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# WAAC

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# HIV TODAY

AN UPDATE FOR GENERAL PRACTITIONERS



# DO I STILL NEED TO BE TESTING FOR HIV?



SCAN HERE FOR  
TESTING GUIDELINES



Australia recorded 722 new HIV cases in 2023,<sup>1</sup> compared to 1,037 in 2013.<sup>2</sup> Early diagnosis and the use of treatment as prevention has been a cornerstone of Australia's effective HIV response strategy. By the end of 2022, approximately 28,870 Australians were living with HIV. Among them, around 93% had received a diagnosis, 97% of those diagnosed remained in care, and 95% of this group were receiving antiretroviral therapy (ART). Notably, 98% of individuals on ART achieved viral suppression.<sup>2</sup>

However, successes have not been evenly distributed across all populations.

In some communities, large proportions of people who have HIV don't know their status because they haven't been tested. For instance:

- 1 in 4 Southeast Asian-born people who are living with HIV in Australia are undiagnosed; and
- 1 in 6 heterosexual people who are living with HIV in Australia are undiagnosed.

Additionally, we continue to see high numbers of late diagnoses (defined as diagnoses at least four years after the time of acquisition).

**More than one-third of all Australia's HIV diagnoses in 2023 were classified as 'late'.<sup>1</sup>** Late diagnosis not only affects long-term health outcomes but also increases the risk of onward transmission.

## WHO TO TEST AND WHEN

WA Health's Silver Book<sup>3</sup> provides helpful guidance on HIV testing for specific groups (Scan the QR code on the page across to access the guidelines). Recommended testing schedules include:

- **Men who have sex with men (MSM):** Annual HIV testing of MSM is recommended, regardless of partner count, age, or bisexuality. Testing every 3 to 6 months is advised for men who frequent sex-on-premises venues, beats, engage in drug use, or use apps to seek sexual partners.
- **Aboriginal people under 40:** Biannual testing is recommended for Aboriginal people who have recently changed sexual partners.

- **People who use methamphetamine or have injected drugs in the previous 12 months:** Annual testing is advised, even if safe injecting practices are reported.
- **Individuals who are street present, couch surfing or in insecure accommodation arrangements:** Biannual testing is recommended for those with recent sexual partner changes.
- **Current sex workers:** An HIV test is recommended at the first visit, with follow-up tests annually.

These testing guidelines should be followed regardless of condom usage, with more frequent testing recommended after specific high-risk exposures.

Additional behavioural and epidemiological indicators for HIV testing outlined in the National Testing Policy include:

- Transgender women and gender-diverse individuals who have sex with men.
- Individuals with new or multiple partners, and partners of those known to be living with HIV.
- People reporting high-risk exposures (e.g., unprotected intercourse with someone of unknown HIV status, or those with a detectable viral load).
- People who have been incarcerated, travelled to high-prevalence countries, or received medical care in settings with poor infection control.<sup>4</sup>

## HOW TO OFFER HIV TESTING

Here are some ways of offering sexual health testing in a way that is non-stigmatising:

**"We are offering sexually transmitted infection testing to all sexually active people under the age of 30 as STIs are common and it's important to treat early. Would you like a test while you're here today?"<sup>5</sup>**

**"Some people like to include a sexual health check when they are getting other tests. Is this something you'd like to do today?"**



# I HAVE A CLIENT WITH HIV. WHAT DO I DO?

Australia's successful public health response to HIV means new diagnoses are infrequent for most general practitioners. However, for the individual receiving the diagnosis, learning that they have HIV can be a life-changing moment. It is essential for health professionals to be prepared, even if these situations are rare.

## HOW TO TELL SOMEONE THEY HAVE TESTED POSITIVE FOR HIV

Delivering an HIV diagnosis for the first time can feel challenging. The National Association of People with HIV Australia (NAPWHA) has developed an excellent 5-minute online module with key messages on giving a good HIV diagnosis: <https://napwhalearning.org.au/courses/hiv-101-gps/>

The key messages of the module include the following:

- **Acknowledge emotions:** It is normal for patients to feel strong emotions upon diagnosis. Validate these feelings.
- **Provide current information:** Let patients know that today's treatments are highly effective, people with early treatment can live fulfilling lives, and those who achieve viral suppression can have sex without transmitting HIV.
- **Avoid stigma:** Sensitive questions should be framed with care. Reassure patients that these are not being asked from a place of judgment.
- **Commit to walking alongside your patient:** People don't want to feel abandoned by their GP. According to one person living with HIV, "I'd rather a doctor say 'I don't know much about this. I'm referring you to a

specialist and we'll make appointments for support services. We can learn about this together."

