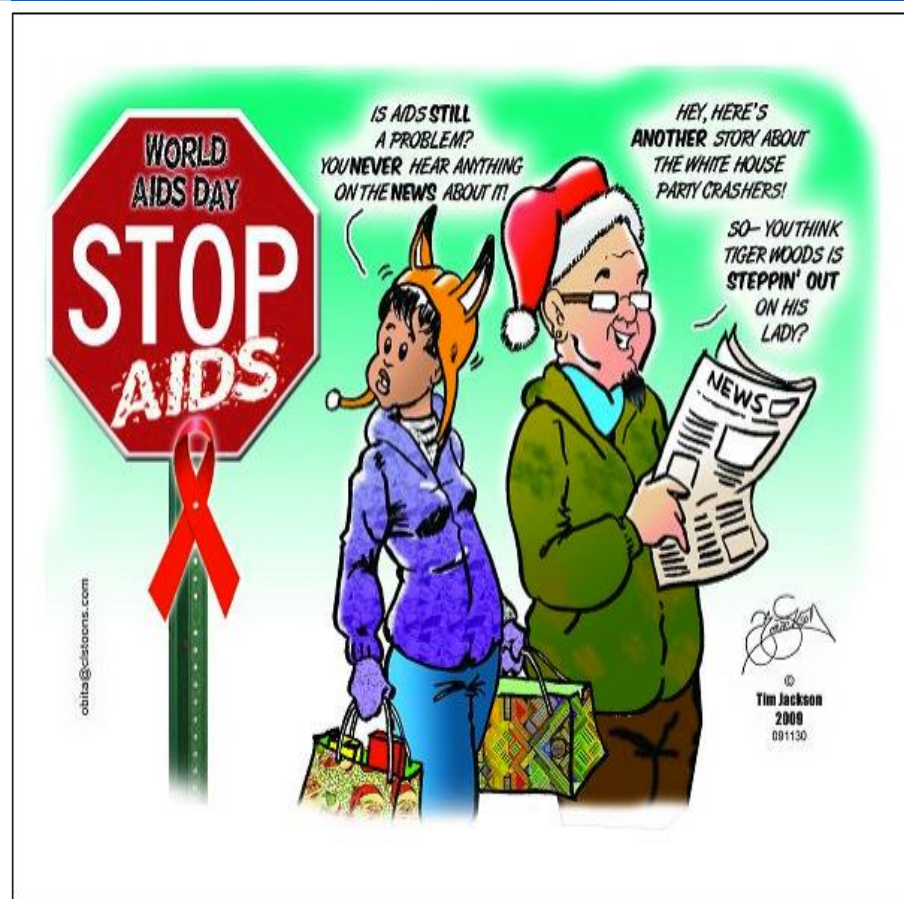


"The night-before pill for me, the morning-after one for her."

Massive changes in HIV nursing in the era of cART; “Treatment Optimism” [Another new term - TasP]

- Gay community more at risk (1/120 anal sex versus 1/100 000 000 vaginal sex)
- Infections remain somewhat stable – not decreasing; change seen in younger gay men (usual 35-45 yrs) but now in early 20s.
- Prevention messages have been ‘mixed’ – ‘tops vs. bottoms’; ‘Swiss Statement’; Viral loads; condom fatigue; more PLWHA, same risk taking

HIV in the era of cART



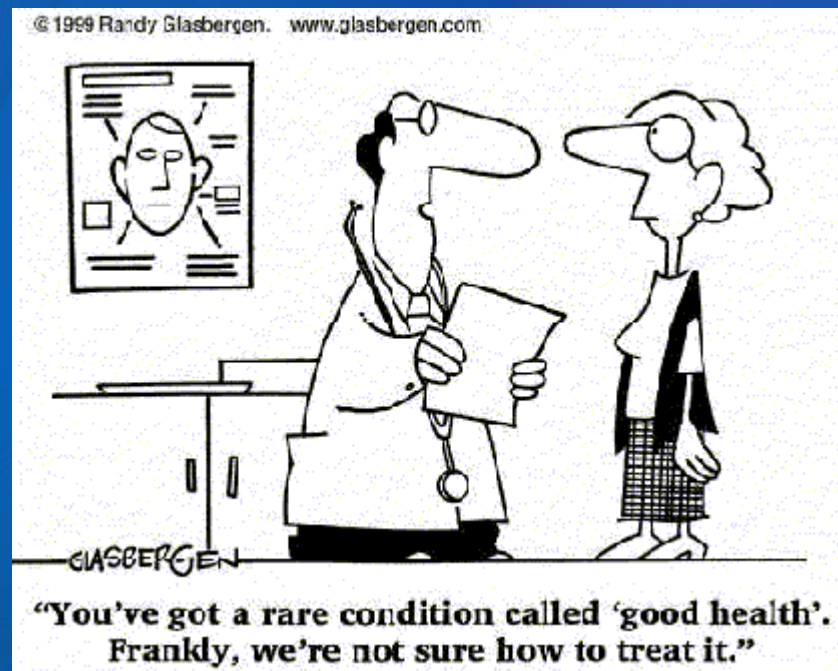
HIV NPEP (Post Exposure Prophylaxis)

