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WAAAC

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HIV TODAY

AN UPDATE FOR GENERAL PRACTITIONERS

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WORLD AIDS DAY SPEECH, 2025

More than a century ago, Ernest Shackleton stood in freezing Antarctic waters searching for Elephant Island. Months earlier, his ship, the Endurance, had been crushed and swallowed by the ice. With supplies dwindling and winter closing in, he made a painful choice. He left 22 men on that barren island while he and a small crew set out to find help.

After 128 days at sea, he returned. He cupped his hands to his mouth and called across the shore. Are you all well?

From the rocks came the reply he had crossed the ocean for. All safe. All well. Not one left behind.

World AIDS Day is a time to remember those we have lost. To honour those who have survived. To acknowledge the carers, the advocates, the researchers and the activists who refused to turn away when it mattered most.

It's also a time to pause and take stock. Shackleton's question sits with us. "Are we all well?"

Unfortunately, we cannot yet answer, "All safe. All well."

Here in Western Australia, the picture is uneven. Nearly one in ten people living with HIV are unaware of their status. That lack of timely diagnosis slows care, heightens the risk of unnecessary illness, and keeps the virus moving when it should have nowhere left to go. Late diagnosis is climbing. Five years ago it was 37 percent of new cases. Today it sits at 48 percent. Each percentage point represents people who should have been reached sooner.

We have PrEP, a prevention tool with near-perfect power. Yet awareness is patchy. Among migrants from priority regions, only sixteen percent have even heard of it. Around half of GPs do not feel confident prescribing it. People in regional towns stop using it at almost twice the rate of those in Perth. The places and people with the highest need often have the weakest access.

Among Aboriginal and Torres Strait Islander people living with HIV, retention in care is only eighty one percent.

Almost one in five lose contact with services altogether. Unacceptable in a country with our resources. Unacceptable for a response held up internationally as a model.

And, beyond our borders, the ground is shifting. PEPFAR has saved more than 25 million lives, yet now sits in political uncertainty. The Global Fund faces shortfalls as donor nations turn inward. Life-saving services in low and middle income countries are closing.

It can be tempting to dismiss this as someone else's problem. But, HIV has never stayed within tidy lines on a map. Our fates remain connected.

Through every stage of this epidemic, progress has come from communities who refused to abandon one another. When the gay men were dying, the lesbians showed up as caregivers, blood donors, and advocates. When people who inject drugs were demonised, activists built needle exchanges and fought for their right to life-saving care. When sex workers were blamed for spreading the virus, they created peer education programs that became models for prevention. Communities learned that their fates were linked, and that abandoning any group made everyone less safe.

So this World AIDS Day, we renew our commitment to those who are still waiting for care and for justice. We work to close the gaps in access, in knowledge, in compassion and in solidarity. We strive for healthcare that reaches every person, no matter their postcode, identity, language or income. And we stand with communities across the world fighting to keep the services that sustain them.

One day, we will ask the question again. Are we all well?

And the answer will come. All safe. All well.

Until that day arrives, we keep going back. No one left behind.

