HIV in the refugee context

Conference will begin at 6:15pm

Please note, this presentation is being recorded for educational purposes

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I would like to respectfully acknowledge the traditional owners of the land on which this event is taking place and pay respects to Elders past, present and emerging.
• Welcome to those connecting via Video Conference
  *If you have a question, please type in questions into the Zoom text box and we will ask the presenters on your behalf.*
• Phones on silent
• Toilets
• Fire safety
• Please complete the evaluation at the end of the event
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>6:15pm</td>
<td>Welcome, housekeeping and introduction of case study</td>
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<tr>
<td>6:20pm</td>
<td>Community Perspectives of HIV</td>
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<td></td>
<td>Mater Refugee Health Advisory Group (G11)</td>
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<td></td>
<td>Maria Phaltang and Samira Ali</td>
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<tr>
<td>6:40pm</td>
<td>BBV/STI Team, Communicable Diseases Branch, DOH</td>
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<td></td>
<td>Jacqueline Kennedy</td>
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<td>6:50pm</td>
<td>GP and Clinical Lead BSPHN</td>
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<td>Dr Margaret Kay</td>
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<tr>
<td>7:10pm</td>
<td>Clinical Director – Sexual Health and HIV service MNHHS</td>
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<td></td>
<td>Dr Julian Langton-Lockton</td>
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<tr>
<td>7:40pm</td>
<td>Program Manager - Hepatitis, HIV/AIDS and Sexual Health Program ECCQ</td>
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<td></td>
<td>Zhihong Gu</td>
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<tr>
<td>7:50pm</td>
<td>Peer Navigation Team Leader - Queensland Positive People</td>
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<td></td>
<td>Satrio Nindyo Istiko (Tiko) &amp; Gizelle van Zyl</td>
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<tr>
<td>8:00pm</td>
<td>Panel discussion</td>
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<tr>
<td>8:30pm</td>
<td>Evaluations and Close</td>
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Case study

Marie-Clare is a 40 year old Congolese lady who has arrived in Australia on a 204 visa in the last month. She arrived with her 6 children aged 2, 5, 7, 14, 15 and 17 years. She is currently 20/40 pregnant with baby #7. The family are living in rental accommodation (lease for next 6 months).

Previously they were living in a refugee camp in Tanzania for the last 8 years where they had minimal access to basic healthcare. Marie-Claire’s husband (the father of her youngest three children and this pregnancy) is still living in the camp and she hopes that he will be able to join them on a partner visa in the next 12 months.

Marie-Clare is HIV positive and has been on ART since diagnosis in 2008. She has arrived in Australia with a 2 week supply of medication. All of her children were born by SVD and were breastfed. The first 3 were born prior to her diagnosis, the last 3 after her diagnosis. She had a PPH during the birth of her 14 year old daughter Precious and received a blood transfusion.
Questions Raised

How is HIV viewed by Marie-Clare and the community?

How can health professionals address her condition in a sensitive way?

What are the perceptions of HIV testing in your country of origin and in Australia?
Community Perspectives of HIV

Group of 11 representatives
Maria Phaltang and Samira Ali
Case Study Continued...

HAP (Health Assessment Portal) recorded a HIV health undertaking for Marie-Claire. The oldest 3 children had negative HIV serology recorded in HAP, there were no HIV serology results recorded for the youngest three. All the children in the family (except Marie-Claire) had MMR and yellow fever vaccines prior to departure. Marie-Claire was not vaccinated – she was given a waiver from live vaccines due to her HIV status. She doesn’t recall ever receiving any other vaccines previously.

Questions for HIV public health?

What is the process from your end if a patient arrives with a HIV Health Undertaking? What actions should be taken on arrival? What actions should refugee health services take regarding planning for Marie-Clare’s arrival? What do you want GPs to do in that process?
HIV Public Health Team

• Manage the notification and enhanced surveillance of HIV for all diagnosed cases in Queensland.

• Assist clinicians with confidential HIV contact tracing

• Provide advice and assistance to clinicians and people with HIV regarding referral pathways into HIV care and ongoing management.

