1 Overview

HIV notification rates in NSW peaked in 1987 and declined significantly from the late 1980s to the mid-1990s. Notification rates were relatively stable from the mid-1990s to 2001, with one small increase recorded in 1995.

From 2001-2002 there was a 15% increase in HIV notifications in NSW. This was predominantly concentrated among gay and homosexually active men. This represents the largest increase in HIV notifications in NSW since the epidemic was brought under control in the late 1980s. This document identifies priorities for the health promotion response to the increase in new notifications, in order to prevent further increases.

The increase in HIV notifications in 2002 has occurred in the context of increases in HIV notifications and infections in Victoria, Queensland and Tasmanina, and increases in overseas cities with comparable epidemics.

NSW Health, in conjunction with the Health Promotion Sub-Committee of the Ministerial Advisory Committee on AIDS Strategy, recently hosted an HIV Surveillance Forum to further consider the social, epidemiological and clinical data. This Forum concluded that the increase in HIV notifications is the result of shifts in a range of variables, including:

- Increased prevalence of HIV in NSW (and the concomitant increase in community viral load);
- Changed patterns of sexual behaviour, including increases in complex risk reduction strategies an increased number of risk occasions; and Concurrent epidemics of STIs among inner Sydney gay men.

There have been increases in the number of occasions of risk among gay men over the period 1996-2002. This increase in risk taking has occurred amongst diverse groups of gay men and is the result of a range of factors, including condom fatigue, negotiated risk taking, and sophisticated decision-making about the risk of HIV acquisition based on clinical markers (including reduced mean individual and community viral load). In this context an increasing proportion of gay men began to rely on non-condom based risk reduction strategies (including negotiated safety and strategic positioning). The uptake of non-condom based strategies was a response to a belief that the risk of HIV infection was less than it had been previously. While this may have been true initially; the same patterns and levels of risk taking behaviour are now associated with significantly higher risk of HIV infection. The increased prevalence of HIV, the higher proportion of people with new HIV infection (and higher viral load), and the concurrent epidemics of STIs among inner Sydney gay men mean that an HIV negative gay man practise unsafe sex has a greater chance of acquiring HIV infection in 2003 than he did in 1998.
Social research and anecdotal reports reinforce that gay men are highly diverse in their levels of knowledge regarding HIV and STIs. There is a clear need to provide some gay men with very basic information about HIV prevention, while others require detailed and complex information. Research with sero-converters has indicated that an individual may be particularly vulnerable in the following circumstances:

- when they are in the early stages of a relationship and negotiating condom use;
- when they assume their casual sexual partner/s to be HIV negative; and
- when they are consuming significant quantities of alcohol and/or other drugs.

The increase in HIV notifications in 2002, and the long-term trend to rises in new infections as a proportion of notifications, signals the potential for further shifts in the NSW epidemic. Newly acquired HIV has risen from 18% of notifications in 1998 to 31% of notifications in 2002. Rising rates of new HIV infection lead to greater risk of HIV acquisition in each episode of unprotected sero-discordant intercourse. Accordingly, rises in rates of new HIV infection in and of themselves should constitute an educational message and necessitate gay men changing their personal risk equations assessments.

Current notification data indicates that the highest proportion of diagnoses are among 30-39 year olds. Educators have theorised that gay men may be more comfortable taking increased risks in their later 20s, and that these risks are sustained into their 30s. The initiatives of the Action Plan will endeavour to consider the life stage and contexts in which gay men make personal decisions about HIV prevention and risk management.

This Action Plan incorporates strategies for improving gay men's access to primary health care and specialist sexual health services. These issues will need to be addressed at an Area level, owing to the differences in infrastructure, capacity and access to general practice in each area.

It is widely recognised that a small number of Oxford St General Practices play a keen role in HIV related care, STI diagnosis and treatment, and primary health care for gay men. These practices are considered key partners in improving gay men's sexual health. Likewise, Sydney Sexual Health Service has a key role in both delivering clinical services to gay men and supporting General Practitioners in the Area.