Dr Daniel Vujcich, WAAC CEO



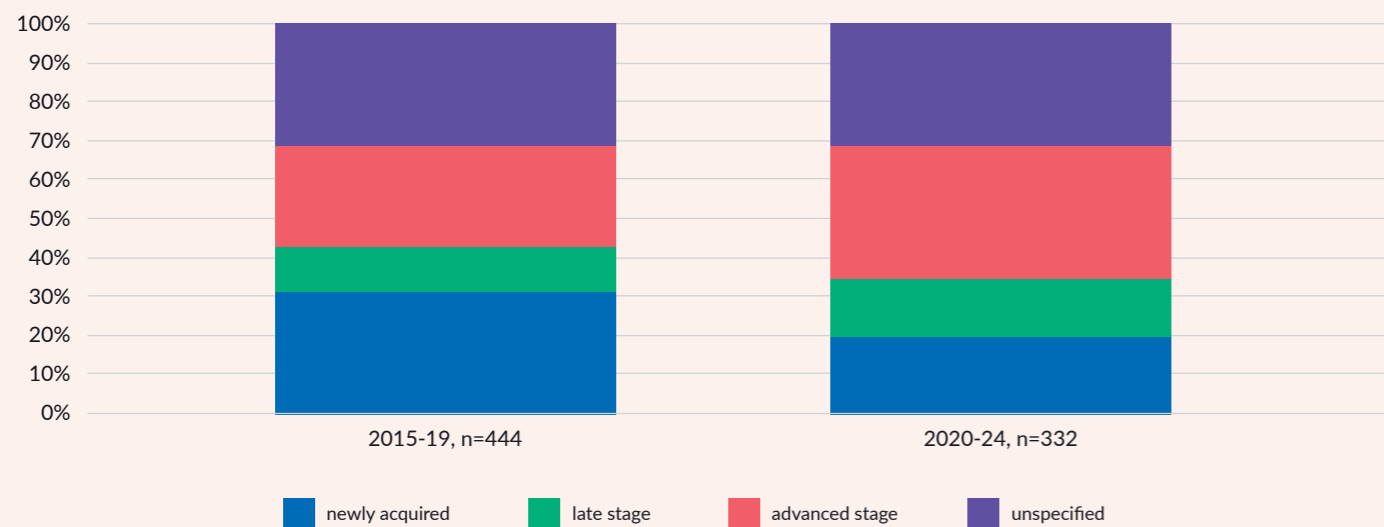
INCREASE OPPORTUNISTIC HIV TESTING TO IMPROVE PATIENT OUTCOMES

THE ISSUE

Australia has achieved remarkable progress in HIV prevention and management through effective antiretroviral treatments, the introduction of pre-exposure prophylaxis (PrEP), and robust community-led initiatives. In 2018, the Australian Government declared that "we are now living in an era where HIV is no longer a death sentence, and we can dare to hope for its elimination."¹

These advances have been reflected across the country, including in Western Australia, where overall HIV notifications have significantly declined. However, as total case numbers have decreased, late- and advanced-stage HIV diagnoses have remained relatively stable, meaning they now represent a larger proportion of new diagnoses (see Figure 1). This emerging pattern is particularly notable among people who identify as heterosexual and acquired their infection overseas, highlighting the next key challenge in HIV elimination efforts (see Figure 2).

Figure 1: HIV notifications in WA by stage of infection 2015-19 to 2020-24



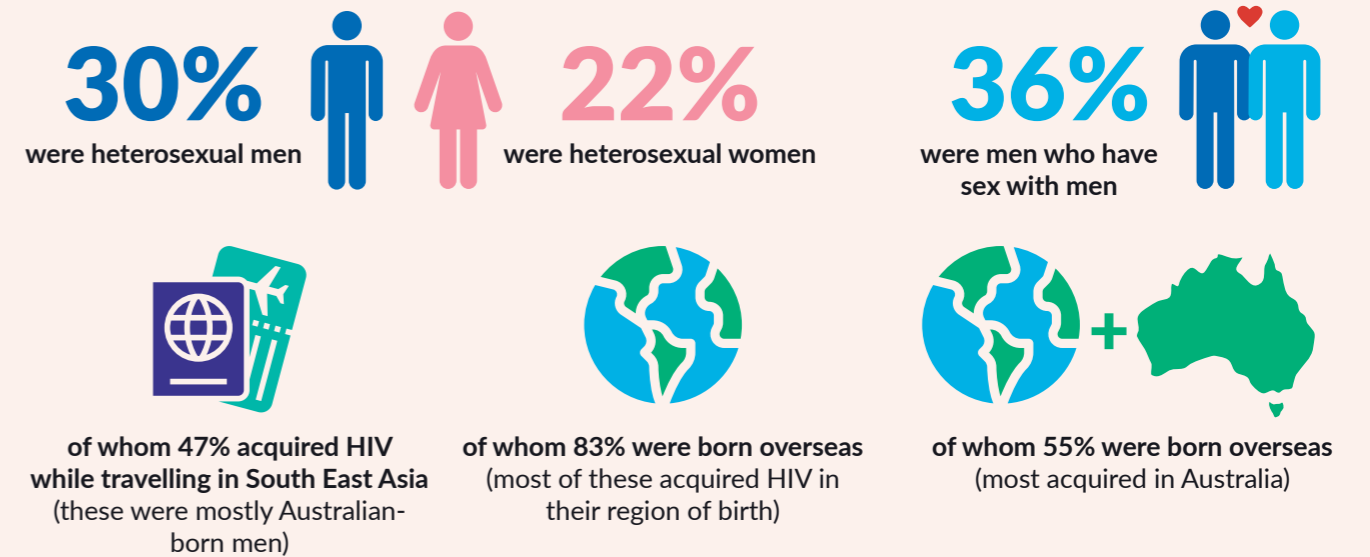
Newly acquired: Negative HIV test result or symptoms consistent with primary HIV infection ≤ 12 months prior to diagnosis

