



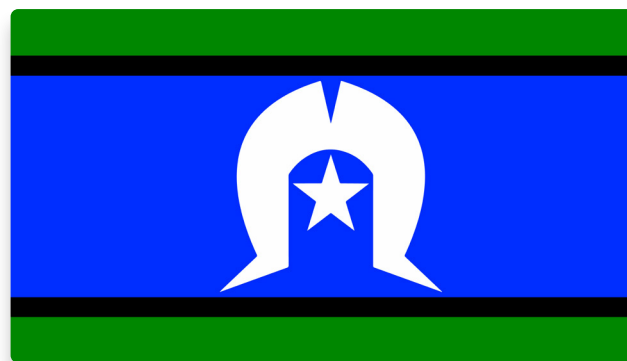
anwernekenhe
National HIV Alliance

afao

HEALTHCARE WORKFORCE TOOLKIT

**HIV and Sexual Health for Aboriginal
and Torres Strait Islander people**





Acknowledgement

ANA and AFAO acknowledge and pay respects to Aboriginal and Torres Strait Islander people as the traditional custodians of the lands on which we work.

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CONTENTS

1

**WORKING WITH ABORIGINAL AND
TORRES STRAIT ISLANDER PATIENTS AND CLIENTS**

2

HIV AND STIs OVERVIEW

3

TESTING AND MANAGEMENT

4

**DIAGNOSING, MANAGEMENT
AND TREATMENT OF STIs**

5

DIAGNOSING HIV

6

TREATMENT FOR HIV

7

PREVENTION

8

RURAL AND REMOTE AREAS

9

QUALITY OF LIFE

WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS AND CLIENTS

Cultural safety	5
Racism and stigma	5
Lesbian, Gay, Bisexual, Transgender, Queer, 2 Spirit, Intersex, Asexual + (LGBTQ2IA+) communities	5
Cultural awareness	6
The importance of privacy and confidentiality for health professionals	6
The importance of privacy and confidentiality for Aboriginal and Torres Strait Islander people	7
Closing the Gap scheme (CTG)	8
How to prescribe CTG PBS Co-payments	9
Resources for clinicians and healthcare workers	9
Resources for patients and clients	10

Cultural safety

Cultural safety is important when working with Aboriginal and Torres Strait Islander people within a health setting. Health professionals who are able to critically think about cultural safety will be able to deliver safe, accessible and responsive healthcare that is free of stigma and racism.

The Australian Indigenous Health Info Net have cultural safety resources for health professionals available on their website, [here](#).



Racism and stigma

The impacts of racism on the day-to-day lives of Aboriginal and Torres Strait Islander people cannot be understated. This can also have specific impacts on how, or even if, people engage with health services, due to previous negative experiences, concerns about safety, trust, confidentiality, and cultural appropriateness.

Aboriginal and Torres Strait Islander people can also identify in a range of other communities and experience additional stigma and/or shame related to being part of these groups. This could include in relation to their HIV status, STIs, sexuality, gender identity, drug use, or sex work, sex for favours, or opportunistic exchanges for sex (e.g. money, alcohol and drugs), among many others.

ASHM's [Removing Barriers](#) looks at addressing stigma and discrimination in healthcare settings, to understand the barriers, recognise the barriers in your practise, and make a difference.

Lesbian, Gay, Bisexual, Transgender, Queer, 2 Spirit, Intersex, Asexual + (LGBTQ2IA+) communities

[Understanding LGBTQ2IA+ Identities](#) provides explanations and more information on LGBTQ2IA+ terminology. For information about engaging effectively with LGBTQ2IA+ people in your service, see this [LGBTQ2IA+ Inclusion Guide](#). Transhub also has [information for clinicians](#) and information about [trans and gender diverse Aboriginal and Torres Strait Islander people](#).

Cultural awareness

Understanding the cultural way in which Aboriginal and Torres Strait Islander people view health and life is fundamental in providing health care.

Creating a rapport with your Aboriginal and Torres Strait Islander patients and clients by showing you have an awareness of Indigenous culture will help provide a sense of safety. This could include starting with a simple question like asking the patient or client where their Mob (Aboriginal family or community) is from. This could provide the opportunity to then open up the discussion to connecting to culture (or back to culture for those people that hadn't known where their Mob is from). There is information and resources on the Stolen Generation, intergenerational trauma and healing, [here](#).

It can be highly valuable for all staff of your service to undertake Aboriginal and Torres Strait Islander cultural awareness training to strengthen the understanding of Indigenous culture and how to better work with Indigenous patients and clients. This would include training on history and things like the Stolen Generation to help prepare for any discussions that may arise with clients.

You can contact your [state or territory Aboriginal Community Controlled Health Organisation](#) to ask about providers of cultural awareness training.

It is important for healthcare workers to understand that for some Indigenous communities, there is women's business and men's business, with rules around what can be discussed or undertaken by men and women. Some recommendations include:

- Ask the patient or client if they have a preferred gender identity for the healthcare worker they would like to speak with
- Follow advice of any Indigenous colleagues

For an example of more information on cultural language and sensitivity, you can see this [Aboriginal and Torres Strait Islander Guide to terminology](#) used by the Public Health Association of Australia.

The importance of privacy and confidentiality for health professionals

Health professionals are ethically obligated to protect patient confidentiality. The [Australian Medical Association \(AMA\) Code of Ethics](#) provides that a health professional must 'maintain the confidentiality of the patient's personal information including their medical records, disclosing their information to others only with the patient's express up-to-date consent or as required or authorised by law. This applies to both identified and de-identified patient data'.

There is also a [Code of Ethics for nurses](#).



