

**N S W**

**H I V**

**[ TEST MORE ] + [ TREAT EARLY ] + [ PREVENT ] = **

**SUPPORT PROGRAM**

# NSW HIV SUPPORT PROGRAM INFORMATION FOR CLINICIANS



Doctors diagnosing and caring for patients diagnosed with HIV are responsible for providing 5 Key Support Services



The HIV Support Program can assist doctors to provide these Key Support Services



HIV Support Program access assistance is tailored to the needs of the doctor and their patient

## Information for clinicians prescribing Highly Specialised Drugs (s100)

The NSW HIV Support Program initiative provides advice and support for doctors when they diagnose someone with HIV. By supporting doctors, people diagnosed with HIV can receive access to 5 Key Support Services.

The 5 Key Support Services are to be offered at the time of diagnosis and during subsequent care by the diagnosing doctor whether or not the doctor receives assistance from the HIV Support Program.

## EVERY PERSON DIAGNOSED WITH HIV HAS THE RIGHT TO:

1. APPROPRIATE CLINICAL MANAGEMENT
2. PSYCHOSOCIAL SUPPORT
3. COUNSELING ABOUT HIV TREATMENT AND PREVENTION OF TRANSMISSION TO OTHERS
4. CONTACT TRACING ASSISTANCE
5. LINKAGE TO RELEVANT SPECIALIST, COMMUNITY AND PEER SUPPORT SERVICES

The 5 Key Support Services contribute to individual patient care, community HIV prevention efforts and ultimately to the virtual elimination of HIV transmission in NSW.

# 1 APPROPRIATE CLINICAL MANAGEMENT INCLUDING TREATMENT

All patients diagnosed with HIV should receive appropriate clinical management including baseline, immune and virological assessment and a discussion about treatment. See HIV Decision making tool for HIV clinical care guidance – [www.ashm.org.au](http://www.ashm.org.au)

## KEY DISCUSSION POINTS FOR PEOPLE WITH HIV ABOUT ANTI-RETROVIRAL TREATMENT (ART)

1. Treatment is generally safe and effective provided it's done properly. Recent scientific advances suggest commencing ART earlier not only has significant individual benefits but can assist in preventing transmission to others.
2. ART has significant individual health benefits by reducing viral load.
3. High and consistent adherence to ART is required to maximise health benefits and minimise the risk of HIV transmission.
4. ART used in combination with correct and consistent condom use and safe injecting practices will greatly reduce the likelihood of transmission of HIV to others.
5. ART is considered life-long and treatment breaks are not recommended.
6. Close immune function monitoring while on ART allows for early identification of changes in health.
7. ART is subsidised by the Australian Government with co-payments similar to other treatments.

## STARTING SOMEONE ON ART

Overarching principles of ART initiation include:

- + Routinely discuss current information on when to start ART.
- + Commencing ART takes into account personal health benefits and risks, and reduction in transmission risk.
- + All decisions regarding commencing ART should be made by the individual in consultation with their health care providers.

## CHECKLIST

- Undertake relevant baseline and ongoing assessment
- Review clinical indicators and discuss initiation of ART
- Note the outcome of your ART discussion
- Assess HIV transmission risk behaviours
- Provide referral to other support services and explore shared care arrangement

# 1 APPROPRIATE CLINICAL MANAGEMENT INCLUDING TREATMENT

## CLINICAL INDICATORS TO COMMENCE ART

1. CD4 count <350 cells/ $\mu$ L or an HIV associated condition. Due to strong evidence that ART reduces morbidity and mortality in this group.
2. CD4 count between 350 and 500 cells/ $\mu$ L: There is moderate evidence which suggests ART is associated with reduced morbidity and mortality in this cohort.
3. CD4 count >500 cells/ $\mu$ L: Evidence is limited in this group regarding the benefits versus risks. The benefits are likely to outweigh the risks for individuals in the following situations:
  - a. Prevention of onward transmission of HIV
  - b. Individuals >50 years
  - c. Rapid CD4 cell decline
  - d. Hepatitis B co-infection warranting requiring treatment for hepatitis B
  - e. Early HIV infection
  - f. HIV associated neurocognitive disorders
  - g. Malignancies requiring immunosuppressive chemotherapy or radiotherapy
  - h. Tuberculosis
  - i. Pregnancy to prevent mother to child transmission

The previous list reflects the fact that CD4 count is not the only determining factor to commence someone on ART. There are other indicators which also need to be taken into account including age, rapid CD4 decline, and other co-infections.