Late stage: CD4 count 200 to 349 cells per μL (excludes cases with Newly Acquired HIV)

Advanced stage: CD4 count < 200 cells per μL (excludes cases with Newly Acquired HIV)

Source: Communicable Disease Control Directorate, Department of Health WA.

Figure 2: Demographic profiles of people diagnosed with late- or advanced-stage HIV in WA between 2020 and 2024 (n=160)



Source: Communicable Disease Control Directorate, Department of Health WA.

People who are diagnosed late with HIV are at risk of worse **morbidity and mortality outcomes**, including:

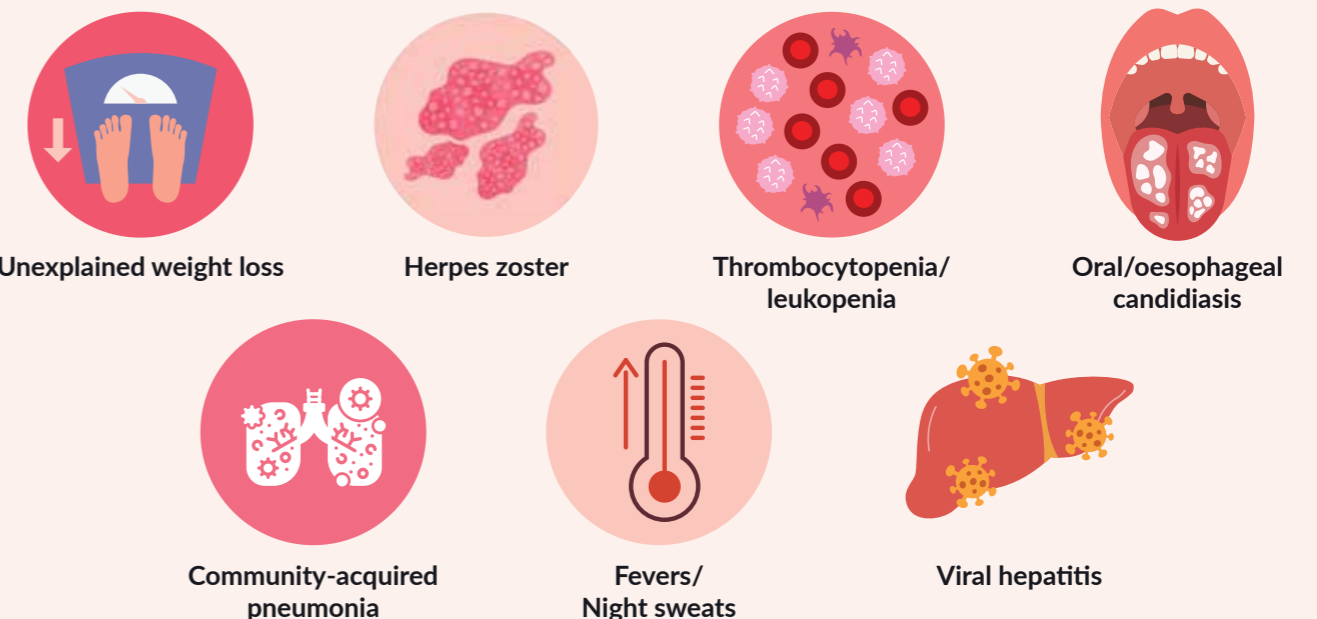
- AIDS-related illnesses
- Higher risk of death soon after diagnosis
- High rates of hospitalisation
- Sub-optimal antiretroviral therapy outcomes.²

