



2018 SiREN Symposium

Connect • Learn • Apply

SYMPOSIUM PROGRAM

17-18 MAY

20 | TECHNOLOGY PARK
18 | FUNCTION
CENTRE



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Government of Western Australia
Department of Health
Sexual Health and Blood-Borne Virus Program



SiREN
WA Sexual Health and Blood-borne Virus
Applied Research and Evaluation Network



Curtin University

WELCOME TO THE 2018 SiREN SYMPOSIUM

Dear Delegate,

We are delighted that you are able to join us and we look forward to a full and stimulating meeting. The 2018 SiREN Symposium Reference Group has been working hard to bring you an exciting and varied agenda.

With the theme of “Connect, Learn, Apply,” this Symposium aims to *Connect*: ignite collaborations and partnerships within the sexual health and blood-borne virus sector and make connections between evidence, policy and practice; *Learn*: presentations of research and evaluation results and new evidence; and *Apply*: presentations of practical experience from practitioners, researchers and policymakers.

The Symposium provides a professional and collegiate opportunity for new and seasoned presenters to share knowledge and obtain feedback. We encourage you to take advantage of the sessions, panel discussions, lunch and tea breaks, and use these opportunities for networking and interaction. Thank you to the keynote and guest speakers, and all of the presenters for taking the time to participate today. We would like to thank our session chairs and volunteers, as well as the Abstract Review Committee for assisting in shaping the program.

A big thank you to the the Sexual Health and Blood-borne Virus Program, WA Department of Health for making this event possible, and for generously providing funds to support regional and remote participation.

We hope you have a fantastic experience, make new connections, ignite existing ones, and learn something valuable to take back to your workplaces.

Warmest regards,

The 2018 SiREN Symposium Reference Group

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Thank you

Get social

 @SiREN_WA

Join the conversation

Use the following hashtag to share your images and updates

#SiREN2018

Symposium networking

Please join us for some nibbles from 4.15pm on the Thursday afternoon. Here is your chance to speak to that presenter you heard earlier in the day.

Symposium venue

Technology Park Function Centre
2 Brodie Hall Drive
Bentley, Western Australia 6102

Please view signage on TV screens for locations of rooms.

2018 SiREN SYMPOSIUM REFERENCE GROUP & ABSTRACT REVIEW PANEL

Anania Tagaro

Youth Affairs Council of Western Australia

Angela Corry

Peer Based Harm Reduction WA

Barbara Nattabi

WA Centre for Rural Health, University of Western Australia

Brydie Nielson

SiREN, School of Public Health, Curtin University

Donna Mak

Communicable Disease Control Directorate, WA Department of Health

Indi Pattni

Multicultural Services Centre of Western Australia

Jennifer Needham

Aboriginal Health Council of Western Australia

Judith Bevan

Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

Kahlia McCausland

SiREN, School of Public Health, Curtin University

Karen Miller

Sexual Health Quarters

Katherine Jones + Janice Forrester

WA Country Health Service – Kimberley

Lena Van Hale

Magenta

Myra Robinson

SiREN, School of Public Health, Curtin University

Roanna Lobo

SiREN, School of Public Health, Curtin University

Sally Rowell

HepatitisWA

Siân Churcher + Paramjit Kaur

Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

Simon Yam

WA AIDS Council

ADDITIONAL INFORMATION

Some points to note to make your day more enjoyable

- Take time to look through this program and become acquainted with the venue and location of meeting rooms.
- There will be opportunities for networking during the breaks so we ask you to try and get to the sessions on time out of respect for the presenters and your fellow delegates.
- Presentations will be available on the SiREN website after the Symposium if consent has been given.
- All refreshments, breaks and lunch will be served in the dining area and there is additional space in the courtyard if you would like some fresh air.
- Free Wi-Fi is available throughout the conference venue.
- Taking photographs of presenters and/or presentations is permitted. Video or audio recording of any presentations is not permitted. If you do not wish to have your photograph taken, please advise the registration desk before the start of the day. Please also advise the Chair of any concurrent sessions you attend since photographs may be taken during these sessions.
- If you have any questions please ask at the registration desk, SiREN staff or Symposium volunteers.
- Follow the conversation on Twitter.



