

Gumbuya: improving the treatment cascade for Aboriginal and Torres Strait Islander people

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Gumbuya

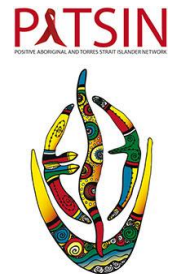
- Means “meeting place”
- The aims of the Gumbuya group are:
 - To create an ongoing forum for clinicians and Aboriginal & Torres Strait Islander representatives to improve treatment outcomes for ATSI people with HIV infection and (more recently) viral hepatitis
 - To develop a network to improve communication and share ideas

Gumbuya

- To evoke a greater understanding and collaboration on both sides of the medical/community divide
- To develop worthwhile and workable ideas that could impact on those at risk of, and living with, HIV and viral hepatitis
- Future-proofing against the spread of HIV and HCV in vulnerable communities

Gumbuya

- Initiated by Abbvie with unconditional support
- Members from NSW, Vic, Qld, and WA at present, plus ASHM
- Male and female representation from PATSIN (The Positive Aboriginal and Torres Strait Islander Network)



Gumbuya

- Interesting discussions about the “2 epidemics”
 - One in remote – largely heterosexual
 - One in urban/regional – largely MSM
- Sharing of information and ways of dealing with differing communities at-risk, and those living with HIV

Outcomes

- This forum!
- Meeting with Steve Irons, MP – Chair of the Parliamentary Enquiry into Hepatitis C
- Resolution to make a “Treatment Cascade” for Indigenous Australians living with HIV
 - Will need Ethics Committee and specific Aboriginal & Torres Strait Islander Ethics approval

	Aug 2014	Jan 2015	July 2015	Sept 2015
Positive	25	27	29	29
% on ARV	84 (N=22)	96 (N=26)	93 (N=27)	93 (N=27)
% Undetectable VL	72 (N=16)	69 (N=18)	51 (N=14)	69 (N=18)
% engaged in care	80 (N=20)	14 (N=4)	100	100

Outcomes

- Discussion about planning projects to examine:
 - Improving treatment outcomes
 - Women living with HIV and their pregnancy outcomes
 - Mortality rates for Indigenous compared with non-Indigenous PLHIV
 - Programmes to reduce stigma for Indigenous PLHIV
 - Enhancing education for Indigenous Health Workers around HIV and Hep C

Hepatitis C

- *“The rate of hepatitis C diagnosis in the Aboriginal and Torres Strait Islander population increased in 2014, from 119 per 100 000 in 2010 to 164 per 100 000, a rate almost 5 times greater than in the non-Indigenous population (35 per 100 000).”*
 - Kirby Surveillance Report 2015

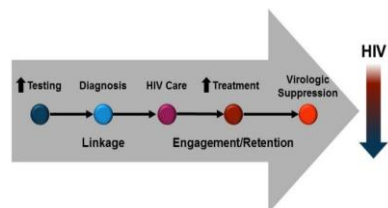
Hepatitis C

- What would the treatment cascade look for Hepatitis C?
- What would it look like for Indigenous Australians with Hepatitis C??

Gumbuya Group meeting, Adelaide, 1 May 2015



Implementation cascade for the continuum of HIV care

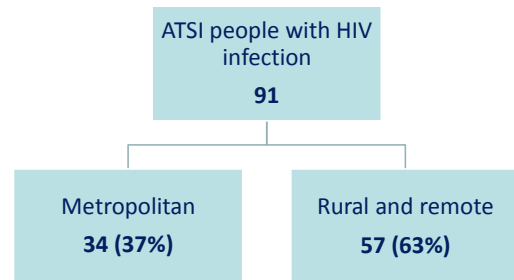


Das M. Medscape Education HIV/AIDS

Aboriginal and Torres Strait Islander (ATSI) People with HIV infection: The Royal Perth Hospital experience

- First case of HIV in ATSI person in 1984
- 91 patients in total
- Currently active cohort = 55
 - Female = 32
 - Male = 23

Location of ATSI people with HIV infection managed through Royal Perth Hospital



Engagement/retention of ATSI people with HIV infection managed through Royal Perth Hospital

- 93% of 55 active patients are currently engaged with Service
- Individualised treatment programmes
- Patient-responsive multi-disciplinary team
 - Population Health Physicians, Nurses and Aboriginal Health Workers
 - Physicians (Clinical Immunologists, ID Physicians)
 - HIV Nurses
 - Social workers

Rural and Remote Service Departments of Clinical Immunology and Infectious Diseases, Royal Perth Hospital

- Access to a nurse co-ordinator through e-mail and telephone
 - Advice/support for patients and health professionals
 - Clinic appointments and medication
- Regional clinics
 - Management of patients in their environment
 - Interaction with, and education of, local staff

Uptake and outcomes of antiretroviral therapy in ATSI people managed through Royal Perth Hospital

- 46 of 55 (84%) active patients prescribed antiretroviral therapy
 - 27 Women
 - 19 Men
- HIV RNA (viral load) <40 copies/mL
 - 59% of women
 - 63% of men

Pregnancies in ATSI women with HIV infection managed through Royal Perth Hospital

- 32 pregnancies
 - 28 in women from rural and remote areas
 - 4 in women from metropolitan areas
- Pregnancy management
 - 29 by a Multidisciplinary Pregnancy Management Team
 - 3 unmanaged

Western Australian Multidisciplinary Pregnancy Management Team for HIV-infected women



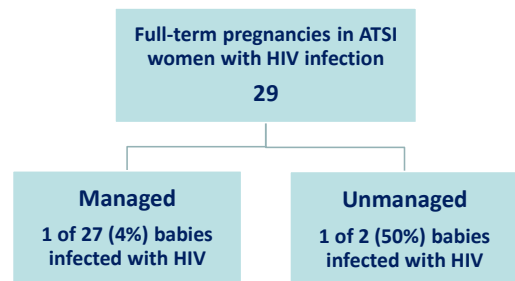
Outcomes of antiretroviral therapy in pregnant ATSI women with HIV infection managed through Royal Perth Hospital

- At time of delivery:
 - 23/32 (72%) had undetectable HIV viral load
 - Median CD4+ T cell count = 547/ μ L

Pregnancies in ATSI women with HIV infection: Mode of delivery

- Babies from 28 of 29 full-term pregnancies were delivered at King Edward Memorial Hospital, Perth
- 24 (83%) vaginal deliveries
- 5 (17%) Caesarian section

HIV infection in babies of ATSI women with HIV infection managed through Royal Perth Hospital



Social outcomes of babies born to ATSI women with HIV infection

- 27 of 30 babies (90%) have remained with their mother
- 3 of 30 babies (10%) have had Department of Child Protection involvement and are currently in care

What can the Gumbuya group learn from the Royal Perth Hospital experience?

- Excellent treatment outcomes can be achieved for ATSI people with HIV infection
- Engagement and retention of ATSI people in HIV care and treatment programmes can be enhanced by:
 - Investment of time and money
 - Culturally appropriate holistic care
 - Multi-disciplinary team management