At present, sexual health care for gay men in Central Sydney is provided by the CSAHS Sexual Health Clinic and a broad range of General Practitioners. There is a clear need to increase the capacity of general practices in Central Sydney to provide appropriate sexual health and HIV related care to gay men. In this context, the dual priorities must be on increasing the capacity of the CSAHS sexual health service to provide clinical services to gay men while also building the capacity of general practices to provide appropriate sexual health care to gay men.

This Action Plan is a short-term intervention for the period September 2003-March 2004, with implementation intended to occur from October 2003 onwards. Researchers have hypothesised that a larger proportion of sero-conversions occur
during late Spring and Summer in Sydney. This forms the basis for the timeframe identified in the Action Plan. Longer term strategic priorities and activities will be established through the Evaluation of the *NSW HIV/AIDS Health Promotion Plan 2001-2003* and the development of the *NSW HIV/AIDS Health Promotion Plan 2004-2006*.

The development and implementation of this Action Plan will be documented and an appropriate evaluation strategy will be developed.

A number of agencies are currently funded to undertake direct HIV health promotion with gay men (including gay men with HIV/AIDS). These include: all Area Health Services in NSW; ACON (the AIDS Council of NSW); and People Living with HIV/AIDS (NSW) Inc. (PLWH/A). Other agencies, such as the Australasian Society for HIV Medicine, are funded to build the capacity of the health system to prevent HIV infection and improve the health of people living with HIV/AIDS. The activities outlined in the Action Plan are intended to extend and complement the existing work of this range of agencies.

The programs and activities outlined in this Action Plan will be implemented by a time limited Interagency comprising those Areas and NGOs which are funded to work with inner-Sydney gay men and their health care providers. Membership and responsibilities of the Interagency will be negotiated with relevant agencies but preliminary details are provided at Section 4.

### 2 Scope and Objectives

This Action Plan is focused on those contexts in which risk of HIV transmission or acquisition is considered highest. These contexts have been identified using epidemiological, behavioural and clinical data.

Accordingly, the programs in this Action Plan will focus on gay and homosexually active men who reside or socialise within or nearby the inner-Sydney gay centres of Darlinghurst and Newtown. This is not intended to detract from work undertaken with other populations (including other populations of gay men) but rather is intended to focus activities and resources on those populations where incidence and prevalence are highest and where there are the most urgent imperatives for additional or new initiatives.

The aim of the Action Plan is to reduce new HIV infections among gay and homosexually active men.

The intention of these initiatives is to disrupt current transmission patterns by signalling to gay men that the contexts of risk-taking have changed and there is an urgent need to reconsider personal risk taking.

### Objectives

This Action Plan provides the framework for a coordinated response to the increase in HIV notifications, in order to:
- Provide gay men with information, skills and equipment to reduce HIV acquisition/transmission during sex;
• Increase the rate of consistent safe sex among gay men;
• Reduce new STI infections and increase diagnosis and treatment of existing STIs;
• Increase the proportion of at-risk individuals who have regular HIV and STI tests; and
• Build the capacity of health services and General Practice to address HIV prevention with gay and homosexually active men.

3 Action Plan

This Action Plan will provide the framework for activities in the following areas:

1. Communicating with gay men about current prevention issues
2. Supporting GPs and sexual health services to address HIV prevention
3. Addressing sexually transmitted infections

All work conducted by the Interagency will be developed within a framework of partnership, social responsibility and human rights to achieve identified objectives.
Objective One: Communicating with gay men about current epidemiology

Rationale

There is currently significant debate about gay men’s knowledge of HIV epidemiology, HIV transmission and HIV prevention, with some gay men basing decisions on sophisticated information about clinical markers and negotiated risk reduction strategies, while others have limited knowledge and understanding of basic HIV prevention, and others have a mixture of both.

The dual challenges for the communication arm of this Action Plan are to: provide basic information to those gay men who require it, and provide new information about HIV risk factors to all gay men in inner-Sydney.

Gay men access health information in a variety of sites, and as such this Action Plan provides the framework for providing that information via: General Practitioners, sexual health services, social marketing, community media, phone lines, the internet, and peer education.

Social marketing in this context includes:

- Purchasing advertising space in print media targeting gay men, including positive media;
- Editorial and news coverage of the epidemic and the Intervention Plan; and
- Convenience advertising in gay commercial venues and Sex on Premises Venues.