Of the Western Australians diagnosed with late- or advanced-stage HIV during the 2015-2019 period, five subsequently died of AIDS-related illnesses.³

MISSED OPPORTUNITIES FOR DIAGNOSIS

A **retrospective cohort study** of 80 patients with late-stage presentation of HIV in a Melbourne healthcare network found that 55% (44/80) had at least one HIV indicator condition (see Figure 3) which ought to have triggered HIV testing, and of these, almost half (n=20) were diagnosed with the indicator condition at least one year prior to HIV diagnosis.⁴

Figure 3: Common HIV indicator conditions



RECOMMENDATIONS FOR CLINICIANS

Offer HIV testing

Reduce the number and proportion of people diagnosed with late- or advanced-stage HIV by offering HIV testing more often and to more people, especially those with behavioural, epidemiological, and clinical characteristics specified in the HIV National Testing Policy (see Figure 4).

Figure 4: Key behavioural, epidemiological, and clinical indicators for HIV testing recommended in the HIV National Testing Policy

Gay men and other men who have sex with men

Transgender women and gender diverse people who have sex with men

Aboriginal and Torres Strait Islander people

Individuals who report a history of incarceration

People from or who have travelled to high-prevalence countries

People who have recently changed sex partners or have multiple partners

People who inject drugs

PLEASE ... People who ask to be tested

Scan here for the full list

Consider using these questions to offer opportunistic STI and HIV testing:

'We are offering sexually transmissible infection testing to all sexually active people under 40. Would you like to have a test now or find out more about STIs, including HIV?'

'Since you are here today for/ to discuss contraception/cervical screening, could we also talk about some other aspects of sexual health, such as an STI check up?'

'As you mentioned that you have a new partner/have recently returned from an overseas trip/have recently come out from prison, would you like to have a STI and HIV check up now?'

Offer HIV PrEP

Both daily and on-demand HIV pre-exposure prophylaxis (PrEP) are highly effective HIV prevention strategies for men who have sex with men (MSM), heterosexual men and women, transgender people, and people who inject drugs who are at-risk of HIV acquisition. General practitioners and authorised nurse practitioners can prescribe PrEP which is PBS-funded (<https://prepguidelines.com.au/>).

Encourage condom use

Condoms are safe, cheap and effective at preventing HIV transmission. Encourage people going overseas to pack condoms and water-based lubricant.

CONCLUSION

While Australia's HIV prevention successes are undeniable, the persistence of late-stage diagnoses represents a critical gap that demands immediate clinical attention. The tragic reality that five Western Australians died of AIDS-related illnesses between 2015-2019 after late diagnosis, combined with evidence that over half of patients with late-stage HIV had previous healthcare encounters where indicator conditions should have prompted testing, underscores both the human cost and preventable nature of these missed opportunities. With HIV now a highly manageable chronic condition when diagnosed early, clinicians hold the key to eliminating late-stage diagnoses by normalising HIV-testing conversations, maintaining high clinical suspicion for HIV-indicator conditions and promoting condom use and HIV PrEP.