The importance of privacy and confidentiality for Aboriginal and Torres Strait Islander people

- Inform the patient that the information discussed will be kept confidential. This can help build rapport and gain trust.
- Patients are free to choose who accesses information about their health, except in exceptional circumstances.
- The fear from Indigenous individuals of their information being disclosed to others can lead to patients being reluctant to seek medical attention. This can have an impact on future prevention and treatment.
- In some communities some potential patients and clients may have concerns that people working in healthcare services know them or are family members. Remind the patient that all information will be kept confidential. Offer to meet offsite (if appropriate) or ask if they would rather be seen by a visiting health professional.
- Sensitivity to these concerns and demonstrating strong privacy systems will help create confidence in health services.
- Disclosing to others that individuals have tested for, or are living with, HIV, other blood-borne viruses, or other STIs can lead to stigma and discrimination.
- Patients and clients should be advised to consider not disclosing being HIV positive until they are ready or feel safe to do so, and with any support they require.
- For support and information on issues relating to HIV disclosure, there are links to some state and territory organisations for people living with HIV [here](#). There are also other state and territory HIV organisations that can provide links to peer support for people living with HIV [here](#).

Closing the Gap scheme (CTG)

The Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) reduces the cost of many PBS medications. Eligible Aboriginal and Torres Strait patients can get their medication at concession price and if they already hold a concession or health care card, medication is free.

It is important to note that s100 prescriptions, such as those for HIV treatments, are not eligible through the CTG scheme. (Some jurisdictions however do make [HIV treatments free](#) for all people living with HIV, so check with your state/territory health department if there are options.)

HIV PrEP (Pre-Exposure Prophylaxis) is not a s100 prescription, so it is available through the CTG scheme.

	Full Price	Concession Card*
Standard	\$30	\$7.30
Closing the Gap (CTG) scheme	\$7.30	Free

*such as a Health Care Card, Commonwealth Seniors Health Card or a Pensioner Concession Card

Who can register patients?

- PBS prescriber
- an Aboriginal or Torres Strait Islander Health Practitioner registered with both the Australian Health Practitioner Regulation Agency (AHPRA) and Medicare.

Eligibility:

- Aboriginal or Torres Strait Islander
- Will be unable to manage their condition without the use of medication
- Will be unlikely to keep up treatment without the reduced cost
- Enrolled in Medicare

An individual's age, location in which they live, and their chronic disease status does not matter.

How to register a patient:

STEP 1

Check eligibility: identifying as Aboriginal or Torres Strait Islander and having Medicare.

STEP 2

Discuss the CTG Scheme with your patient to get their consent. It is important to be culturally appropriate here, let your patient know the benefits.

STEP 3

Register the patient through Health Professional Online Services [HPOS](#).

How to prescribe CTG PBS Co-payments

STEP 1

Check the prescription is for a PBS General Schedule medicine on the [PBS website](#) – other medicines aren't eligible under CTG, including items under Section 100 special arrangements.

STEP 2

Use [HPOS](#) to check the patient is registered for CTG.

STEP 3

Annotate the prescription to help pharmacists.

For more information on the Closing the Gap Co-payments visit [here](#).

Resources for clinicians and healthcare workers:

- [Talk Test Treat](#)
- [ASHM's Djiyadi - Can we talk?](#) (manual for sexual health workers who work with Aboriginal and Torres Strait Islander youth)
- [The Australian Indigenous Health Info Net](#)
- [ASHM's Removing Barriers](#)
- [Understanding LGBTQ2IA+ Identities](#)
- [LGBTQ2IA+ Inclusion Guide](#)
- [Transhub information for clinicians](#)
- [State or territory Aboriginal Community Controlled Health Organisation](#)
- [Aboriginal and Torres Strait Islander Guide to terminology](#)
- [Australian Medical Association \(AMA\) Code of Ethics](#)
- [Code of Ethics for nurses](#)
- [Organisations for support for people living with HIV](#)
- [State and territory HIV organisations](#)
- [Health Professional Online Services \(HPOS\)](#)
- [PBS website](#)
- [Information on the Closing the Gap Co-payments](#)

Resources for patients and clients:

- [Us Mob and HIV Booklet](#)
- [Testing factsheet](#)
- [Treatment as Prevention factsheet](#)
- [PEP factsheet](#)
- [PrEP factsheet](#)
- [Us Mob and HIV website](#)
- [Better to Know](#)
- [Young deadly free](#)
- [Talk Test Treat](#)
- [Trans Mob by Transhub \(trans and gender diverse Aboriginal and Torres Strait Islander people\)](#)
- [Organisations for support for people living with HIV](#)
- [State and territory HIV organisations](#)

HIV AND STIs OVERVIEW

Overview

12

Inequalities in overall health outcomes for Aboriginal and Torres Strait Islander people compared to the general Australian population are also reflected in HIV and sexual health indicators.

As reported by the Kirby Institute, although there was a significant reduction in overall HIV diagnoses in Australia from 2019 to 2020, COVID-19 almost certainly contributed to these lower numbers with people having less sex and were less likely to get tested during restrictions and lockdowns.

In the years preceding this, among Aboriginal and Torres Strait Islander peoples, rates of HIV remained disproportionately high when compared with Australian born non-Indigenous people. Rates of viral hepatitis and STIs continue to remain disproportionately high when compared with Australian born non-Indigenous people.

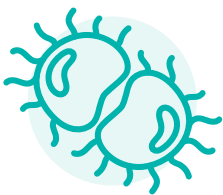
This includes:



HIV notifications: 33 in 2018 – over 1.6 times the rate of the Australian born non-Indigenous population (4.2 per 100,000 compared to 2.6 per 100,000). Although some reductions were seen in 2019, if these were to be sustained, including as COVID-19 restrictions ease, increased resourcing to reach Aboriginal and Torres Strait Islander people and to keep them in care will be required.



Syphilis notifications: 1,017 in 2019, up from 453 in 2015. In 2019, the rate of syphilis notifications among Aboriginal and Torres Strait Islander was approximately 5.9 times higher than among non-Indigenous people (119.4 per 100,000 compared to 20.3 per 100,000).



Gonorrhoea notifications: 4,031 in 2019, up from 3,596 in 2015. In 2019, the rate of gonorrhoea notifications among Aboriginal and Torres Strait Islander was approximately 5 times higher than among non-Indigenous people (585.7 per 100,000 compared to 115.6 per 100,000).