In addition to the provision of information, the Interagency will also support existing forums and mechanisms for community debate and develop new mechanisms.

Objectives

The first objective of this Action Plan is to urgently communicate with gay men about the changed risk of HIV, due to rises in rates of HIV infections and increases in the prevalence of STIs. The task of appropriately defining the range of information and tone of the communication will be determined by the Interagency as a matter of priority.

The sub-objectives are as follows:

- Engage positive and negative gay men in the development of messages and materials.
- Reinforce and promote condom use with casual partners as a primary prevention strategy where appropriate
- Acknowledge ongoing high rates of consistent condom use among gay men
- Increase gay men’s knowledge of:
  - The increase in HIV notifications in NSW and overall increase in HIV seroprevalence among Sydney gay men
The current STI epidemics among gay men in inner-Sydney and the relationship between STIs and HIV acquisition/transmission.

- Improve gay men’s knowledge of PEP and how to access it following a high-risk exposure.
- Engage the gay community and foster dialogue to promote re-consideration of personal sexual practices.

**Strategies**

1) **Advertisements in community press**

Develop advertisements for placement in the Sydney gay and positive print media to:

- alert gay men to changes in the HIV epidemic in Sydney;
- outline factors influencing these changes (e.g., increasing numbers of new infections, role of STIs);
- outline the impact of STIs on transmission/acquisition;
- encourage testing among those potentially infected;
- reinforce condom use as a HIV prevention strategy.

2) **Commission articles and generate news reporting in community press**

Commission articles from academics, activists, health services and community members to enable a range of voices to be heard on HIV prevention issues for gay and homosexually active men.

Approach editors of gay, lesbian and HIV positive publications to profile the increase in HIV notifications and the activities of the Action Plan.

Consideration should also be given to commissioning columns to be submitted to the mainstream media.

3) **Use of mainstream media**

Identify the range of mainstream media gay men access for information and seek to include HIV related information in that media.

4) **Use of the Internet**

NSW data indicates that a significant proportion of gay men using Internet sites to seek sexual partners. This represents an important site for providing health information to men who may or may not access gay print media.

Internet-based health education could include:

- Conducting social marketing on mainstream internet sites used by gay men to seek sexual partners (*this is already being undertaken by AFAO*).
- Examining the feasibility of HIV educators providing information via chatrooms.

5) **Telephone Lines**
Promote the existing HIV/AIDS Information Line (and/or the new Campaigns Line) as a source of information on HIV prevention and services and programs.

6) **Safe Sex Campaign**

Conduct a high level, statewide safe sex campaign with a specific component for gay men reinforcing/promoting condom use. This campaign will be developed and managed by NSW Health, in consultation with key sexual health and HIV partners.

7) **Convenience Advertising**

Develop ads and flyers addressing HIV positive and negative gay men to be placed in sex on premises venues, gay venues, and beats informing gay and homosexually active men of shifts in the epidemic and reinforce condom use.

8) **Community Forums**

Hold a series of community forums, including both separate and shared spaces for HIV positive gay men and HIV negative gay men, to discuss HIV prevention. Hold forums to provide information and discuss their role/contribution to HIV prevention with community leaders and community entertainers.

9) **Basic HIV and STI information**

Assess the need for a basic HIV information pamphlet that includes information about the increase in HIV notifications. If needed, produce such a booklet OR develop a cover letter to be distributed with existing basic resources.

10) **PEP Awareness Campaign**

Support and maintain PEP awareness activities.

11) **Messages for HIV positive gay men**

Work with HIV positive gay men and PLWH/A NSW to develop messages which speak specifically to HIV positive men. (PLWH/A are currently undertaking a campaign called “The Words To Say”, which addresses sexual health for positive people. Any additional activities should take this campaign into consideration).

12) **Outreach activities**

Conduct peer outreach in community settings such as public spaces and gay commercial venues. Develop a module for workers to deliver to gay community groups and education groups as appropriate. Identify all relevant community mechanisms for delivering this module (eg Polly’s, GAMMA etc). Explore the relevance and feasibility of profiling safe sex messages in beats in Central Sydney, South Eastern Sydney and Northern Sydney.
Objective Two: Support GPs, Sexual Health Services and HIV clinicians to address HIV prevention

Rationale:

Research indicates that the majority of HIV negative gay men in inner Sydney undertake regular HIV testing. Attendance for HIV testing provides an opportunity to provide information and address barriers to HIV prevention for HIV negative men. General Practitioners and HIV clinicians are also well placed to address sexual health improvement and HIV prevention issues with HIV positive gay men.