#SiREN2018 @SiREN_WA

KEYNOTE AND INVITED SPEAKERS

WELCOME TO COUNTRY



Ingrid Cumming, Founder & CEO

Kart Koort Wiern

Thursday, 17 May 2018

Ingrid Cumming is a Whadjuk Noongar woman from Fremantle, Western Australia. As a graduate of Murdoch University and Melbourne Business School she has during her career presented and published an article with the United Nations Women Leaders Collective in Israel; represented Indigenous Australian Business at the Supply Diversity forum in San Antonio Texas; presented at TedXPerth 2014; been a keynote at various conferences and leadership forums on Indigenous knowledge, leadership and reconciliation; and won Indigenous Business of the Year at the Belmont Small Business Awards in 2014. Mrs Cumming is the founder and CEO of Kart Koort Wiern (Head Heart and Spirit) a Perth based Indigenous consultancy that offers consultancy, training and workshops across Australia promoting reconciliation and increasing awareness of Aboriginal and Torres Strait Islander strengths and strategy. Her commitment and passion for her community, leadership, youth and reconciliation is the driver behind the work of Kart Koort Wiern.

OPENING ADDRESS



Dr Paul Armstrong, Director

Communicable Disease Control Directorate Public Health Division, Western Australian Department of Health

Thursday, 17 May 2018

Dr Paul Armstrong is trained in clinical infectious diseases, public health and epidemiology, and is the current Director of the Communicable Diseases Control Directorate (CDCD), within the Public Health Division of the Department of Health, Western Australia. CDCD is responsible for state-wide surveillance, policy and program development for notifiable diseases, hospital-acquired infections, immunisation, and sexual health. His career has spanned an era where a number of large scale infectious diseases emergencies have posed a threat to the world – SARS, avian influenza, swine flu, Ebola – and he has played a leading role in preparing for and responding to these in Australia. Dr Armstrong's international experience includes being a key player in a multi-provincial project on pandemic influenza preparedness in China in 2010 and, in 2015, leading a provincial World Health Organization team in the fight against Ebola in Sierra Leone.

ADDRESS FROM CURTIN UNIVERSITY



Professor Gary Dykes, Acting Head of School

School of Public Health, Curtin University

Thursday, 17 May 2018

Professor Gary Dykes joined Curtin University in 2015 and is currently Acting Head, School of Public Health. He holds a PhD in microbiology from the University of the Witwatersrand in South Africa. Gary is an experienced researcher and academic leader who has pursued a diverse international career spanning a number of research organisations and universities in South Africa, New Zealand, Canada and Malaysia (as well as in Australia). Gary is an active researcher in the area of public health microbiology with a focus on enteric bacterial foodborne pathogens and has published widely (>160 refereed papers) in this area.

KEYNOTE

**Professor Rebecca Guy,
Program Head**

Surveillance Evaluation & Research Program, The Kirby Institute, UNSW

Thursday, 17 May 2018

Rebecca Guy is a Professor and Program Head with the Surveillance Evaluation and Research Program in the Kirby Institute for Infection and Immunity in Society, Faculty of Medicine, UNSW. She is an epidemiologist with expertise in surveillance and public health interventions related to HIV and sexually transmissible infections. Her research focuses on reducing the impact of sexually transmissible infections in vulnerable populations, including implementation and evaluation of testing, point-of-care testing, PrEP, vaccinations and treatment interventions, to prevent transmission of HIV and sexually transmissible infections in a range of settings.

KEYNOTE

**Professor Martin Holt,
Research Coordinator**

Centre for Social Research in Health, UNSW

Thursday, 17 May 2018

Martin Holt is a Professor at the Centre for Social Research in Health, at UNSW Sydney. He specialises in HIV prevention research with gay and bisexual men. He leads a number of studies, including the Gay Community Periodic Surveys, PrEPARE Project and COUNT study of undiagnosed HIV. Since 2011, he has led a programme of work investigating the impact of new forms of HIV prevention, particularly pre-exposure prophylaxis and treatment as prevention, on community norms, attitudes and practices.