Separate to the benefits that accrue to those with HIV who are treated with ART, the reduction in HIV levels helps prevent further HIV transmission, (2-5) so if you have concerns about your patient's behavioural risks it is strongly recommended that these patients be offered ART on public health grounds. (1)

Appropriate patient centred treatment adherence education, counselling and support needs to accompany ART initiation, see Adherence Tool for initiating ART [www.stipu.nsw.gov.au](http://www.stipu.nsw.gov.au)

# 2 PSYCHOSOCIAL SUPPORT

Psychological and social support of people with HIV, their partners, families and caregivers commences at the time of diagnosis and throughout their care. (1) Some people will require only immediate or minimal support, while others will require ongoing and more complex support during their HIV care.

People with HIV in poor psychosocial situations are at greater risk of disease progression, transmission to others and being lost to follow up, so adequate support is essential (9). A GP can address many psychosocial needs of their patients but specialist services should be sought when a more comprehensive range of services is required.

HIV prevention education, adherence and social support for people with HIV and those at high risk of HIV infection can be found at NSW sexual health services, HIV-specific multidisciplinary services, community health services, ACON, Positive Life, Positive Heterosexuals, SWOP and NSW AIDS Dementia and HIV Psychiatry Service.

See table 1.1 & <http://arv.ashm.org.au/arv-guidelines/preventing-hiv-transmission>

## KEY PSYCHOSOCIAL SUPPORT POINTS INCLUDE:

1. At time of HIV diagnosis (2)
  - + Social assessment including incarceration
  - + Psychological assessment
2. Medication adherence (3-6)
  - + Preparation for ART initiation
  - + Failure and development of resistance to ART
  - + Adverse reaction to ART
3. Risk behaviour reduction counselling (7)
  - + Prevention of transmission to others
  - + Alcohol or other drug use issues
4. Mental health issues
  - + Psychiatric, cognitive or intellectual disability (8)

## CHECKLIST

- Assess patient psychological and social needs at diagnosis and during HIV care
- Assess patient understanding of their diagnosis
- Refer to identified service/s appropriate to clients needs, as required
- Arrange follow-up with patient following referral
- Document plan in patient notes

# 3 HIV PREVENTION COUNSELLING

## 1. PREVENTION OF HIV TRANSMISSION TO OTHERS

Unprotected sex, STI diagnoses, substance and excess alcohol use are all indicators of HIV transmission risk. (2-6)

Behavioural interventions in conjunction with biological and pharmacological interventions are the most effective strategies for preventing HIV transmission. (1)

The 'How to Help Patients adopt S.A.F.E. sex practices' tool can help you and your patients identify risk behaviours as well as ways to support them to change their behaviour. [www.stipu.nsw.gov.au/content/Document/HIV/Brief\\_Interventions\\_in\\_GPL.pdf](http://www.stipu.nsw.gov.au/content/Document/HIV/Brief_Interventions_in_GPL.pdf)

### CHECKLIST

- Ensure patient understands what HIV is, its implications and their self-perception of the risk before getting HIV
- Discuss and assist patient with appropriate disclosure to others
- Routinely utilise the S.A.F.E. tool to identifying HIV risk behaviours
  - + Sexual risk presentation
    - unsafe sex, STI screen, HIV PEP
  - + Always assess
    - new/regular patients with new partners
  - + Feelings
    - assess patients feelings about HIV risks
  - + Eye Opener about other possible risks
    - alcohol and other drug issues, erectile function medication, multiple partners, requesting PEP

## 2. ART ADHERENCE

Medication adverse reactions, unstable or changed social and behavioural situations are indicators of potential ART adherence difficulties.