• Provide advice to clinicians to assist them to manage people with HIV who place others at risk of HIV.
HEALTH UNDERTAKING REFERRAL NOTIFICATION

HAP Id
Client Surname / Given Names
Birth Date / Sex
Preferred Language / Interpreter Required

Contact details: (Client has been advised to make contact with HIV public health)

HIV public health team:

• Use the HAP to review medical reports and identify likely requirements for HIV medical care or contact tracing

• Liaise with the individual (or more often with case worker) to ensure a follow up medical appointment is booked and contact tracing is completed in a timely manner

• Use the HAP to record outcomes as soon as possible to ensure public health risks are minimised.
Provide advice and assistance to care providers and/or individuals to enable case management

**STEP 4: Further assessment and referral**

Refer patient to a Sexual Health Clinic, Specialist HIV unit or GP with a special interest in HIV for an initial assessment. These services manage HIV-specific care including antiretroviral therapy (ART). The service will establish health status through baseline blood tests. These tests include those for immune function, viral hepatitis and STIs. GP should follow up to make sure the patient attended the service.

**STEP 5: HIV treatment by specialist services**

All patients with HIV are advised to take antiretroviral therapy (ART). ART is a combination of 3 medications that suppress HIV replication. These medications are generally co-formulated into 1-2 pills daily.

After starting ART, HIV viral load declines to a very low level (undetectable) usually < 20 viruses/mL after a few weeks.

Suppression of HIV viral load allows immune recovery, prevents complications and reduces HIV transmission to others.

Side effects are common at the start of treatment but are usually manageable.

Immune function is monitored with 3-6 monthly CD4 counts. CD4 recovery follows ART and HIV viral load suppression.

CD4 < 200 – severe immune suppression, may need prophylaxis for pneumonia and other opportunistic infections (OIs).

CD4 200 – 500 – moderate immune suppression.

CD4 > 500 – normal.

**STEP 6: Monitoring**

Monitoring may be performed by the GP or the specialist service, arranged in consultation between the services and the patient. A basic schedule is shown below. Individual needs will vary. Extra monitoring is required for patients starting or changing ART or for particular medications.

**AT ALL VISITS: CHECK MOOD, GENERAL HEALTH, ADHERENCE AND SIDE EFFECTS**

- Check for potential drug interactions with prescribed and over-the-counter (OTC) medications eg. statins, proton pump inhibitors, Viagra, inhaled steroids [http://www.hiv-druginteractions.org/]

**THREE TO SIX MONTHLY REVIEW**

- History and symptom review
- Weight, BP
- Investigations: FBC, LFT/UEC, CD4/CD8 count, HIV viral load
- Syphilis serology and STI screen if ongoing risk

**ANNUAL REVIEW As above, plus**

- Influenza vaccination
- Review vaccination status for hepatitis A (HAV) and hepatitis B (HBV)
- Hepatitis C (HCV) testing if at risk
- Fasting cholesterol, HDL and LDL, triglycerides and glucose
- Annual cervical cytology in women
- Urinalysis (dipstick or protein/creatinine ratio)
- Cancer screening as per RACGP 'Red Book'
Case Study Continued...
After arrival in Australia, the family have a pathology screen completed as part of their refugee health assessment with their local GP. The results of the eldest son, Modeste, indicate that although his HIV serology done 6 months ago at his visa medical exam were negative, it is now positive, indicating relatively recent infection. Modeste initially doesn’t believe the test results as he states he had previously screened negative and the only person he has had sex with in that time is his girlfriend who was a virgin.

Questions for GP?
How would you give these results to Modeste and what do you do from here? What is your role in caring for this family
HIV - in the Refugee Context – The GP’s Role

Dr. Margaret Kay
MBBS(Hons), PhD, FRACGP, Dip.RACOG
BSPHN – Clinical Lead in Multicultural Health
m.kay1@uq.edu.au
So far...

- Marie-Clare
- 40yo, 6 children, 20 weeks pregnant
- Previous treatment
- Blood transfusion
- Partner (in Africa) – unknown status
Before arrival

- Visa Medical
  - Medical examination
  - TB check– CXR >11 yrs
    - Recently some children aged 2-11 years from a higher risk country for TB have a tuberculin skin test or interferon-gamma release assay.
  - HIV (>15 years)
  - Perhaps Syphilis (>15 years)
  - Other check as indicated e.g. Hepatitis B

- Reliability
- Delayed Result
- Not part of the DHC
18 On arrival

- Health Undertaking – BUPA
- Settlement Agency
- Condition of their Visa that they be assessed on arrival
- GP rarely involved
- Health manifest may be available
Testing on arrival

- No formal Medical Health Assessment on arrival
- GP initiates the Refugee Health Assessment
  - 707 (within first 12 months)
- History, Examination, Investigations and Management Plan
For New Diagnoses of HIV