INVITED SPEAKER

**Anne McKenzie, Head
Consumer and Community
Health Research Network**

WA Health Translation Network

Thursday, 17 May 2018

Anne McKenzie has worked as the Consumer Advocate at The University of Western Australia, School of Population Health and the Telethon Kids Institute since 2004. Anne is now the Head of the Consumer and Community Health Research Network. The Involvement Network expands The University of Western Australia School of Population Health and Telethon Kids Institute's Consumer and Community Involvement Program across the eighteen Western Australian Health Translation Network's Partner Agencies. The Involvement Network brings together consumers, community members and researchers to work in partnership to make decisions about health research priorities, policy and practice. Anne's role is to support and facilitate active consumer and community involvement in the research and teaching programs in all partner agencies. Providing training on the 'how and why' of implementing consumer and community involvement in research has been a core function of the Involvement Program.

KEYNOTE AND INVITED SPEAKERS

KEYNOTE



**Dr Joseph Doyle,
Deputy Program Director**

Disease Elimination; Co-Head, Viral Hepatitis Research; Burnet Institute

Thursday, 17 May 2018

Dr Joseph Doyle is a Consultant Physician in Infection Diseases at Alfred Health, Senior Lecturer in the Department of Infectious Diseases at Monash University and Deputy Director of Disease Elimination Program at Burnet Institute. He is a specialist in infectious diseases and public health medicine and works at the intersection between clinical medicine, implementation research and health policy. He has particular research interests in epidemiology, prevention and management of blood-borne viruses. Joseph undertook his PhD at Monash University, and his postdoctoral fellowship has included time at both the University of Melbourne and Monash University. He now leads a clinical and implementation research program across The Alfred, Monash and Burnet Institute to improve treatment access and delivery of hepatitis C treatment. He has been an advisor and consultant to the World Health Organization (WHO) on HIV and Viral Hepatitis, and led the evidence reviews for first Global WHO guidelines on Hepatitis C Screening, Care and Treatment.

KEYNOTE



**Associate Professor James
Ward, Head of Infectious
Diseases Research Program -
Aboriginal Health**

South Australian Health and Medical Research Institute (SAHMRI)

Friday, 18 May 2018

Associate Professor James Ward is of Pitjantjatjara and Nurrunga descent from central and South Australia. He is Head of Infectious Diseases Research- Aboriginal Health at the South Australian Health and Medical Research Institute in Adelaide and is a leading researcher in Aboriginal sexual health, blood-borne viruses and associated issues including illicit drug use. He is currently leading research through a Centre for Research Excellence in Aboriginal sexually transmissible infections and blood-borne viruses, and a NHMRC Project Grant aimed at improving outcomes in Aboriginal and Torres Strait Islander communities around the issue of methamphetamines.

INVITED SPEAKER



**Dr Graham Brown,
Senior Research Fellow**

Australian Research Centre in Sex, Health and Society,
La Trobe University

Friday, 18 May 2018

Dr Brown has worked in HIV community based organisations and in health promotion and HIV related research for 20 years and has a strong interest in translating research into practice, building evidence for effective community responses to HIV, and the role of non-government based organisation's community development and peer based programs. Graham's current research has a focus on the application of systems thinking and complex adaptive systems to understanding and enhancing the role of community and peer-led programs in HIV and hepatitis C. Graham was the President of the Australian Federation of AIDS Organisations from 2008 to 2011 and continues to serve on a number of State and National HIV related health promotion and policy committees.