Chlamydia notifications: 7,596 in 2019, up from 6,859 in 2015. In 2019, the rate of chlamydia notifications among Aboriginal and Torres Strait Islander was approximately 2.78 times higher than among non-Indigenous people (1216.1 per 100,000 compared to 437.4 per 100,000).

Aboriginal and Torres Strait Islander people also have a high proportion of HIV diagnosed late, which leads to poorer health outcomes. In 2019, 26.3% of Aboriginal and Torres Strait Islander people diagnosed with HIV were classed as being diagnosed late.

More detailed data on HIV, other blood-borne viruses, and STIs, can be found on the Kirby Institute's website, [here](#).

TESTING AND MANAGEMENT

Testing for HIV and STIs	14
715 Health Check	14
Testing guidelines for Aboriginal and Torres Strait Islander people	15
Indications for HIV Testing	15
Offering testing for HIV and STIs	15
Some other questions to ask when offering testing	16
Types of HIV tests and window periods	16
Resources for clinicians and healthcare workers	17
Resources for patients and clients	17

Testing for HIV and STIs

Aboriginal and Torres Strait Islander people in Australia are disproportionately affected by HIV and sexually transmissible infections (STIs). Clinicians and healthcare workers can contribute to the health of communities by proactively offering opportunistic testing, education and safe sex messages.

It is important to offer patients and clients comprehensive sexual health check-ups, including HIV and other STIs (and other blood-borne viruses if indicated).

Confidentiality and privacy are vital for appropriate care and to ensure patients and clients remain connected to services and care. For more information on privacy and confidentiality, see the previous section [Working with Aboriginal and Torres Strait Islander patients and clients](#).

715 Health Check

715 health check is an annual health check specifically for Aboriginal and Torres Strait Islander people. The check helps to identify risk factors for chronic disease to improve health of Aboriginal and Torres Strait Islander patients.



715 health check can be bulk billed using Medicare Benefits Schedule (MBS) Item **715** (this is where it gets its name from).



Available to all Aboriginal and Torres Strait Islander people annually, with a minimum claim period of **9 months**.



Patients who identify as **Aboriginal** and/or **Torres Strait Islander** are eligible.



Patients are eligible for up to **10 follow up** services under **MBS item 10987**.



Both MBS items **715** and **10987** can be **bulk billed**.



Any **GP** or **Aboriginal Medical Service (AMS)** can conduct the check.

For more guidance on the 715 Health Check refer to the brochure below:

- [Health Professionals: 715 Health Checks to Improve Indigenous Health](#)

Testing guidelines for Aboriginal and Torres Strait Islander people

Testing advice and what's included in a sexual health check-up for Aboriginal and Torres Strait Islander people can be found here:

- [Australian Consensus STI Testing Guideline for Aboriginal and Torres Strait Islander People](#)
- [Australian STI Management Guidelines For Use In Primary Care](#)

Indications for HIV Testing

HIV testing is indicated in a number of contexts, including non-specific symptoms without identifiable risk factors. You can find more about this on ASHM's HIV indicator testing tool [Could it Be HIV?](#)

For more information on normalising HIV testing, clinical indicators and different contexts HIV testing is indicated for, see the [ASHM National HIV Testing Policy](#).

Offering testing for HIV and STIs

Offering HIV and STI testing can help patients and clients feel more comfortable. Taking a sexual history and by being sensitive in asking the right questions you help make sure you offer the right tests. There are some tips about how to talk to patients and clients about sexual health testing on the [Australian STI Management Guidelines website](#).

Many patients or clients may find numerous questions about their sexual history and the gender of the people they have sex with confronting and could deter people returning for future appointments. Informing the patient why you are asking the questions and minimising the number of questions can help alleviate this. Letting the patient know the questions you are asking helps to clarify the anatomical sites testing is required for, and if any additional infections are needed to be included in the testing, in order to offer an appropriate and comprehensive sexual health check-up.

It is important not to assume a patient or client's gender identity or the type of sex they might have to ensure they are offered the appropriate tests. For Aboriginal and Torres Strait Islander people, this can include [Sistergirls](#), [Brotherboys](#) and other trans and gender diverse people. You can find more information about offering sexual health testing to trans and gender diverse people, including the use of affirming language here:

- [Australian STI Management Guidelines For Use In Primary Care](#)
- [Transhub – Sexual Health Information for Clinicians](#)
- [Transhub – Trans Mob](#)
- [Understanding LGBTQ2IA+ Identities](#)
- [LGBTQ2IA+ Inclusion Guide](#)

? Some other questions to ask when offering testing

- ☐ Do you identify as Aboriginal or Torres Strait islander?
- ☐ Have you heard of the 715 health check?
- ☐ Would you prefer a healthcare worker of a particular gender or a health professional not from this community (if appropriate)?
- ☐ Would you like an Indigenous Health worker present during part or all of the consultation?
- ☐ Do you know about the 'Closing the Gap' Scheme?

Types of HIV tests and window periods

Tests for HIV have a window period (the time it takes a test to detect HIV if it has been acquired). There are different types of HIV testing, including laboratory-based testing, point-of-care (rapid) testing and HIV self-testing.

You can find more information about HIV self-testing, including to provide information and support about this testing option to clients or patients, on the [AFAO HIV Self-Testing Factsheet](#).

For laboratory-based tests, most laboratories in Australia use 4th generation HIV antibody/antigen screening tests. The window period for these tests is considered to be 6 weeks.

Rapid tests and self-tests for HIV can have a longer window period of up to 3 months.