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HIV SELF-TESTING OPTIONS

VENDING MACHINES

WAAC is excited to bring the CONNECT HIV testing project to Perth. This is an evidence-based initiative designed to expand access to HIV testing by providing free self-test kits in university settings. CONNECT is part of Australia’s national HIV response, and its successful pilot in South Australia (through Thorne Harbour Health) demonstrates its potential to reach people who may not otherwise test.

In South Australia, the CONNECT pilot placed HIV self-test kits in vending machines on university campuses, TAFE sites and community venues to make testing convenient, private and stigma-free. Between March 2022 and June 2025, over 3,600 people registered to use the service and 4,627 kits were dispensed. More than half (56%) of users were born overseas, and users collectively came from over 100 countries, reflecting strong engagement with HIV testing in culturally and linguistically diverse communities. Furthermore, the pilot highlighted 64% of users reported undertaking their first-ever HIV test through the CONNECT project, and over 95% of respondents reported that they would use a self-test again and also recommend it to others.

These results highlight how CONNECT can reduce barriers that often prevent timely HIV testing - including cost, time constraints, stigma and concerns about confidentiality - and help meet Australia’s goals for earlier diagnosis and treatment.

GPs and their practice teams play a critical role in maximising the impact of CONNECT in Perth. You can:

- Refer patients to the CONNECT project as an easy, confidential option for HIV screening.
- Display CONNECT materials (posters, brochures, QR codes) in waiting areas to increase awareness.

- Support linkage to care by offering clinical follow-up and confirmatory testing for people with reactive results.
- Collaborate with WAAC to strengthen referral pathways and ensure timely access to treatment.
- Participate in WAAC HIV workforce development to ensure you and your practice are able to best support your patients.

By integrating CONNECT into broader sexual health care, general practices can help normalise testing, improve earlier diagnosis and contribute to reducing HIV transmission across WA.

For more information or to discuss how your practice can be involved, contact education@waac.com.au or call 08 9482 0000.

MAIL ORDER SERVICE

The National Association for People with HIV Australia (NAPWHA) HIV Self-Testing program is a free, confidential service that delivers highly accurate HIV self-testing kits to people across the country. Recognising the importance of accessible, judgement-free testing, the program provides a practical solution for Australians who want to monitor their HIV status privately and conveniently, and/or people without a Medicare card.

Each order includes two testing kits, delivered free of charge. This dual-kit approach accounts for the HIV “window period” - the time it takes for antibodies to become detectable after infection. Users are encouraged to test immediately upon receiving the kits, then retest using the second kit after three months to ensure accurate results.

A reactive (positive) result requires medical confirmation. The service emphasises that all positive results must be verified with a confirmatory test ordered by a doctor, as false positives, though rare, can occur.

Over 5,000 kits have been ordered by Western Australians since the project began in October 2023. The suburbs with the strongest uptake are shown in Figure 5. These figures indicate community demand for HIV testing and make a compelling case for GPs to implement opportunistic testing.

Figure 5: Western Australia HIVtest.au Self-Test Data (Oct 2023 - November 2025)

	Kits
Total WA Orders	5,106 kits
Top postcodes	
6000 - Perth CBD	260
6107 - Cannington	204
6112 - Armadale	182
6061 - Balga	144
6163 - Bibra Lake	112
6210 - Mandurah	112
6102 - Bentley	110
6004 - East Perth	106
6164 - Atwell	106
6062- Embleton	47



To find out more about this project, scan the QR code.



NEW SUPPORT OPTIONS FOR PEOPLE LIVING WITH HIV

WAAC is expanding its clinical services by introducing an HIV GP clinic at its M Clinic, located at 20 Colin Street, West Perth. The clinic will be led by Dr Fergus McCabe and supported by Dr Shyamini Naidu.