WAAC has produced a new publication to help people who are newly diagnosed with HIV to make sense of their diagnosis and the path ahead. Contact us to order your copies.

## HOW DO I ACT AROUND A PATIENT WHO HAS HIV?

The HIV Futures 10 study found that almost one-third of participants reported that they had been treated negatively or differently by healthcare workers because of their HIV status.<sup>6</sup> Stigma in health settings not only affects the emotional and psychological well-being of individuals but also creates significant barriers to accessing care, making people less likely to seek medical help or remain engaged in healthcare services.<sup>7</sup>

HIV-related stigma in healthcare environments can take many forms, ranging from explicit to more subtle behaviours. Examples include:

- **Stereotyping:** assuming individuals with HIV are dishonest or engage in risky behaviours.
- **Prejudicial views:** regarding people living with HIV as unclean or a source of contagion.
- **Discriminatory attitudes:** apathy or neglecting the responsibility to ensure privacy.
- **Stigmatising behaviours:** imposing unnecessary precautions, such as PPE during procedures that involve no contact with blood.<sup>7</sup>

To help address and reduce stigma, the WA Department of Health has developed a comprehensive e-learning module. This training is designed to assist clinicians in understanding the dynamics of blood-borne virus stigma and how to prevent discrimination in healthcare settings.

The training is available here: <https://elearning.health.wa.gov.au/elearning/understanding-and-reducing-BBV-stigma-and-discrimination/#/>

## TREATING PATIENTS WITH RESPECT AND DIGNITY

In a survey of medical practitioners responsible for HIV care in Australia, 75% of respondents identified mental health as the predominant issue in the care of people living with HIV.<sup>8</sup> Many people living with HIV

may already face psychosocial stressors related to their minority status, which are further intensified by the added challenges of an HIV diagnosis.<sup>9</sup> WAAC offers free crisis and therapeutic counselling for people living with or affected by HIV.

Additionally, WAAC offers a wide range of peer support strategies aimed at enhancing the health and wellbeing of people living with HIV. A systematic review found evidence that peer support for people living with HIV increased retention in care, treatment adherence, viral suppression, quality of life and mental health.<sup>10</sup> Qualitative research shows that people living with HIV value peer support workers because, "they understand. They have similar struggles to what I would in aspects of my life because of my HIV status. And it's nice to get their perspective on how everyone deals with something differently, and to be able to pick which way is going to work best for you."<sup>11</sup>

WAAC's Peer Education Officers provide one-on-one support, lead both in-person and online groups, seminars, workshops, and social networking opportunities, and assist with advocacy, referrals, and support for families and others affected by HIV.

People living with HIV can call (08) 9482 000 or visit the WAAC website to access WAAC's counselling and peer support service. An information line is also available to answer questions about HIV: 1300 565 257.

Additionally, Positive Organisation Western Australia (POWA) is a peer based not for profit organisation providing advocacy and support for people with HIV in Western Australia. Contact: [powacontact@gmail.com](mailto:powacontact@gmail.com).



# CREATING SPACE FOR SEXUAL HEALTH DISCUSSIONS

General practitioners are recognised as trusted sources of sexual health information. However, people do not always feel confident raising the topic of sex and sexual health with their GPs.

There are lots of ways that you can help to overcome stigma and signal that you are a safe space for sexual health discussions.



## Merchandise

The WAAC store sells a range of merchandise which you can use to signal that you are an LGBTIQ+ ally.



## Posters

The WA Department of Health has produced a range of assets as part of its Healthysexual campaign.

You can order the assets through the Quickmail website at the QR code here.



## Condoms

WAAC is funded to provide free safe sex packs (containing 1 condom and 1 lubricant sachet within packaging with health promotion messaging) to organisations, groups and individuals all around Western Australia.

We believe everyone has the right to access condoms and have the support they need to lead healthy, safe and fulfilling sex lives.

If you would like to order free condoms to stock in your office bathrooms or waiting areas, please scan the QR code here and complete the order form.



## Pamphlets

WAAC offers pamphlets to display in your waiting areas or consulting rooms. To order our resources please email [hello@waac.com.au](mailto:hello@waac.com.au) and we will send them out, or scan the QR code here for our online resources.

Our resources cover topics including **WAAC Services**, **HIV**, **Sexual Health**, **Alcohol and Other Drugs**, **LGBTIQ+**, and resources for **Clinicians**.

## Open the conversation

When approaching sexual health, you may find it helpful to use globalising statements to make the conversation feel less personal and more general. For example:

***"A lot of young people have questions or worries about relationships and sexual health. We have some great info, resources and websites here that other young people have found useful. Would you like to see them?"<sup>12</sup>***