ASHM's National HIV Testing Policy provides information on window periods as well as the different types of HIV tests:

[ASHM's National HIV Testing Policy](#)

Other resources for clinicians and healthcare workers:

- [ASHM National HIV Testing Policy](#)
- [Australian STI Management Guidelines](#)
- [Sexual health testing for trans and gender diverse people - Australian STI Management Guidelines](#)
- [Health Professionals: 715 Health Checks to Improve Indigenous Health](#)
- [Australian Consensus STI Testing Guideline for Aboriginal and Torres Strait Islander People](#)
- [Australian STI Management Guidelines For Use In Primary Care](#)
- [ASHM National Indicators for HIV](#)
- [Australian STI Management Guidelines website](#)
- [ASHMs HIV Clinical Indicator Testing Tool - Could it Be HIV?](#)
- [Australian STI Management Guidelines For Use In Primary Care](#)
- [Transhub – Sexual Health Information for Clinicians](#)
- [Understanding LGBTQ2IA+ Identities](#)
- [LGBTQ2IA+ Inclusion Guide](#)
- [ASHM's National HIV Testing Policy](#)

Resources for patients and clients:

- [Us Mob and HIV Booklet](#)
- [Testing factsheet](#)
- [Treatment as Prevention factsheet](#)
- [PEP factsheet](#)
- [PrEP factsheet](#)
- [Us Mob and HIV website](#)
- [Better to Know](#)
- [Young deadly free](#)
- [Talk Test Treat](#)
- [AFAO website](#)
- [AFAO HIV Self-Testing Factsheet](#)
- [Transhub – Trans Mob](#)

4

DIAGNOSING, MANAGEMENT AND TREATMENT OF STIs

STI diagnosis process	19
Australian STI Management Guidelines	20
Partner notification	20
Resources for clinicians and healthcare workers	22
Resources for patients and clients	22

STI diagnosis process

HIV and most STIs are notifiable and will require completion and submission of a notification form to your state or territory Health Department. The notification processes and who is required to complete these forms for both HIV and other STIs can vary depending on the state or territory (see links below).

It is very important that all sections of the form are completed. This ensures the most accurate data is collected and this data helps inform resourcing to provide HIV and STI education and support to various populations.

There are links to the state and territory notification forms and processes below:



*click on the State relevant to you

Australian STI Management Guidelines

Most STIs can be present without exhibiting symptoms. Using the guidelines, you will be able to link to specific populations and situations for asymptomatic screening recommendations, guidance in managing specific scenarios and management of diagnosing a STI.

See [Australian STI Management Guidelines](#).

Partner notification

Notifying the patients' sexual partners after a diagnosis of an STI is important. It prevents the patient becoming reinfected and reduces further transmission in the community through early detection and treatment. Some STIs can also cause serious complications in pregnancy which necessitates urgent access to testing and treatment for partners.

You can find guidance and assistance on contact tracing/partner notification, here:

- [The Australian STI Management Guidelines](#)
- [Australasian Contact Tracing Guidelines](#)

Most people want to know if their health is at risk. However some patients may be reluctant to identify their recent or past partners to clinicians and/or tell their sexual partners as it can be difficult or embarrassing. In some Aboriginal and Torres Strait Islander communities, this concern can be heightened, particularly in smaller communities where people may know most other members of the community. It can help to suggest various methods in which they can inform clinicians, such as writing the information on a piece of paper. Emphasising privacy and confidentiality with the patient and informing them about how the process can remain anonymous and non-identifying will be useful.

There are many ways to notify partners and all methods require patient consent.

Partner notification for STIs may involve the clinician informing partners confidentially, on behalf of the patient who remains anonymous. This method may be used when the patient doesn't have the confidence to do it or in complex situations e.g. where there may be a risk of violence or mistrust of past partners.

The patient may also do this themselves using various methods, including in person, phone, SMS or email. The process can also be shared by both the clinician and patient together.

Online partner notification tools can help people navigate through this experience of finding it difficult but still wanting to look after the health of their sexual partners. These tools allow patients or clinicians to SMS or email people that they may have been exposed to an STI and to get a test. It can be an anonymous or a named notification. These websites also have practical tools on how to talk to partners about an STI which patients may find helpful.

See online partner notification tools below

- [Better to Know](#) (for Aboriginal and Torres Strait Islander people)
- [The Drama Downunder](#) (for men who have sex with men)
- [Let Them Know](#)

Many people meet partners through social media or a dating app. If the patient wants to do the notification themselves, it's important to inform them to ensure privacy settings are in place on the app and how the information can be controlled. You could suggest that they message partners to call them outside of the online space.

If you would like assistance with partner notification, you can contact the following specialist support services. They may also include access to Aboriginal and Torres Strait Islander health professionals specialising in partner notification:



Victoria: Partner Notification Support Unit: (03) 9096 3367

NSW: NSW Sexual Health Infolink: (02) 9382 7681

Queensland: HIV Public Health Team: (07) 3328 9797

Northern Territory: Clinic 34: (08) 8999 2678

Western Australia: Partner Notification Officers (08) 9222 8549 or (08) 9222 8577 OR

Metropolitan Communicable Disease Control (08) 9222 8588

South Australia: Clinic 275: (08) 8222 2523

Tasmania: Tasmania Health: (03) 6166 0655

ACT: Canberra Sexual Health Clinic: (02) 6244 2184

All these choices can significantly support the patient, reducing fear and shame and break the chain of STI transmission.

Resources for clinicians and healthcare workers

- [Talk Test Treat](#)
- [ASHM's Djiyadi - Can we talk?](#) (manual for sexual health workers who work with Aboriginal and Torres Strait Islander youth)
- [Australian STI Management Guidelines](#)
- [The Australian STI Management Guidelines](#)
- [Australasian Contact Tracing Guidelines](#)

Resources for patients and clients

- [Us Mob and HIV Booklet](#)
- [Testing factsheet](#)
- [Treatment as Prevention factsheet](#)
- [PEP factsheet](#)
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- [The Drama Downunder](#)
- [Let Them Know](#)

DIAGNOSING HIV

HIV diagnosis process	24
Support in conveying a new diagnosis	25
Support for patients when diagnosed	25
Partner notification	26
Referral to HIV treatment prescribers for patients	27
Resources for clinicians and healthcare workers	27
Resources for patients and clients	28

HIV diagnosis process

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It is very important that all sections of the form are completed. This ensures the most accurate data is collected and this data helps inform resourcing to provide HIV and STI education and support to various populations.