PROGRAM IN DETAIL

Thursday, 17 May 2018

8:15am	Foyer Registration	
8:45am	Seminar room 1 and 2 Master of ceremonies Associate Professor Jonine Jancey , Collaboration for Evidence, Research and Impact in Public Health, Curtin University Welcome to country Ingrid Cumming Opening address Dr Paul Armstrong , Director, Communicable Disease Control Directorate Public Health Division, Western Australian Department of Health Address from Curtin University Professor Gary Dykes , Acting Head of School, School of Public Health, Curtin University	
9:25am	Keynote address Professor Rebecca Guy , Surveillance Evaluation & Research Program, The Kirby Institute, UNSW	
9:55am	Keynote address Professor Martin Holt , Centre for Social Research in Health, UNSW	
10:30am	Dining room Morning tea	
11:00am	Seminar room 1 Workshop Chair: Dr Jonathan Hallett	Seminar room 2 Concurrent session: Men's health Chair: Dr Simon Yam
11:00am	Advocating for change – featuring a case study from the Law and Sex worker Health (LASH) Study Facilitators: Dr Melissa Stoneham & Melinda Edmunds , Public Health Advocacy Institute of Western Australia	PrEP in Australia: The lived experiences of men who have sex with men Kaisha Wyld
11:10am		A Theoretical Model for describing Western Australia's men who have sex with other men population Siân Churcher & Matt Bacon
11:20pm		Speaking safer sex: Exploring how young Australian men negotiate condom use P.J Matt Tilley
11:30am		Comparison of risk profile of gay men who acquired HIV while travelling with those who acquired HIV in Australia Dr Graham Brown
11:40am		Concurrent session: Working with peers Chair: Corie Gray
11:50am		Methamphetamine peer education project Rick Greenshields
12:00pm		Hepatitis B peer educator project Amanda Siebert & Alex Lukare
12:10pm		You've got a friend in me: Peer education in youth sexual health Susan Theseira & Julia Morgan
12:20pm		HIV positive peer mentor program Mark Reid
12:35pm	Dining room Lunch	Meaningful engagement of peers in research, and program development and delivery Anne McKenzie , Consumer and Community Health Research Network

Thursday, 17 May 2018 continued

1:30pm	Seminar room 1 Concurrent session: Young people's sexual health Chair: Anania Tagaro	Seminar room 2 Concurrent session: Hepatitis C and safe injecting Chair: Dr Jonathan Hallett
1:30pm	Supporting and evaluating relationships and sexuality education in schools: A multiple, holistic case study approach A/Prof Sharyn Burns	Opportunities and challenges of linking routinely-collected data to evaluate blood-borne virus management and outcomes in Western Australia Prof Donna Mak
1:40pm	Laugh and Learn: Using video to engage with young people about sexual health Joanna Collins & Elizabeth Tyndall	Platinum C: Applying a learning healthcare system approach to optimise the management of hepatitis C Nada Andric
1:50pm	YOUR Health – where are we now? Bianca Fish	How co-location of harm reduction and treatment services is contributing to the eradication of hepatitis C Rebecca Bowman
2:00pm	Youth vs stakeholders: Perception vs reality in rural sexual health Carl Heslop	Increasing access to sterile injecting equipment through a needle and syringe dispensing machine David Worthington
2:10pm	Using contemporary social media channels to communicate sexual health messages Briannan Dean & Elizabeth Tyndall	How do we reach the other 75% of people with untreated chronic hepatitis C? Leanne Myers
2:20pm	Panel discussion: Youth perspectives on sexual health Habiba Asim & Kai Schweizer , YEP Crew, Youth Affairs Council of WA Stephen Boccaletti , Freedom Centre	Panel discussion: Elimination of Hepatitis C in Western Australia – Who will be left behind? Dr Joseph Doyle , Burnet Institute Sally Rowell , HepatitisWA Angela Corry , Peer Based Harm Reduction WA Judith Bevan , Sexual Health & Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health
2:40pm	Dining room Afternoon tea	
3:00pm	Seminar room 1 and 2 Master of ceremonies P.J Matt Tilley , Collaboration for Evidence, Research and Impact in Public Health (CERIPH), Curtin University Keynote address Dr Joseph Doyle , Burnet Institute	
3:30pm	A clinician's perspective Clinical Associate Professor Lewis Marshall , South Terrace Clinic	
3:45pm	Day 1 wrap up: Audience Q&A Dr Joseph Doyle , Burnet Institute Dr Graham Brown , Australian Research Centre in Sex, Health and Society, La Trobe University Clinical Associate Professor Lewis Marshall , South Terrace Clinic Professor Martin Holt , Centre for Social Research in Health, UNSW Professor Rebecca Guy , Surveillance Communicable Disease Control Directorate, Evaluation & Research Program, The Kirby Institute, UNSW	
4:10pm	Closing remarks P.J Matt Tilley , CERIPH, Curtin University	
4:15pm	Terrace Networking	

