**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

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**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

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**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)

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**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

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**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
### 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

### 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

### Implementation cascade for the continuum of HIV care

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

- ATSI people with HIV infection: 91
- Metropolitan: 34 (37%)
- Rural and remote: 57 (63%)

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/µL

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

<table>
<thead>
<tr>
<th>Full-term pregnancies in ATSI women with HIV infection</th>
<th>29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed</td>
<td>1 of 27 (4%) babies infected with HIV</td>
</tr>
<tr>
<td>Unmanaged</td>
<td>1 of 2 (50%) babies infected with HIV</td>
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</tbody>
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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