There are links to the state and territory notification forms and processes below:



*click on the State relevant to you

Support in conveying a new diagnosis

Information about conveying HIV test results, including information on resources to assist health professionals new to diagnosing HIV, can be found on [ASHM's National HIV Testing Policy website](#).

Services that can assist and support health professionals who are unfamiliar with diagnosing HIV can often be facilitated by the laboratory performing the HIV test. Contacting a sexual health clinic or clinician in your area could also be an option for support in providing a diagnosis.

It can be difficult delivering a positive HIV result for a health worker. Knowing the best way to deliver a result and being able to access support for both clinician and patient can aid in the process. Each [state and territory have resources](#) that can help.

A positive HIV diagnosis should generally be done in person. However, it can be done via phone, by email or text message, or via apps such as Facetime, when it is considered appropriate. This should be decided using professional judgement by whoever is giving the test results.

The patient may require counselling and should always be offered to the patient after a positive diagnosis. Counselling should be done by experienced doctors and nurses, or trained health professionals such as a psychologist, counsellor, or social worker. For further information and support go to the [National Standards for Psychological Support for Adults with HIV](#).



Support for patients when diagnosed

Peer support can be extremely valuable at the time of diagnosis and beyond. Being able to speak with other HIV positive people that have shared experiences can be a significant source of support. There are organisations in each state and territory that provide a range of peer support services for people living with HIV, including for those recently diagnosed.

There are links to some state and territory organisations for people living with HIV [here](#).

There are also other state and territory HIV organisations that can provide links to peer support for people living with HIV [here](#).

Partner notification

People diagnosed with HIV are often concerned about previous sexual partners. The clinician or counsellor is often responsible for notifying sexual and injecting partners in collaboration with the patient who remains informed of the process. All partner notifications are confidential and the patient remains anonymous. Providing partners with access to HIV Post-Exposure Prophylaxis (PEP), if a risk occur within 72 hours or ongoing Pre-Exposure Prophylaxis (PrEP) will also reduce risk of HIV transmission.

There is information on the requirements for partner notification for HIV, including options for practical assistance, here:

- [ASHM National HIV Testing Policy](#)
- [The Australian STI Management Guidelines](#)
- [Australasian Contact Tracing Guidelines](#)

If you would like assistance with partner notification, you can contact the following specialist support services. They may also include access to Aboriginal and Torres Strait Islander health professionals specialising in partner notification, and may also assist in notifying partners through social media or dating apps. This notification remains anonymous and private.



Victoria: Partner Notification Support Unit: (03) 9096 3367

NSW: NSW Sexual Health Infolink: (02) 9382 7681

Queensland: HIV Public Health Team: (07) 3328 9797

Northern Territory: Clinic 34: (08) 8999 2678

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Tasmania: Tasmania Health: (03) 6166 0655

ACT: Canberra Sexual Health Clinic: (02) 6244 2184

Referral to HIV treatment prescribers for patients

Treatments for HIV reduce the amount of HIV in the body and keeps the immune system strong. **The earlier someone starts treatment after they are diagnosed, the better this will be for their health.**

HIV treatments can also reduce the amount of HIV in the body to an undetectable level (so low that tests cannot detect it). **A person with an undetectable viral load cannot pass HIV on to their sexual partners.** This is called 'Treatment as Prevention'. It is also known as 'Undetectable = Untransmittable' or 'U=U'.

Treatments for HIV are classed under '[section 100 Highly Specialised Drug](#)' under the National Health Act. This means there are restrictions on who can prescribe these medicines to patients. HIV treatments can only be prescribed by tertiary consultants and general practitioners who are accredited and maintain a continued professional development in HIV.

You can find a list of s100 prescribers [here](#).

HIV treatment prescribers are not available in all areas. If you are interested in becoming an s100 prescriber for HIV treatments, you can find information about the courses, here:

- [ASHM – How to become an s100 prescriber](#) – for all states except Victoria)
- [Victorian HIV and Hepatitis Integrated Training And Learning program \(VHHITAL\)](#) – for Victoria)

Resources for clinicians and healthcare workers

- [Talk Test Treat](#)
- [ASHM's Djyadi - Can we talk?](#) (manual for sexual health workers who work with Aboriginal and Torres Strait Islander youth)
- [ASHM's National HIV Testing Policy](#) (Conveying HIV test results)
- [ASHMs HIV Clinical Indicator Testing Tool - Could it Be HIV?](#)
- [Making a new diagnosis state and territory resources](#)
- [National Standards for Psychological Support for Adults with HIV](#)
- [Organisations for support for people living with HIV](#)
- [State and territory HIV organisations](#)
- [The Australian STI Management Guidelines](#)
- [Australasian Contact Tracing Guidelines](#)
- [S100 National Health Act - section 100 Highly Specialised Drug](#)
- [List of s100 prescribers](#)
- [ASHM – How to become an s100 prescriber](#)
- [Victorian HIV and Hepatitis Integrated Training And Learning program \(VHHITAL\)](#)

Resources for patients and clients

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- [PrEP factsheet](#)
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- [Better to Know](#)
- [Young deadly free](#)
- [Talk Test Treat](#)

TREATMENT FOR HIV

How does HIV treatment work?	30
When should you start treatment?	30
Ways to get treatment and cost	30
Treatment uptake among Aboriginal and Torres Strait Islanders	31
Treatment Guidelines	31
s100 prescribers	31
Becoming an s100 prescriber	31
Resources for clinicians and healthcare workers	32
Resources for patients and clients	32

How does HIV treatment work?

- Taking HIV treatment significantly reduces the amount of HIV in the body.
- If a patient takes HIV medication as prescribed it will reduce their HIV viral load (amount of HIV measured in the blood) and increase their CD4 cell count (immune system) in the body.
- For most people, taking treatments as prescribed will suppress their viral load to 'undetectable' levels, which is less that viral load tests cannot detect. Most viral load tests used in Australia have a lower limit of detection of between 20 to 75 copies of HIV per ml of blood.
- **A person with an undetectable viral load cannot pass HIV on to their sexual partners.** This is called 'Treatment as Prevention'. It is also known as 'Undetectable = Untransmittable' or 'U=U'. There is guidance on Treatment as Prevention for healthcare professionals, [here](#).
- Once someone commences treatment, they will take it for the rest of their life. Taking breaks from treatments is not recommended. This gives HIV a chance to replicate and can cause a weakened immune system. It can also allow resistance to some treatments develop for that person, making it harder to treat HIV in the future.