- 2013–2017 - late diagnoses are higher in people born in
  - Central America (56%)
  - Sub-Saharan Africa (47%)
  - Southeast Asia (42%)
- late diagnoses also higher in people with heterosexual sex (46%)

11% Australians with HIV remain undiagnosed

> 25% diagnosed with HIV in 2017, in Qld, were first diagnosed Overseas
21 Health Assessment

• Not just the blood tests
• Good History
  • Allergies, PMH PSH POH
  • Listen to the story – journey
  • Presenting complaint / expectation
22 Health Assessment

• Remember to reassure the client that the health assessment is a check up and does not have any implications that will change their current Visa requirements
Health Assessment

- Remember to check all the family members (even if previously negative)
- Long time between blood test and arriving in Australia
- How is ‘family’ defined – new partners / reunification / not all members of the family arrive on refugee visas
- Family visas – less support for refugee health assessment
Medical Issues to consider

- Acute health problems
- Chronic Disease
- Nutritional problems
- Infectious Disease
- Genetic Predisposition
- Cultural Beliefs - FGM
- Dental Health Issues
- Mental Health Issues
25 History

• Medications
• Systematic review
• Diet
• Mental health
Examination

- All systems
- Nutrition
- Ears/eyes/teeth
- Pregnancy
- Developmental issues in children
- STDs – depending on history

Remember trauma issues
27 Consultation

- Appropriate tests
- **Immunisation**
- Follow up
- Referral
  - Specialist/s
  - Allied health
- Medication
28 Pathology tests

- FBE
- U & E, LFT
- Hepatitis B sAg & sAb (both are needed)
- Hepatitis C IgG
- Schistosomiasis - IgG
- Strongyloidiasis - IgG
- Syphilis Ab
- HIV Ab
- Varicella IgG (if >14 years) – just vaccinate is <14yrs
- s. ferritin
- s. 25 OH Vitamin D level
- s. Vitamin B12

Consent and arrange follow up
Pathology tests

Tuberculin Skin Test (TST) / IGRA

- local TB Clinic
- Remember the stigma
- Caution - live virus vaccinations
  - MMR/Varicella
  - (Yellow Fever)
### Other tests to consider

<table>
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<tr>
<th>Test</th>
<th>Indication</th>
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<tbody>
<tr>
<td><strong>Malaria</strong> thick/thin film +/- P. falciparum Ag</td>
<td>If clinically indicated</td>
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<tr>
<td><strong>Iron studies</strong></td>
<td>e.g. if the ferritin is low</td>
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<tr>
<td><strong>beta HCG</strong></td>
<td>e.g. if the patient may be pregnant</td>
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<tr>
<td><strong>TFTs</strong></td>
<td>e.g. if the patient has a goitre</td>
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<tr>
<td><strong>Faecal antigen for H. pylori</strong></td>
<td>e.g. if the patient has indigestion</td>
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<tr>
<td><strong>Faeces OCP, MCS</strong></td>
<td>e.g. if there are concerns of infection</td>
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<tr>
<td><strong>Urine OCP</strong></td>
<td>e.g. positive schistosomiasis serology</td>
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<tr>
<td><strong>Urine PCR for Chlamydia and Gonorrhoea</strong></td>
<td>e.g. if risk of STIs</td>
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<tr>
<td><strong>Haemoglobin electrophoresis</strong></td>
<td>- after the patient is iron replete</td>
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31 Mental Health

Acculturation

QPASTT

Transcultural Mental Health
Pregnancy

• Usual tests
• Medical intervention – stressful
• Engagement with hospital – appointments / costs
• Cultural issues – health beliefs – ante / intra / post-partum
• (FGM)
Stigma

- Physical illness – HIV, TB, hepatitis
- Mental Health issues
  - HIV-related distress
  - Acculturative stress
- Family stress / breakdown
- Family violence
- Loss of supports – disconnection (Mum)
34 Health literacy

- Education – knowing the diagnosis
  - Authoritative – from nurse / doctor / community leaders
  - Confidentiality / Health Access / Primary Care / Hospitals
  - Relevant to the patient’s life – lifelong treatment / prevention / cost
  - Risk behaviours
  - Be careful with handouts – language / relevance
  - Interwoven with other important health messages
    - Diet
    - Exercise
    - Music – relaxation
    - Medication – regular / sharing
PrEP

- Protection of HIV-negative partner – medium/high risk
- Normal Renal function
- No nephrotoxic medications
- Consider risks of other STIs
  - Vaccinate for Hep B
- Daily PrEP
- Monitoring – 3 monthly
Visiting Friends and Relatives (VFRs)