Western Australia continues to record strong HIV treatment outcomes, with 98% of people living with HIV engaged in treatment and 98% of those on treatment achieving viral suppression. Despite this success, gaps remain. Migrant communities experience lower cascade outcomes than non-migrants, and Aboriginal and Torres Strait Islander peoples face particular challenges with retention in care. Poor adherence is often linked to mental health concerns, substance use, housing insecurity, and limited social support. Evidence consistently shows that integrated, multidisciplinary models of care, including patient navigation, practical assistance with housing and transport, and strong links to mental health and alcohol and other drug services, improve both retention and viral suppression.

The new clinic responds to growing demand following the introduction of long-acting injectable HIV treatment in Australia in 2023. Increasing waitlists at tertiary hospital clinics highlighted the need for additional treatment capacity in the community. Long-acting injectables can reduce the burden of daily medication, offer greater privacy, and support adherence for people facing complex barriers to care. By establishing this service, WAAC is ensuring that advances in HIV treatment are matched by timely, accessible, community-based clinical support.

HIV care extends well beyond viral suppression. The clinic takes a whole-of-person approach, supporting sexual health, mental health, chronic disease management, and preventative care within a safe, respectful, and stigma-free environment. For clients with complex health and social needs, WAAC's peer support and case management

services provide coordinated, wrap-around support. This includes assistance with housing, financial stress, mental health referrals, and social connection alongside clinical care. Clients may attend for HIV-specific GP care or establish an ongoing primary care relationship supported by the broader WAAC service system.

Complementing the clinic, WAAC will launch *HIV Care Guidance for Clinicians* in early 2026. Led by Dr McCabe, this advisory pathway will support GPs and nurse practitioners across Western Australia with treatment options, shared care arrangements, and clinical decision-making. The pathway is designed to build confidence among community-based providers and strengthen access to contemporary HIV care across settings.

Together, these initiatives reflect WAAC's commitment to community-led HIV care and accessible, coordinated health services, supporting equitable outcomes for people living with HIV across Western Australia.

To learn more about WAAC's new clinical services, or to discuss referrals and how WAAC's psycho-social support services can assist your clients, please contact hello@waac.com.au.



GET READY FOR SEXUAL HEALTH WEEK

WA Sexual Health Week 2026 will take place from 8–14 February 2026, aligning with National Condom Day on 14 February.

Sexual Health Week (SHW) is a statewide initiative that raises awareness of sexual health and promotes inclusive, evidence-based conversations across the community. The 2026 theme, Culture and Connection, recognises that sexual health is shaped by culture, community, and relationships. It acknowledges the diversity of identities, traditions, and values that influence people's experiences of sexuality and wellbeing.

The theme emphasises culturally safe care, community leadership, and respectful dialogue, reinforcing the role of connection in strengthening sexual health, trust, and belonging. General practice plays a critical role in supporting culturally safe, inclusive sexual health care. During Sexual Health Week, GPs and practice teams are encouraged to:

- Initiate culturally respectful conversations about sexual health and wellbeing
- Offer inclusive, non-judgemental STI and HIV testing and prevention advice
- Display Sexual Health Week resources and condoms in waiting rooms and consult spaces
- Support patients from diverse cultural backgrounds to access appropriate care and information
- Engage in WAAC's free HIV and sexual health workforce development

Participating in SHW provides an opportunity to strengthen trust, reduce stigma, and reinforce the importance of connection in achieving better sexual health outcomes for all. If you would like more information or to receive our promotional materials, please email education@waac.com.au.



RISING SYPHILIS IN WESTERN AUSTRALIA: THE ROLE OF DOXY-PEP

CURRENT SITUATION

WA has seen a sharp rise in infectious syphilis: 732 cases as of mid-December 2025, up from 597 in 2024 and 693 in 2023. The male-to-female ratio is 2.6:1, with 521 cases (71%) in metropolitan Perth. GPs are well-positioned to offer prevention strategies during this outbreak.

WHAT IS DOXY-PEP?