When should you start treatment?

The earlier someone can start treatment after being diagnosed with HIV, the better the health outcomes for the patient. Early treatment has the following benefits for the patient:

- Prevents further damage to the body from HIV and improves overall health
- Can reduce HIV in the body to undetectable levels meaning they cannot pass it on to others

Ways to get treatment and cost

Once the patient or client has their [script from their s100 prescriber](#), if they have a Medicare card, they can collect their medication like any PBS medication from a local chemist (some chemists may need to order it in).

	Full Price	Concession Card*
Standard	\$30	\$7.30

*such as a Health Care Card, Commonwealth Seniors Health Card or a Pensioner Concession Card

However, some jurisdictions pay for the co-payment making treatment free for all patients, so check with you state/territory health department if there are options.

If patients do not have a Medicare card, [s100 prescribers](#) can advise other ways to access their HIV treatments.

HIV treatments (and any s100 prescribed medications) are not included as part of the '[Closing the gap](#)' scheme, so cannot be provided at the lower costs.

Treatment uptake among Aboriginal and Torres Strait Islanders

Aboriginal and Torres Strait Islander people living with HIV have a high proportion of those diagnosed with HIV that are classed as diagnosed late, which in turn means HIV treatments are started later. This can lead to poorer health outcomes for the individuals and could also allow onward transmission without knowing their HIV status or the benefit of treatment as prevention.

It is important to ensure all Aboriginal and Torres Strait Islander people living with HIV are supported to access appropriate testing and to ongoing treatment and connection to care.



Treatment Guidelines

ASHM's Australian HIV treatment guidelines are [here](#).

s100 prescribers

Treatments for HIV are classed under 'section 100 Highly Specialised Drug' under the National Health Act. This means there are restrictions on who can prescribe these medicines to patients. HIV treatments can only be prescribed by tertiary consultants and general practitioners who are accredited and maintain a continued professional development in HIV.

You can find a list of s100 prescribers [here](#).

Becoming an s100 prescriber

HIV treatment prescribers are not available in all areas. By becoming an S100 prescriber you increase access to HIV treatment for Aboriginal and Torres Strait Islander people and the wider community. With more health professionals with the accreditation, barriers to people commencing treatment can be reduced and improve the lives of people living with HIV.

If you are interested in becoming an s100 prescriber for HIV treatments, you can find information about the courses, here:

- [ASHM](#) – for all states except Victoria)
- [Victorian HIV and Hepatitis Integrated Training And Learning program \(VHHITAL\)](#) – for Victoria)

Resources for clinicians and healthcare workers:

- [ASHM's Australian HIV treatment guidelines](#)
- [ASHM's Guidance for Healthcare Professionals on U=U](#)
- [Talk Test Treat](#)
- [ASHM's Djiyadi - Can we talk?](#) (manual for sexual health workers who work with Aboriginal and Torres Strait Islander youth)
- [U=U: ASHM Guidance for Healthcare Professionals](#)
- [ASHM's Australian HIV treatment guidelines](#)
- [S100 National Health Act - section 100 Highly Specialised Drug](#)
- [List of s100 prescribers](#)
- [ASHM – How to become an s100 prescriber](#)
- [Victorian HIV and Hepatitis Integrated Training And Learning program \(VHHITAL\)](#)

Resources for clinicians and healthcare workers:

- [Us Mob and HIV Booklet](#)
- [Testing factsheet](#)
- [Treatment as Prevention factsheet](#)
- [PEP factsheet](#)
- [PrEP factsheet](#)
- [Us Mob and HIV website](#)
- [Better to Know](#)
- [Young deadly free](#)
- [Talk Test Treat](#)

PREVENTION

Condoms and lube	34
Free Condoms and lube	34
PEP	
What is PEP?	35
Reasons for taking PEP	35
Referring patients to get PEP	35
Resources for clinicians and healthcare workers	36
Resources for patients and clients	36
PrEP	
What is PrEP?	37
Prescribing PrEP	37
Ways to take PrEP	37
Ways to get PrEP, cost and 'Closing the Gap' Scheme	38
Resources for clinicians and healthcare workers	39
Resources for patients and clients	39
Treatment as Prevention	40
Resources for clinicians and healthcare workers	40
Resources for patients and clients	40

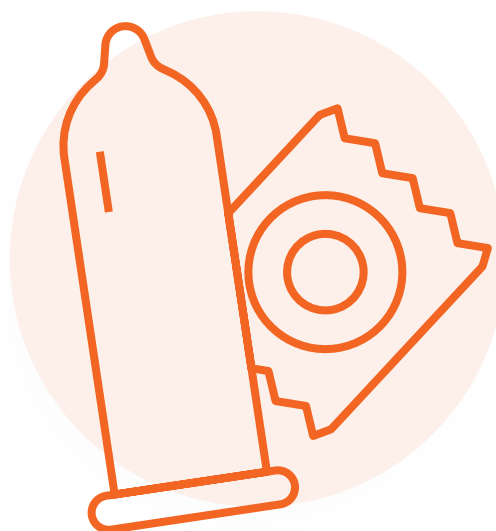
There are a range of ways that people can choose from to prevent HIV and STIs, including combinations of these tools.

Condoms and lube

Condoms and lube are an effective way to prevent HIV as they stop the passing of fluids from one partner to the other.

Condoms can also reduce the risk of other STIs, but don't eliminate this risk. This is because STIs can be passed on through sexual activities that condoms are not used for, and some STIs can be passed on through skin-to-skin contact including through where the condom does not cover. This is why testing for HIV and other STIs is also important.