PROGRAM IN DETAIL

Friday, 18 May 2018

8:15am	Foyer Registration	
8:45am	Seminar room 1 and 2 Master of ceremonies Dr Roanna Lobo , SiREN, School of Public Health, Curtin University SiREN 2012-2020: From pilot to project Dr Roanna Lobo , SiREN, School of Public Health, Curtin University	
9:00am	Keynote address Associate Professor James Ward , South Australian Health and Medical Research Institute	
9:30am	Plenary session: Sexual health and blood-borne virus issues in Aboriginal and Torres Strait Islander populations Chair: Dr Roanna Lobo	
9:30am	Young, Deadly, Free: The sexual health professional development needs of remote primary healthcare clinicians Associate Professor James Ward	
9:40am	Young, Deadly, Free: Preliminary evaluation findings and lessons learned Dr Belinda D'Costa	
9:50am	'Look after your blood' and 'Stay safe you mob'. Social marketing campaigns for young Aboriginal people Rudie Marshall-Lang & Elizabeth Tyndall	
10:00am	Mooditj 2: A resilience and respectful relationships program for Aboriginal young people Robyn Wansbrough	
10:10am	Dining room Morning tea	
10:30am	Seminar room 1 Concurrent session: Populations with unique needs Chair: Dr Barbara Nattabi	Seminar room 2 Concurrent session: Capacity building Chair: Param Kaur
10:30am	Walk in sexual health clinic - fulfilling a need in rural Western Australia. How well are we doing? Dr Bradley McKernan	Conducting blood-borne virus and sexually transmissible infections education in Western Australian prisons - Overcoming barriers and challenges Matthew Armstrong
10:40am	Improving sexual health outcomes for people with disabilities Sandra Norman	Western Australian prison officer's sexual health and blood-borne virus training - Reconnection with an old friend Reena D'Souza
10:50am	STOP: Lay concepts matter! Dr Indi Pattni	Supporting the sector to deliver school-based relationships and sexuality education: The Curtin RSE Project 2014-2018 Dr Jacqui Hendriks
11:00am	Developing the SECCA App: A digital sexuality and relationships education resource for people with intellectual disabilities Ruth Swan & Jordina Quain	Using systems thinking to understand the influence of SiREN on research and evaluation practices Rochelle Tobin
11:10am	Evaluation of harm reduction packs - Meeting the needs of local street based needle and syringe exchange program consumers Kevin Winder	The creation and implementation of RELATE - Western Australian respectful relationships education resources for secondary schools Sharelle Tulloh
11:20am	SESSION CHANGE	

Friday, 18 May 2018 continued

11:30am	Seminar room 1 Concurrent session: Sexual health in culturally and linguistically diverse populations Chair: Dr Indi Pattni	Seminar room 2 Concurrent session: Sexually transmissible infections - current issues Chair: Siân Churcher
11:30am	HIV in migrant populations in Australia: A changing epidemiology Prof Rebecca Guy	Adherence to clinical guidelines for the management of genital chlamydia infection in Western Australia Caitriona Bennett
11:40am	Forming a migrant community network to build the capacity of communities around blood-borne virus and sexually transmissible infection prevention Carol El-Hayek	Genomic epidemiology and population structure of <i>Neisseria gonorrhoeae</i> from remote highly endemic Western Australian populations and implications for public health surveillance Barakat Alsuwayyid
11:50am	Life changing sexuality and relationship education for Hilltribe youth in Northern Thailand Dr Lorel Mayberry	Connecting the Year 8 HPV vaccination program with school and youth sexual health education Prof Donna Mak & Sharelle Tulloh
12:00pm	Barriers to HIV testing among adult women from South East Asia Amira Hosny	A new explanation for rising rates of anal cancer Dr Michael Phillips
12:10pm	SESSION CHANGE	
	Seminar room 1 Round table discussion: HIV & mobility Chair: Kahlia McCausland	Seminar room 2 Concurrent session: Sexually transmissible infections and blood-borne virus treatments Chair: Prof Donna Mak
12:20pm	AFAO HIV Blueprint: Inclusion of HIV and mobility in the national response to HIV Dr Graham Brown	Blood-borne virus treatment uptake in Western Australia Byron Minas & Kellie Mitchell
12:30pm	Engaging people from migrant populations in a meaningful way Facilitators: Dr Graham Brown , Australian Research Centre in Sex, Health and Society, La Trobe University, & Dr Roanna Lobo , SiREN, School of Public Health, Curtin University	Optimising chlamydia partner treatment in Western Australia Noëlle Blum
12:40pm		New era hepatitis C treatments - information and treatment pathway provision to existing HCV positive clients Silvie Miczkova
12:50pm		Treating homeless patients with chronic hepatitis C successfully in primary care using remote consultation requests Nada Andric
1:10pm	SYMPOSIUM CLOSED	