Doxy-PEP involves taking 200mg of doxycycline within 72 hours of sexual exposure. Among gay, bisexual, and other men who have sex with men (GBMSM) and transgender women, trials show 70-80% reduction in syphilis and 70-90% in chlamydia. It does not protect against viral STIs (HIV, herpes) or reliably against gonorrhoea, so it complements rather than replaces PrEP, condoms, and regular testing.

WHO SHOULD CONSIDER IT?

Candidates include GBMSM and transgender women with any of the following:

- Recent syphilis diagnosis (past 6-12 months)
- Two or more recent bacterial STI diagnoses
- Planned periods of increased sexual activity
- Multiple partners
- Already on PrEP seeking additional protection

The current Perth outbreak makes it particularly relevant for these populations.

PRESCRIBING AND PRACTICAL GUIDANCE

Dosing: 200mg of doxycycline within 72 hours of exposure—sooner is more effective. One dose covers multiple exposures within the 72-hour window (e.g., multiple encounters over a weekend). Do not take more than once every three days.

Doxy-PEP: STI Protection After Sex

A quick guide

Doxy-PEP helps to protect against syphilis and chlamydia



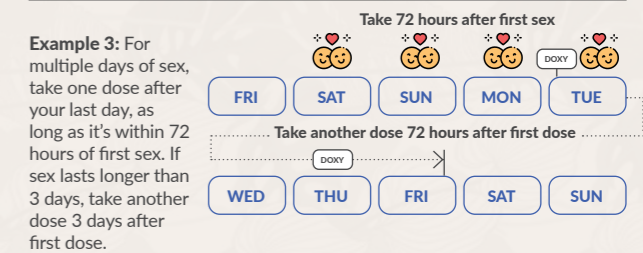
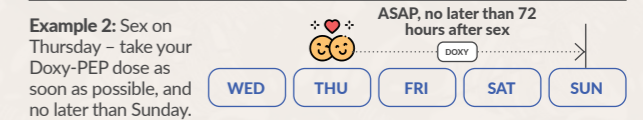
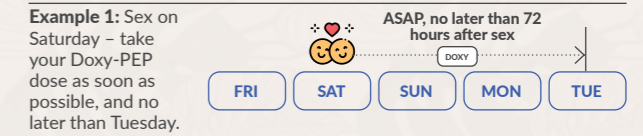
Tips and Safety

- Take with food and a big glass of water
- Stay upright for 30 mins after
- Check in with your GP if using more than 1-2 times per week
- Does not protect against HIV (consider using HIV PrEP) or other viral STIs
- Can interact with other medications, speak to GP before taking
- Regular testing is still recommended (3-6 months, or if you have symptoms)
- Condoms are still the most effective STI prevention option

Need support or STI testing? Scan the QR code or visit mclinic.org.au



Doxy-PEP involves taking 200mg of doxycycline as soon as possible - but no later than - 72 hours after sex.



Do not take Doxy-PEP more than once every 3 days.

Safety: Take with food and a full glass of water. Remain upright for 30-60 minutes. Increase sun protection. Avoid antacids, iron, calcium, and zinc supplements within two hours of dosing.

Patient resource: WAAC has developed a dosing card to help clients understand correct use which can be provided at point of prescription. The resource can be ordered by emailing hello@waac.com.au.

IMPORTANT LIMITATIONS

Doxy-PEP, when taken as prescribed will reduce your chance of getting syphilis but there are many other STIs which Doxy-PEP does not protect against, e.g. HIV, herpes, gonorrhoea. Regular testing remains essential as doxy-PEP doesn't guarantee protection if infections are already present. It should be part of comprehensive sexual health, not a standalone strategy. Potential concerns include microbiome disruption and antimicrobial resistance, so balanced discussion of benefits and harms is important.