Condoms are best used with water-based or silicon-based lubricants (oil-based lubricants will eat away at condoms).



Free condoms and lube

Providing free condoms and lube can be valuable, particularly for patients and clients for which cost is a barrier. You could consider providing them at your service, and it can also provide an opportunity to start a discussion about sexual health. Alternatively, you can let your patients know where they can access free condoms and lube from, including at [Public Sexual Health Clinics](#) and 24 hour access through condom dispensary machines.

You can also contact [state and territory HIV organisations](#) for advice on where to direct your patients to for free condoms and lube.

PEP

What is PEP?

PEP (Post-Exposure Prophylaxis) is a month-long course of medications taken to prevent HIV after a potential exposure to HIV. The drugs used for PEP are the same type of medications that HIV-positive people use as HIV treatment, or that are used for PrEP (Pre-Exposure Prophylaxis).

PEP is different from PrEP. PrEP (Pre-Exposure Prophylaxis) is a medication that HIV-negative people can take to prevent HIV so they are protected before a potential exposure.

The sooner someone starts PEP after a potential exposure the better. It is most effective when started within 24 hours, but it must be started within 72 hours after a possible exposure to HIV.

Reasons for taking PEP

The most common reasons for somebody needing PEP are:

- Sex without a condom
- Condom breaking or slipping off during sex
- Sharing needles or syringes

Taking PEP can also give someone peace of mind if they are particularly anxious about an event.

Referring patients to get PEP

If a patient or client lets you know that they have had a risk for HIV within 72 hours, let them know about PEP and how they can act fast to access it. For more information and for locations where they can access PEP, refer them to the [Get PEP website](#).

Many states and territories also have PEP information phone lines. Where these exist, they are listed on the state pages for the 'Get PEP Now' section of the Get PEP website. These phone services are staffed by HIV clinicians and can provide information and advice to you and/or your patient, and refer your patient where they can access PEP.

Clients can get PEP from Emergency Department of most public hospitals, sexual health clinics and some other doctors. If the HIV exposure happens after hours, Emergency Departments are often the best place to go to make sure they start PEP as soon as possible. There may be a small cost when they get their prescription filled.



Resources for clinicians and healthcare workers:

- [Talk Test Treat](#)
- [ASHM's Djiyadi - Can we talk?](#) (manual for sexual health workers who work with Aboriginal and Torres Strait Islander youth)
- [Public Sexual Health Clinics](#)
- [State and territory HIV organisations](#)
- [Get PEP website](#)
- [Australian Post-Exposure Prophylaxis National Guidelines](#)

Resources for patients and clients:

- [Us Mob and HIV Booklet](#)
- [PEP factsheet](#)
- [Us Mob an HIV website](#)
- [Better to Know](#)
- [Young deadly free](#)
- [Talk Test Treat](#)
- [Get PEP](#)
- [PEP factsheet for Aboriginal and Torres Strait Islander communities](#)

PrEP

What is PrEP?

PrEP (Pre-Exposure Prophylaxis) is a medication that HIV-negative people can take to prevent HIV so they are protected before a potential exposure. Taking PrEP before being exposed means there is enough medication in their body to stop HIV. If taken as prescribed, PrEP reduces the risk of HIV transmission by almost 100%.

The effectiveness of PrEP has been proven through a number of large international clinical trials. Details of the evidence of the major trials providing the evidence for the safety and efficacy of PrEP can be found on the [Australian PrEP Clinical Guidelines](#).

PrEP is different to PEP. PEP (*Post*-Exposure Prophylaxis) is a month-long course of medications taken to prevent HIV *after* a potential exposure to HIV.

It can reduce the fear and anxiety that many people have about sex and HIV and can help put themselves in control of their HIV status.

PrEP is suitable for all people at risk of HIV. It prevents HIV, but it does not prevent other STIs, or pregnancy. Condoms can reduce your risk of other STIs, but don't eliminate this risk.

Prescribing PrEP

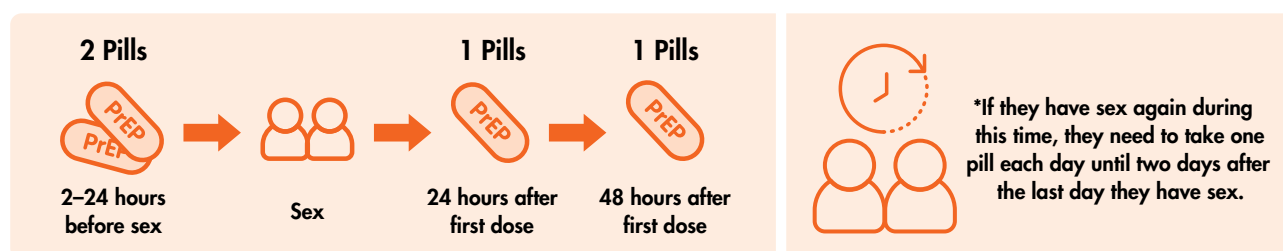
PrEP can be prescribed by any GP or sexual health nurse practitioner in Australia. There are PrEP resources for clinicians, including links to the Australian PrEP clinical guidelines, prescribing pathway, and dosing guide, on the [ASHM website](#).

Ways to take PrEP

There are a couple of different ways clients can take PrEP. There is *Daily PrEP* and *On-Demand PrEP*.

Daily PrEP is the most common way people take PrEP in Australia. It is as simple as taking one pill every day. This can also include taking PrEP for short periods of time, such as over a holiday.

On-demand (or event-based) PrEP is taking PrEP around the times they have sex. For this to work, they need to know when they are planning to have sex in advance. They need to understand the dosing schedule and it is important not to miss any doses. Otherwise, it may not give them full protection. To take on-demand PrEP, they need to:



However, on-demand PrEP is also not suitable for everyone. The Australian PrEP clinical guidelines and resources for patients and clients listed below provide more detail on who on-demand PrEP is not suitable for.