ABSTRACTS: DAY ONE

PLENARY SESSION

Preparing for the impact of PrEP and the diversification of gay men's sex practices in Western Australia: Insights from local and national behavioural data

Professor Martin Holt¹

1. Centre for Social Research in Health, UNSW Australia

In February, the Pharmaceutical Benefits Advisory Committee recommended that HIV pre-exposure prophylaxis (PrEP) should receive a public subsidy and that all doctors should be able to prescribe it to people at risk of HIV. It is anticipated that this will lead to a substantial increase in the use of PrEP, particularly by gay men. The experience in states with large demonstration projects (such as New South Wales and Victoria) has shown that if access to PrEP is provided, many gay men will come forward to use it. This has demonstrated the feasibility of rapid roll-out and community demand for new prevention interventions. However, the introduction of PrEP is not only a public health intervention – it is socially transformative, disrupting existing notions of risk and 'safe sex', and requiring new skills of users and their partners. New ethics and norms of successful PrEP use, disclosure and negotiation between partners (including partners using different prevention methods) are being worked out on the ground, and may require support and encouragement. An unintended consequence of successful PrEP implementation in the eastern states appears to be further declines in condom use by gay men. It remains unclear whether this will temper the promise of PrEP in curtailing HIV at a population level. As Western Australia prepares for the broader availability of PrEP, this presentation will consider these issues with reference to local and national data collected in community-based behavioural surveillance (the Gay Community Periodic Surveys) and longitudinal acceptability research conducted with gay and bisexual men (the PrEPARE Project). The presentation will highlight the existing epidemic conditions in which PrEP is being introduced in WA, reviewing trends in HIV testing, treatment, disclosure and condom use, and refer to the experience interstate (and overseas) to consider what may happen as PrEP use becomes more common. The aim is to encourage reflection about how best to implement PrEP in WA to achieve the maximum benefit for affected communities with the minimum of unintended consequences.

CONCURRENT SESSION: Men's health

CHAIR: Dr Simon Yam, WA AIDS Council

PrEP in Australia: The lived experiences of men who have sex with men

Kaisha Wyld¹, Matt Tilley²,

1. School of Public Health, Curtin University
2. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

Pre-exposure Prophylaxis (PrEP) is a relatively new biomedical HIV prevention method, and previous studies have focussed on the attitudes of professionals and men who have sex with men (MSM), and predicted uptake and efficacy. Little research has been done on the experiences of the target populations taking PrEP. The aim of this study is to explore the lived experiences of MSM who have taken or are taking PrEP, including their motivations to take PrEP.

A descriptive cohort study design, using non-random sampling, was performed with 91 Australian cisgender MSM. Participants completed an anonymous, one-time-only, online survey. This survey explored themes of motivation, experiences, and behaviour while taking PrEP, as well as their experiences with healthcare providers.

Participants reported overwhelmingly positive experiences with taking PrEP, with the majority indicating they wished they had begun taking PrEP sooner. The research indicated that many participants were motivated to take PrEP by a combination of HIV risk factors and a lack of other suitable prevention methods. Participant experiences with healthcare providers were tremendously positive during the time they were taking PrEP. PrEP has been positively received among cisgender MSM within Australia.

So what? Understanding the motivations to begin new biomedical HIV prevention methods are crucial in developing and implementing HIV risk minimisation campaigns among MSM communities within Australia. Thoughtful consideration among health promotion agencies and healthcare providers of the experiences of MSM taking PrEP can foster a greater understanding, leading to better adherence and risk minimisation among target populations.