INTEGRATION INTO PRIMARY CARE

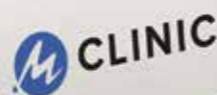
Identify candidates through sexual health history by asking about number of partners, condomless sex, and recent STI diagnoses. For GBMSM with risk factors during the current Perth outbreak, offering doxy-PEP alongside discussion of testing, PrEP, and condoms represents evidence-based care. Provide clear dosing instructions and encourage STI testing if symptoms develop.



To view the ASHM Consensus Guidelines on doxy-PEP, scan here.

Doxy-PEP: STI Protection After Sex
A quick guide

Doxy-PEP helps to protect against syphilis and chlamydia



RESOURCES FOR YOU

WAAC has developed a number of resources to enhance community understanding of HIV and related issues.

To order any of these please email hello@waac.com.au.



WAAC Social Support Services Brochure

This brochure describes WAAC's Social Support Services for people living with HIV. Our team provide a range of health enhancement programs for people living with HIV, including:

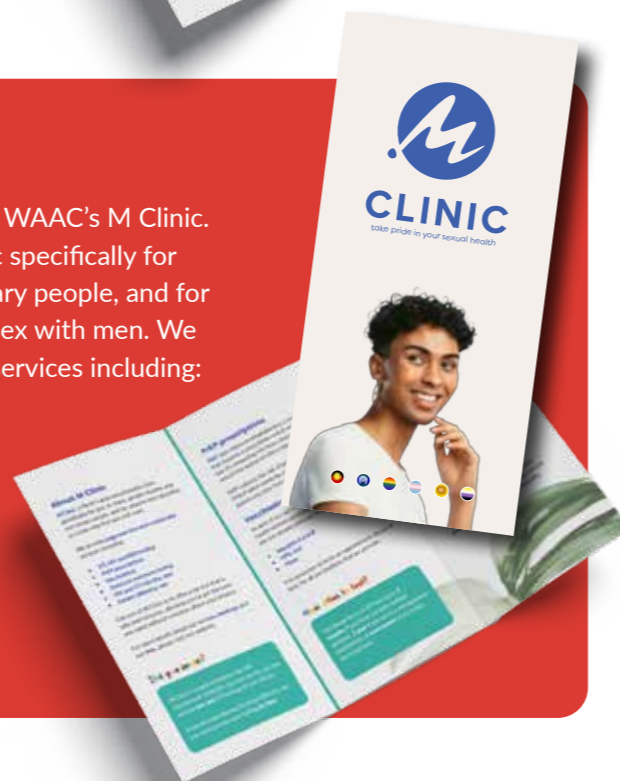
- Practical and emotional support via counselling
- Case management
- HIV positive peer support
- Workshops, forums and social networking opportunities.



M Clinic Brochure

This brochure provides information about WAAC's M Clinic. M Clinic is Perth's only sexual health clinic specifically for gay, bi, trans, gender diverse and non-binary people, and for anyone who identifies as a man who has sex with men. We provide judgement-free and confidential services including:

- STI, HIV and BBV testing
- PrEP prescriptions
- Vaccinations
- Outreach and event testing
- HIV and STI info line, and
- Gender affirming care



HIV The Basics

This brochure provides basic information about HIV, including information about prevention, testing and treatment.



The Little Book of PrEP

This booklet provides an introduction to Pre-Exposure Prophylaxis for HIV (PrEP) and Post-Exposure Prophylaxis (PEP), including information to assist clients with understanding dosing schedules.



HIV and Quality of Life

The WAAC "Quality of Life" guide provides practical advice for people living with HIV in Western Australia, focusing on managing physical health, mental wellbeing, and treatment adherence. It covers topics like viral load, CD4 counts, medication options, lifestyle factors, and legal rights to support a healthy and fulfilling life.




Newly Diagnosed: A Guide


The WAAC "Newly Diagnosed" guide offers clear, supportive information for individuals in Western Australia who have recently received an HIV diagnosis. It outlines treatment options, healthcare pathways, and available support services to help manage the condition effectively and maintain overall well-being.







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