Ways to get PrEP, cost and 'Closing the Gap' Scheme

Once the patient has a script, if they have a Medicare card, like any PBS medication they can get their PrEP from any local chemist (some chemists may have to order it in). The standard co-payment costs for PBS medications applies, so each script (30 pills) will cost:



	Full Price	Concession Card*
Standard	\$30	\$7.30
Closing the Gap (CTG) scheme	\$7.30	Free

*such as a Health Care Card, Commonwealth Seniors Health Card or a Pensioner Concession Card

Under the Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS), Aboriginal and Torres Strait patients can get their PrEP at concession price, and if they already hold a concession or health care card, it is free. Patients need to be registered in the CTG scheme by their healthcare worker. Steps on how to easily register your patients can be found [here](#).

Once patients have their prescription, they can also legally import PrEP for personal use from overseas online pharmacies. This is also an option for people who do not have a Medicare card. It can be useful to advise your patients if they are ordering through these overseas online pharmacies, that each time they need to order, make sure they plan ahead to make sure they get their next prescription, place their order and allow for shipping to receive their PrEP in time. There are links patients to find online pharmacies to order PrEP, here:

- [PrEP'D For Change](#)
- [PAN \(PrEPAccessNow\)](#)

Resources for clinicians and healthcare workers:

- [Australian PrEP Clinical Guidelines](#)
- [PrEP resources for clinicians – ASHM website](#)
- [PrEP'D For Change](#)
- [PAN \(PrEPAccessNow\)](#)

Resources for patients and clients:

- [Us Mob and HIV Booklet](#)
- [PrEP factsheet for Aboriginal and Torres Strait Islander communities](#)
- [Us Mob and HIV website](#)
- [Young deadly free](#)
- [Get PrEP'D](#) (for gay, bi and other men who have sex with men)

TREATMENT AS PREVENTION

For people living with HIV, treatments for HIV reduces the amount of HIV in their body and ensures their immune system is strong so they can live a long and healthy life. In addition to helping take control of their health, starting their HIV treatment will also help protect their partners.

HIV treatments reduce the levels of HIV (viral load) in a person's blood and other bodily fluids, in almost all cases to 'undetectable' levels. An 'undetectable viral load' means the amount of HIV in someone's blood is so low tests cannot find it. **When an HIV positive person keeps an undetectable viral load, they cannot pass on HIV to their sexual partners.** This is known as Treatment as Prevention. It is also described as 'U=U' which stands for 'Undetectable equals Untransmittable'.

It is a powerful HIV prevention tool and has been proven through a number of large international clinical trials. It can reduce anxiety for people living with HIV to be confident they cannot pass on HIV to their partners, and has the potential to reduce fear and stigma among HIV negative people. For more information about treatment as prevention, including details of the major trials providing the evidence for this prevention tool, see [ASHM's Guidance for Healthcare Professionals on U=U](#).

Resources for clinicians and healthcare workers:

- [ASHM's Guidance for Healthcare Professionals on U=U](#)
- [ASHM's Australian HIV treatment guidelines](#)

Resources for patients and clients:

- [Us Mob and HIV Booklet](#)
- [Treatment as Prevention factsheet for Aboriginal and Torres Strait Islander communities](#)
- [Us Mob and HIV website](#)
- [Young deadly free](#)

RURAL AND REMOTE AREAS

Concerns for community members	42
Support for healthcare workers in rural and remote services	42

Concerns for community members

For people living in rural and remote areas, accessing health services can sometimes be difficult. This can be due to the availability of services in their area, and the distance and time required to organise travel to see a service. Some services provide patient travel schemes – you can contact services in your area to see if any are available.



Confidentiality and privacy are often concerns for many people going to health services, particularly for things like HIV and sexual health. This can especially be a concern for people in smaller communities and those in rural and remote areas. This is due to fears that people they know, including family members, may work at a health service, or that more broadly other community members will see them visiting a service and will tell other people.

For people living with HIV or who are diagnosed with an STI, there can be concerns that this will be disclosed to other community members leading to stigma and discrimination.

All of these issues can make people reluctant to engage with services, and/or may delay medical appointments until they can travel away from their community. Sensitivity to these concerns and demonstrating strong privacy systems will help create confidence in health services.

Support for healthcare workers in rural and remote services

If you work in a rural or remote health service and would like support to provide HIV and sexual health testing, treatment or other services to patients and clients, you could contact a sexual health clinic in your region to discuss potential options for information and support.

There are also some videos from *Young Deadly Free* that provide information for clinicians about STI and blood-borne virus testing in remote communities:

- [The Basics of STI testing in remote Australia](#)
- [Clinicians Sharing Strategies for Offering STI and BBV Testing in Remote Communities](#)

QUALITY OF LIFE

Quality of life

44

Resources for clinicians and healthcare workers

44

Many people living with HIV, and people from minority populations, such as Aboriginal and Torres Strait Islander people, experience a range of things that impact their quality of life. This can include stigma relating to things such as their HIV status, sexuality, gender identity, and of course racism, among others. These issues can have a significant impact on people's mental and broader health.

Aboriginal and Torres Strait Islander people often experience [intergenerational trauma](#), so for many Indigenous patients and clients, including those living with HIV, may need a trauma informed response. There are trauma education resources available [here](#).

When seeing patients or client for their HIV and sexual health needs, it is important to consider these things and what other needs they may have for their overall health and wellbeing.

This could include building resilience to stigma, mental health support services, and other health supports.

For support for issues relating to HIV, there are links to some state and territory organisations for people living with HIV [here](#). There are also other state and territory HIV organisations that can provide links to peer support for people living with HIV [here](#). There is also information in the [National Standards for Psychological Support for Adults with HIV](#).

Resources for clinicians and healthcare workers:

- [The Basics of STI testing in remote Australia](#)
- [Clinicians Sharing Strategies for Offering STI and BBV Testing in Remote Communities](#)
- [Intergenerational trauma](#)
- [Trauma education resources](#)
- [Organisations for support for people living with HIV](#)
- [State and territory HIV organisations](#)
- [National Standards for Psychological Support for Adults with HIV](#)