A theoretical model for describing Western Australia's men who have sex with other men population

Justin Manuel¹, Siân Churcher²,
Byron Minas², Simon Yam³

1. M Clinic, WA AIDS Council
2. Sexual Health and Blood Borne Virus Program, Communicable Disease Control Directorate, WA Department of Health
3. WA AIDS Council

Although the HIV epidemic in Western Australia (WA) has changed over time, HIV and many other sexually transmissible infections (STI) still disproportionately affect men, and primarily men who have sex with other men (MSM). The population of WA MSM is diverse and spread across a geographically expansive area, which presents a number of social and contextual factors to be considered when designing and delivering public health interventions. Organisations working with WA MSM report that this population has evolved and differs from MSM populations in other Australian states and territories.

This research aims to describe the population of MSM in WA from existing data sources, describing:

- HIV/STI incidence in WA MSM;
- Behavioural profiles of WA MSM;
- MSM who engage with HIV interventions;
- MSM who are difficult to reach with HIV interventions;
- The distribution of WA MSM and service delivery considerations.

A review of existing research, grey literature, epidemiological data, and organisational perspectives will be conducted, observing any limitations and key considerations in the translation of information to the WA MSM population.

Data sources will include: WA HIV/STI notifications; Perth Gay Community Periodic surveys; Seroconversion Study; Connect Study; the PrEPIT WA trial; reports from WA stakeholder meetings on HIV issues in MSM; and programmatic experiences from the WA AIDS Council, and the M Clinic.

So what? This project is currently in progress, and the expected outcome is an evidence-informed analysis for describing and developing an understanding of the WA MSM population. This analysis will identify information gaps, priority areas for research, and will provide recommendations for reaching this population with future HIV/STI public health and behavioural change interventions.

Speaking safer sex: Exploring how young Australian men negotiate condom use

Hilary Key¹, P.J Matt Tilley²

1. School of Public Health, Curtin University
2. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

Australian adults aged 18-26 are most at risk of contracting a sexually transmissible infection (STI). Despite targeted health campaigns, condom use remains inconsistent. The aim of this study was to investigate the relationship between safer sex communication and condom use amongst young men in Australia. The sample consisted of 12 male, cisgender, heterosexual, single, New South Wales based participants aged between 18 and 26.

A phenomenological approach guided this study to investigate the relationship between safer sex communication and condom use. Semi structured interviews were used to obtain information, and thematic analysis was utilised to identify four key themes in the data. The four themes identified were talking about safe sex isn't sexy; intentions do not necessarily predict use; knowledge and experience mitigates condom use efficacy; and decisions based on assumed partner sexual safety. This study emphasised condom use. Participants negotiated condom use with partners through strategies of humour, subtlety, directness or avoidance depending on their individual levels of motivation to use. Intentions to use condoms were motivated according to the individual's circumstances and experiences. Factors influencing safer sex communication included assumptions about a partner's sexual safety, level of knowledge and social-sexual scripts.

So what? This study recommended that sexuality education programs, public health campaigns and media organisations focus on normalising safer sex communication, empowering young people to become informed and celebrating their intentions to be sexually safe.

Comparison of risk profile of gay men who acquired HIV while travelling with those who acquired HIV in Australia

Dr Graham Brown¹

1. Australian Research Centre in Sex, Health and Society, La Trobe University

HIV and international mobility is a priority issue within a global and shared epidemic, including Australia. To support health promotion in this complex area, we drew on the national seroconverter study to compare HIV infections that occurred among Australian gay men while travelling and compared these to HIV infections that occurred in Australia.

Four-hundred and forty-six gay men recently diagnosed with HIV completed an online survey regarding the high risk event (HRE) where they believed they acquired HIV. Those who acquired HIV while in their usual place of residence (308 men), those who were travelling within Australia (59 men), and those who were travelling overseas (79 men) were compared.

Those who acquired HIV while overseas had very similar risk profiles, sexual behaviour, and made similar assumptions about their partners and their own HIV status, as those who acquired HIV in Australia. Only HIV status disclosure at the HRE differed across locations ($p=0.030$). Three quarters (74.7%) of the men who acquired HIV while overseas were not diagnosed until they returned to Australia.

Our findings provide nuance to our understanding, and challenge the assumption there are differences in behaviour profile and partner assumptions in HIV transmission in Australia and overseas. However the men travelling may be in communities where HIV status is less commonly disclosed, and where HIV prevalence is higher.

So what? A deeper understanding of contextual factors may be required for HIV prevention and health promotion strategies targeting gay men travelling to locations with different cultural, HIV prevalence, and HIV testing considerations. This would also identify opportunities for new tools such as Pre-Exposure Prophylaxis and self-testing.