In this context, GPs and sexual health services are being asked to initiate conversations with HIV negative gay male patients to: inform patients of the increase in HIV notifications, inform them of the increase in STIs, discuss the implications for the individual, including in regard to sexual risk taking and any possible benefit from an HIV or STI test, and promote condom use with casual partners.

Objectives:

- Identify the support needs of GPs, Sexual Health Services and HIV clinicians in relation to HIV prevention with HIV negative and HIV positive gay men
- Support GPs, Sexual Health Services and HIV specialists to address HIV prevention with HIV negative and HIV positive gay men
- Raise the profile of STIs and HIV/AIDS among GPs in Central Sydney Area

Strategies:

1) Meetings

a) Meet with GPs in key Oxford St practices and the HIV GP Study Group to provide information on the Action Plan and identify strategies for maintaining communication with GPs throughout the process.

b) Meet with those GPs in Central Sydney AHS who most consistently diagnose STIs in men to discuss their education, training and support needs (this will be undertaken by Central Sydney).

c) Discuss strategies for embedding sexual health check ups and reminders into ongoing practice (eg computer based prompts).

2) Briefings

a) Provide GPs and Sexual Health Services with appropriate, informative and accessible briefings on the current changes to the HIV epidemic and implications for HIV prevention. This should include s100 prescribers, sexual health physicians and General Practitioners working in gay areas or areas of higher HIV prevalence as well as those GPs identified in HiM as seeing a higher proportion
of gay men. These briefings should be provided by the Chief Health Officer in order to:

- alert key general practices, Sexual Health Clinics and HIV clinicians to the current increase in HIV notifications;
- encourage general practices to notify STIs and HIV diagnoses in a timely manner;
- explain the roles and responsibilities of members of the HIV/AIDS partnership in NSW;
- raise awareness of PEP and eligibility criteria for PEP among individuals who may have high risk exposures in the future;
- provide GPs with referral options where they feel the patient would benefit from further individual education or counselling eg EPC, ACON counsellors;
- enlist their support in encouraging their at-risk patients to be tested for HIV through:
  a) initiating discussion of HIV testing and HIV-related risk practices with HIV negative gay male clients;
  b) distributing HIV information materials via waiting rooms and during consultations with HIV negative gay/MSM clients;
  c) enlist their support in addressing HIV prevention with HIV positive gay/MSM clients through:
  d) initiating discussion of changes in the HIV epidemic in NSW and individual factors which may increase the risk of HIV transmission to sexual partners (eg changes in viral load);
  e) initiating discussion on STIs and their role in HIV transmission, and encouraging STI testing and treatment as appropriate.

b) Provide tailored briefings to AHS CEOs, and CEOs of HIV funded NGOs regarding the increase and the collaborative response being undertaken by the Interagency. This should be accompanied by a fact sheet outlining the key factors contributing to the increase.

c) Provide tailored briefings to hospital based HIV clinicians and practice nurses and other relevant health professionals (eg immunology registrars) regarding the increase and implications for health maintenance and prevention issues for people living with HIV/AIDS.

d) Approach HIV Area Coordinators for assistance in distributing these materials to all relevant staff.

e) Brief relevant allied health staff eg HIV social workers and sexual health counsellors on the increase and its implications for their work.