- Comfortable space with family
- Lower perception of risk
- Higher risk of infection
- Reduced use of protective behaviours
- Travel safe messages...
37 Questions
Questions for Specialist Physician in Sexual Health and HIV medicine?
What is your role in caring for Modeste and Marie-Claire?
LINKED HIV CARE

SEXUAL HEALTH AND HIV SERVICE
REFERRAL PROCESS

• Immigration
  • Visa application
  • Refugee
  • Protection visa

• QPP Rapid / PHU

• Adhoc testing GPs / PHN Health pathways
NO BARRIER TO CARE

• No Barrier to care
• Free at point of entry
• Nurse manager
• Interpreter
• Specialist
• Community links
HIV TESTING

- No cost SHHS
- Community testing RAPID
90 90 90 – 2020. 95 95 95 - 2030

- 2019 Australia / Botswana/ UK 90 90 90
- Global 75 79 85
- U=U
- 90 90 90 + 90 (Quality of life)
- Eighth National HIV Strategy 2018-2022
SHHS

- PLWH care at SHHS ~ 800+
- 10% Medicare ineligible
- 8% Women
- Broad spectrum of cultural background
- 100 : 95: 95
- Multi service and discipline model – Specialist Medical Officers, Nursing, Psychology, Pharmacy
TREATMENT AND ONGOING CARE

• At SHHS clinics at Biala, Redcliffe, Caboolture (850+)
• No cost or Medicare requirement
• Full medical work up including all HIV baseline tests
• TB
• Opportunistic infections
• Co morbidities
• Full medical history
• Sexual partners and dependants including children
TREATMENT AND ONGOING CARE

- Nurse manager
- Specialist Clinician
- Other Clinicians (Respiratory, ID etc)
- Paediatric
- NGOs
- Cultural links
- GPs
HIV TREATMENT

- Baseline results
- Hepatitis B
- TB
- Pregnancy
- Correctional services
- Co medications
HIV TREATMENT

- Compassionate access programs from pharmaceutical companies
- QPP Emergency fund
- Import from country of origin
- Generics
- PBS listed
ONGOING CARE

• Nurse Manager
• NGOS
• Community Services
• Interpreter services
• Usually monthly review for 2-3 months
• PrEP for Partners
COMPLEX MANAGEMENT

- If Children positive, working closely with QCH Infectious Diseases
- Acute services at RBWH
- QPP Peer navigator
- Interpreter
- Compassionate access to HIV medication
- Psychology
- Pharmacy
- Weekly multidisciplinary Case Conference
- S100 prescribers
- Immigration experts
COLLABORATIVE CARE

• Cultural, religious and personal beliefs
• Community support
• Children and Family
• If Interpreter is needed, ensure they meet the needs
• Good communication with other services
• Build relationship for long lasting engagement with care
• Sexual Health Network
• Listen
Support Available for this Family in the community

Ethnic Communities Council of Queensland (ECCQ)
Queensland Positive People (QPP)
Question for ECCQ
How would your service support this family?
CALD Hepatitis, HIV and Sexual Health Services

Zhihong Gu
Program Manager
Ethnic Communities Council of Queensland (ECCQ)
About ECCQ

• Not-for-profit community organisation

• Provides a range of services for people from culturally and linguistically diverse communities (CALD) in Queensland:
  ➢ **Aged Care Services**: home care and residential care
  ➢ **Multicultural Programs**: training for CALD community leaders and job seekers
  ➢ **Community Health Programs**:
    - Chronic Diseases Program
    - Hepatitis, HIV and Sexual Health Program
Hepatitis, HIV and Sexual Health Program

• State-wide services funded by Queensland Health
• Covers viral hepatitis, HIV and Sexually Transmissible Infections
• Provides free
  - **information and community education** in community languages and English
  - **resources** in different languages and English
  - **support** individuals and families (hepatitis)
  - **Fibrsocan test**
    (hepatitis, SE Queensland only)

Our HIV Services

• Community education:
  groups, families, individuals

• Information provision via phone, email, social media

• HIV resources:
  - HIV Factsheet (Chinese Vietnamese and English)
  - Know Your Status (English)

• Free condom packs
  - 3 different sizes with information
Bilingual Community Health Workers