- **Aunty Pep – 1800 889 887**
- www.getpep.info
- Two studies predominantly in heterosexuals – 81% to 96% reduction using HIV PEP early
- Mother to baby transmission studies
- Data limited in SSAG MSM
- Risk anal sex 1/71 (1.4%)



PrEP (Pre-exposure HIV Prophylaxis)

- PrEP - Pre-Exposure Prophylaxis
 - Family Planning; pregnancy in sero-discordant partners
- Study to estimate PrEP efficacy with different dosing intervals
(Anderson et al Sci Transl Med 2012. 4(151):p151ra25)
- Heterosexual couples sero-discordant; lack evidence in SSAG men
- 76% for 2 doses/week, 96% for 4 doses/week, 99% for daily dosing



Condoms! Condoms! Condoms!

- Heterosexism / Homophobia
- Internalized homophobia
- Gay marriage
- Mutually respectful, non violent relationships
- Community – deconstructing and rebuilding
- Risk reduction (Tops / bottoms / versatile / monogamy vs polygamy and poly-amorous)



Relevant sexual health issues in Gay and Lesbian partnerships

- Choices
 - Relationships [Gay marriage]
 - Pornography
 - Apps and Hook Ups
- Mental [ill]Health
 - Bullying; acceptance; self esteem and confidence
 - Recreational drugs and ETOH
- Ageing Issues
 - Loneliness; depression; supports
- Fertility
 - Artificial Reproductive Technology [other than the turkey baster]

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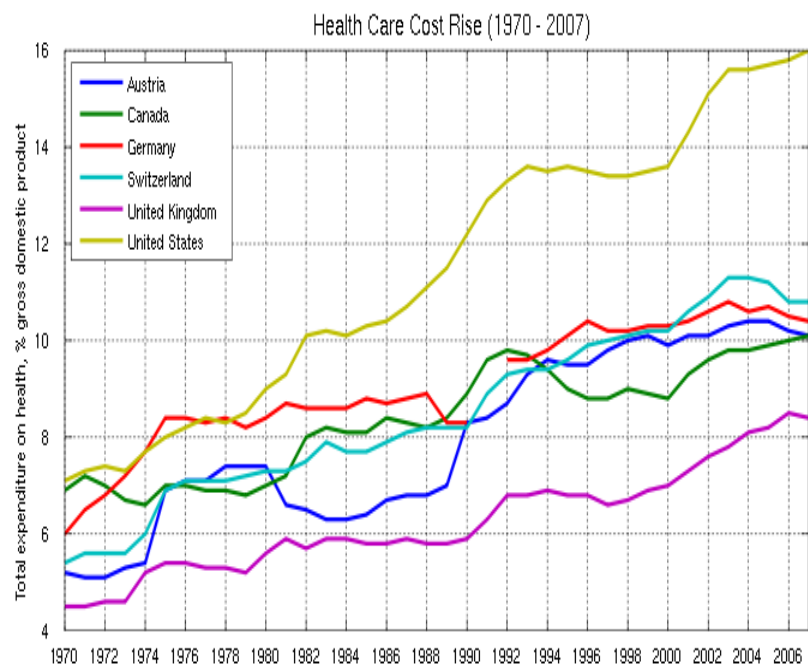


"The first thing to do is you guys put together a turkey baster."

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Challenges in STI / HIV Control

Rising health care costs



Efficiency and Productivity

Efficiency provides
great public health benefits

If tough economic times come
Sexual Health at greater risk

Improving Clinical Operations: Can We and Should
We Save Our STD Clinics?

Matthew R. Golden, MD, MPH,* and Peter R. Kerndt, MD, MPH†‡

For those of us who work in US sexually transmitted diseases (STD) clinics, times are bad, very bad.

Indeed, we are already feeling the effects of the fiscal crisis. A survey by the National Coalition of STD Directors found that 69% of STD programs experienced budget cuts in 2008, and that the number of categorical STD clinics in the United States declined by 10% over the last decade.² The current budget situation is likely to accelerate that trend.

Thank You

- 謝謝您; Merci; Tack
- Thank You; Danke
- Terima Kasih;
- ありがとうございます;
- 감사합니다; Salamat;
- आप का शुक्र है; Grazie;
- Diolch yn fawr; σας
ευχαριστούμε