3) Seminars and peer support

a) Conduct seminars for General Practitioners, sexual health specialists and HIV clinicians on the role of clinicians in HIV prevention with HIV negative and HIV positive clients. (ASHM will undertake a seminar on HIV prevention in clinical settings in November/December.)
4) **Written resources**

a) Develop written resources that GPs and sexual health services can provide to patients undergoing an HIV test.

b) Develop a card that lists “things to ask your doctor about your sexual health” for positive and negative gay men.

c) Develop a referral card listing places to go for information, support or counselling on sexual health and HIV prevention.

d) Develop a poster to place in waiting rooms to flag that the doctor may ask about sexual history and behaviour, remind individuals that the service is a safe place to discuss sexual health and HIV prevention, and encourage individuals to raise questions or concerns with their doctor. This could include a tailored message for HIV clinics and s100 prescribers’ waiting rooms.

e) **Enhanced Primary Care**

a) Brief the EPC team on the increase in HIV notifications and their potential contribution to the response.

b) Strengthen HIV prevention work undertaken by Enhanced Primary Care staff working with key General Practices and promote referral to EPC as a strategy for addressing HIV prevention issues.

f) **Other strategies**

a) Provide key practices with condoms (this is being undertaken by SESAHS).

b) Explore adding a session to ASHM to address these issues.
Objective Three: Increase STI testing and treatment

Rationale

There are currently significant epidemics of gonorrhoea and Chlamydia among Sydney gay men. There has also been an outbreak of syphilis among Sydney gay men over the past 2 years, with potential for further outbreaks.

STIs are a high priority in this context owing to the synergistic relationship between HIV and STIs. The presence of an STI can increase the per act risk of HIV transmission or acquisition by up to 50 times. The presence of an STI can increase the viral load in an HIV positive individual, thus increasing the risk of HIV transmission. The presence of an STI can also alter the balance of white blood cells in the genital tract of an HIV negative individual, thus increasing the risk of HIV acquisition.

Research and anecdotal reports suggest that these transmission dynamics are poorly understood by gay men in Sydney, and that overall this population has low levels of knowledge about STIs.

Objectives

- Increase gay men’s understanding of STIs, including current STI epidemiology, the impact of STIs on HIV transmission/acquisition, and strategies for preventing STIs;
- Support HIV positive gay men to ask their GP for regular sexual health screening;
- Increase rates of STI testing and treatment.

Strategies

1) Social Marketing (see Objective 1)

Integrate STI prevention and testing messages in all communication activities as appropriate.

Fast track the development of the STIGMA STI website.

2) Work with Sex on Premises Venues

Develop posters encouraging STI testing for Sex on Premises Venues.

Conduct a literature review regarding the value of venue based.

Work with venue owners and staff to profile current sexual health issues for gay men and how venues can promote sexual health.

3) Access to sexual health services
Improve gay men’s access to sexual health services, through service promotion, and triage procedures that give priority to gay men (already in place). Central Sydney AHS have sought additional funds to expand clinical services to gay men via the Sanctuary.

4) STIGMA Guidelines

Support the STIGMA re-vamp of STI Testing Guidelines (eg re-profile the guidelines, encourage clinicians to promote more regular testing among gay men with higher numbers of sexual partners) and strategies to promote GPs and HIV clinicians to implement those Guidelines.

5) Support for General Practitioners (see Objective 2)

Improve GP access to specialist advice from local Sexual Health Services.

Work with Divisions of General Practice to profile current sexual health issues for gay men. Submit articles to Division newsletters. (This work is already been undertaken by Central and South Eastern Sydney AHSs.)

6) Policy Advocacy

Negotiate with the Commonwealth Department of Health and Ageing to clarify guidelines regarding the 3 test rule for STI testing.

7) Skill development for HIV Health Promotion Officers

Conduct education sessions with HIV Health Promotion Officers to increase knowledge of STIs, epidemiological synergy and STI prevention strategies.

4 Implementation Committee and Evaluation

The AIDS/Infectious Diseases Branch will convene an Interagency to implement this Action Plan. Participants will include ACON, PLWHA, Central Sydney Area Health Service, South Eastern Sydney Area Health Service, Northern Sydney Area Health Service, ASHM and other key HIV services working in HIV health promotion with inner Sydney gay men.

During and in the lead up to the implementation period the Interagency will be expected to meet fortnightly. Agencies participating in the Interagency will be asked to contribute staff hours and funds to implement the Action Plan. This will be negotiated with agencies on an individual basis.

Other agencies which are funded to conduct HIV prevention work with gay men (including other Area Health Services and NGOs) are actively encouraged to consider the extent to which gay men in their target population visit and socialise in “gay Sydney” and to review and adjust their programs as appropriate.