- Acholi, Juba Arabic, Swahili, English
- Dinka, Arabic, Juba Arabic, English
- French, Kirundi, Kinyarwanda, English
- Vietnamese, English
- Vietnamese, English
- Burmese, English
- Mandarin, English
- Dari, Pashto, Persian, Russian, French, English
- Swahili, Kinyarwanda, Kirundi, English
Referrals

Anyone can make a referral for:
HIV education or support for Hepatitis-HIV coinfections

Referral form download

OR

Email: health@eccq.com.au
Resources

• **Download** a copy or order form

• **Email**
  health@eccq.com.au
Thank you!!
Questions for Queensland Positive People
How would your service support this family?
What are some practical strategies to talk to patients about?
Designing models of care aligned with funding priorities

Rapid Clinic
90% of people living with HIV will know their status.

Life+ Program
90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.

90% of all people receiving antiretroviral therapy will have viral suppression.

*Seventh National HIV Strategy 2014-2017
*HIV action plan Qld 2017-2021
Goals of Life+ Program – Q Health funded treatment & care

- Address barriers to treatment initiation/adherence and retention in care
- Reduce the time between diagnosis and uptake of treatment
- Prevent HIV disease progression in PLHIV
- Reduce the possibility of onward transmission
- Improve self management & HIV health literacy
- Address individual & systemic stigma/discrimination and barriers to treatments access and access to care
Treatment Support

• Case Management

• Address barriers to treatment initiation/adherence and retention in care

• Barriers can prevent people accessing services/support/treatment/care

• Each barrier can affect other barriers
  ▪ Trust
  ▪ Shame
  ▪ Past experience
  ▪ Mental Health
  ▪ Trauma
  ▪ Communication
  ▪ Language
  ▪ Lack of knowledge
  ▪ Transport
  ▪ Many more
Treatment Support

• Support
• Information
• Linkages to other services
• Self-management and empowerment
Stigma & Discrimination Program

- Enquiries, Case Management, Referrals
- Address individual presentations of stigma, discrimination or other HIV-related legal problems affecting quality of life
- Improve the legal literacy of PLHIV providing education, information and time limited case management support
For people living with HIV there can be a great deal of fear about disclosing, and the impact of disclosure.

1. HIV transmission and the law
   • Public health approaches
   • Criminalization
   • Civil law

2. Migration

3. Privacy and Discrimination
   • Will I be treated differently, unfairly or less favourably if I disclose?
   • Will my confidentiality be respected?
Life+ Program: Peer Navigation

Peer Navigation

Early and brief intervention model delivered by peers providing HIV information and support.

Peer Navigation’s Goals

- Improve health outcomes for people who are newly diagnosed or re-engaging or at risk of falling out of care
- Reduce time between diagnosis and treatment uptake
  - Increase HIV health literacy
  - Improve ability to self manage HIV
  - Build resilience
Peer Navigation - the Team

- Geographically distributed team of Peer Navigators (originally 17, currently 9 with 3 ‘Peer Case Managers’)
  - 2 heterosexual males (1 African and 1 Caucasian)
  - 3 heterosexual women (2 African and 1 Caucasian)
  - 7 gay males (1 Asian, 6 Caucasian)
  - 2 refugees

- Located in Cairns, Townsville, Rockhampton, Gold Coast and Brisbane and outreach to all other areas as required

- Full time, part time and casual

- Office, clinic (TSV) and/or community based
Peer Navigation for Refugee PLHIV

• Medicare ineligible asylum seekers
  • Support in accessing HIV care and treatment

• Supporting adolescents born with HIV
  • Collaborative care with Treatment Support/Case management and HIV Public Health Team
  • Offering both individualised and group peer support
  • Extending the support to their parents

• Sharing lived experience of HIV and immigration
  • Collaborative support with Stigma & Discrimination Case Manager
  • Offering personal experience to address the anxiety and stress induced by migration experience
Online information for GP’s and patients on HIV treatment care and support services

HIV Clinical content provided by ASHM

Fact sheets on HIV are integrated into the GP’s clinical software (Best Practice/Medical Director/Genie) and available online.

Ability to refer directly to Life+ when with patient

Printable fact sheets puts content in the hands of the patient immediately
Relevant resources


• HIV and Immigration: https://www.ashm.org.au/products/product/hivandimmigration

Summary

• Adaptive and flexible services for PLHIV

• Inclusive service, drawing upon the diversity of our staff

• Highly collaborative, both within the organisation and with external service providers
VIDEO: How does Peer Navigation work?
Panel Q & A
Evaluations and Close

Thank you for attending