Adherence tool: [www.stipu.nsw.gov.au/content/DocumentHIV/HAART\\_adherence\\_07.pdf](http://www.stipu.nsw.gov.au/content/DocumentHIV/HAART_adherence_07.pdf)

### CHECKLIST

- Routinely assess client's ART adherence
  - + When did you last miss or delay taking ART? What was happening?
  - + Record adherence in the notes
  - + Avoid yes/no questions
  - + Provide dosing tips
  - + Skills teaching to support adherence (outlined in Adherence tool)

## 3. DISCLOSURE AND LEGAL REQUIREMENTS

People with HIV in NSW are obliged to disclose their HIV status to others in situations where others are placed at risk. These situations include sexual and injecting partners (ref NSW PH Act 2010) [www.ashm.org.au/hivlegal/](http://www.ashm.org.au/hivlegal/)

### CHECKLIST

- Advise all people with HIV in NSW of their obligation to disclose to sexual and injecting partners
- Document your discussion about disclosure

# 4 CONTACT TRACING

It is the responsibility of the diagnosing clinician to ensure that contact tracing is undertaken.

Contact tracing contributes to interrupting community HIV transmission by allowing people recently exposed to or at risk of HIV to test and, if diagnosed with HIV, receive appropriate clinical management (see Key Support Service 1) in a timely manner. Contact tracing can be undertaken over several visits and delayed until visit 2 or 3 according to the patient psychosocial state.

The [STI/HIV Contact Tracing Tool for General Practice](#) can assist you and your patients with how to undertake contact tracing.

### SOME KEY POINTS:

1. How far back to contact trace?  
Start with recent \*sexual or needle-sharing partners and continue backwards until the onset of risk behaviour or last known negative HIV test of the person diagnosed with HIV.
2. Follow-up  
Contact the patient one week after discussing contact tracing to assess success and offer support. Document outcomes of any contact tracing discussions, including confirmation of contacts tested.
3. Support  
NSW Sexual Health Info Line (SHIL)  
- 1800 451 624, Monday - Friday, 0900-1730.

SHIL provides sexual health telephone support to community and health professionals including STI/HIV information, referrals for care, contact tracing assistance and results interpretation.

### CHECKLIST

- Explain the confidential nature of contact tracing
- Help the patient identify partner/s who are at risk
- Discuss contact tracing options with the patient
- Assist the patient or notify the partner/s at risk and refer them for testing and treatment
- Provide the patient with the contact tracing fact sheet
- Arrange to contact the patient in a week to check on progress
- Document all outcomes of contact tracing discussions in patient's notes

\* People generally have sex with other people within similar sexual networks and risks. So 'sexual partner' includes anyone they have had any type of sexual contact with regardless of condom use.

# 5 SPECIALIST AND COMMUNITY SERVICES

There is a range of specialist and community support services in NSW to support you and your patient with HIV. These services can assist with HIV management decisions, psychosocial assistance and prevention counselling.

## SPECIALIST SERVICES

NSW HIV Support Program 02 9391 9195  
hivsupportprogram@doh.health.nsw.gov.au

NSW Sexual Health Clinics The Sexual Health Infoline Line can assist in a clinic or service in your area that will provide counselling support.

Note: not all sexual health clinics offer counselling services. [www.health.nsw.gov.au/sexualhealth/Pages/sexual-health-clinics.aspx](http://www.health.nsw.gov.au/sexualhealth/Pages/sexual-health-clinics.aspx)

NSW AIDS Dementia and HIV Psychiatry Service [www.health.nsw.gov.au/adahps](http://www.health.nsw.gov.au/adahps)  
9382 8600

NSW Sexual Health Info line 1800 451 624

## COMMUNITY SERVICES

AIDS Council of NSW [www.acon.org.au](http://www.acon.org.au)  
1800 063 060

Multicultural HIV and Hepatitis Service [www.mhahs.org.au](http://www.mhahs.org.au)

Positive Life [www.positivelife.org.au](http://www.positivelife.org.au)

Positive Heterosexuals [www.pozhet.org.au](http://www.pozhet.org.au)

Sexual Health Information Line 1800 451 624

SWOP (Sex Workers Outreach Project) [www.swop.org.au](http://www.swop.org.au)

**HEALTH.NSW.GOV.AU**

Consultation version for s100 Prescribers 26 September 2013  
For a full list of references and links please see online version at [www.endinghiv.health.nsw.gov.au](http://www.endinghiv.health.nsw.gov.au)



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