

AGENDA 2025

Develop models for peer-led contact tracing and wrap-around clinical and peer support at diagnosis

OBJECTIVES

To improve health outcomes for individuals diagnosed with HIV and reduce undiagnosed HIV in the community.

CURRENT ISSUES

- Despite the success of existing HIV prevention, testing and treatment efforts, there are significant populations not sufficiently benefiting from current prevention and treatment science and peer support programs. These populations include gay men with infrequent HIV testing practices, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, women living with HIV, and people with HIV who are not engaged in care. This underscores the point that biomedical interventions are only ever as effective as the community mobilisation efforts that empower individuals.
- Late diagnosis and late commencement of treatment are a source of preventable morbidity and mortality for people with HIV.¹ Further, unknown HIV status and an associated higher viral load

also presents an increased risk of HIV transmission. This undermines Australia's extensive public health investment in HIV prevention. Many PLHIV who do not have access to HIV treatment or cannot achieve viral suppression may have complex social and comorbid health issues and/or may have difficulty accessing appropriate peer support and health services in their region. This requires sensitive, wrap-around services to make clinical care and HIV treatment uptake and maintenance possible, and support for individuals through peer support and peer navigator programs.

- Contact tracing of other people at risk of HIV transmission allows the provision of a timely diagnosis for the people who are unaware of their HIV status. It also provides further opportunities for support and treatment interventions to be provided to diagnosed individuals.

- Contact tracing of partners of people who have received an HIV diagnosis has relied on three different methods. There are limitations to each of these approaches: patient notification of partners has a barrier of shame and fear of repercussions as well as being problematic to undertake at a time of personal crisis; clinicians do not always feel equipped nor see it as their role; and public health officers can be viewed with suspicion, with some in the community being reluctant to disclose private information on their sexual contacts. Contact tracing requires highly nuanced, culturally appropriate and sensitive programming among populations and if undertaken effectively it can help reduce undiagnosed HIV in the community, particularly among infrequent HIV testers.

PROPOSED ACTIVITIES

- Establish new and innovative peer-led models to provide contact tracing and wrap-around support for people newly diagnosed with HIV, particularly individuals who are not accessing treatment and/or may be at risk of being lost to care.

- Develop standards for peer-led models. Standards will be collaboratively developed, incorporating peer-led contact tracing approaches, use of peer support and peer navigator models, integrated clinical care and addressing systemic barriers that prevent access to care.

- In collaboration with community organisations, and with the input of clinical services and government public health officers, develop training program for peer workforce to lead contact tracing services and to provide wrap-around support to individuals newly diagnosed with HIV.

Continued overleaf

COST-BENEFIT

- This investment will reduce the prevalence of undiagnosed HIV and the pool of untreated HIV. It will reduce the time between diagnosis and treatment commencement which will help improve individual health outcomes and reduce the risk of onward HIV transmission.

INVESTMENT

- \$300,000

References

1. Ford N, Migone C, Calmy A, et al. Benefits and risks of rapid initiation of antiretroviral therapy. AIDS 2018;32(1).