CONCURRENT SESSION: Working with peers

CHAIR: Corie Gray, Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

Methamphetamine peer education project

Rick Greenshields¹

1. WA AIDS Council

The WA AIDS Council is currently facilitating a Methamphetamine Peer Education project, branded "Rock Solid". The primary aim of the program is a reduction in methamphetamine-related harm within the community as a result of peer and consumer engagement. The Methamphetamine Peer Education project is unique to Western Australia in that current users of methamphetamine, ex-users of methamphetamine, or individuals who have a large peer network of methamphetamine users are recruited as peer educators to provide evidence based harm reduction education to members in their peer network. Peer educators are given education, information and ongoing support to deliver harm reduction education sessions during their everyday social interactions with this traditionally hard to reach cohort of people. Harm reduction topics include safer injecting, safer smoking, recognising and responding to methamphetamine toxicity, and maintaining good physical and mental health while using.

After each harm reduction interaction, the peer educator's record non-identifiable demographic information and the type of harm reduction education shared. The Project Officer collects this each month for reporting purposes.

During the first 12 months of the project we had four peer educators and the combined total of harm reduction interactions was 516. We now have 14 peer educators, so we are expecting the total number of these interactions to increase significantly.

To evaluate the success of the project, peer educators are required to participate in a case study interview every six months where they are asked a series of questions about their experiences

So what? The data collected during this project provides an opportunity to evaluate the effectiveness of the peer based model when delivering health promotion education to the drug using community or other hard to engage with groups.

Hepatitis B peer educator project

Amanda Siebert¹, Sally Rowell¹

1. HepatitisWA

Numerous studies have shown the effectiveness of peer education as a way to engage hard to reach communities. HepatitisWAs Hepatitis B Multicultural Program whilst being very successful in reaching women from identified target groups (73%) has not been as successful in reaching men (27%).

A project was developed to recruit and train a number of peer educators (with an emphasis on men) to see if this would increase the number of men being reached and ultimately increase the number of people seeking testing, vaccination and treatment for hepatitis B. Our ongoing partnerships with multicultural stakeholders enabled us to recruit peers from high prevalence communities (Asia, Africa, and the Middle East). Peer educators were provided with hepatitis B training and facilitation skills which enabling them to provide education sessions to their own communities. Whilst the training provided them with the information on transmission, prevention, monitoring and treatments, it also skilled peer educators in facilitation styles and handling difficult questions which increased their confidence.

During this presentation participants will learn the results from the peer evaluations along with the lessons learned when setting up this project.

So what? This project highlights the importance of partnerships and a targeted approach where peer educators have enabled us to connect with hard to reach groups. It has also assisted our services to expand to evenings and weekends with very limited financial outlay.

You've got a friend in me: Peer education in youth sexual health

Anania Tagaro¹, Susan Theseira¹, Julia Morgan¹,

1. The YEP Project, Youth Affairs Council of WA

The Youth Educating Peers (YEP) Project is a peer-based sexual health initiative that engages with 12-25 year olds in Western Australia. YEP aims to educate, empower and positively evolve young people's perceptions, attitudes and behaviours around sexual health and blood-borne virus (SHBBV) issues. A key focus is the use of peer education as a youth participation and health promotion strategy, employing a diverse team of young people aged 18-25 as trained peer educators called the YEP Crew.

YEP strives to connect and collaborate with metro and regional organisations who work with young people in their communities. This allows increased opportunities to engage with young people through discussion and interactive, educational activities. YEP also offers free online and face-to-face training workshops to upskill the youth sector on how to better support young people facing SHBBV issues.

The YEP Project conducts an annual survey of young people's experiences with SHBBV issues. In 2017, it was reported that whilst 92% of young people believed that sex and SHBBV education is important, 58% did not have a positive sexual health education experience at school. Additionally, 50% felt that they could not discuss SHBBV issues with their parents. Instead, the majority accessed sex and SHBBV information from social media, the internet, and friends. As such, the YEP project addresses the needs of young people who require accurate SHBBV information that is relatable and accessible.

So what? YEP demonstrates the strength and effectiveness of peer-based education on youth SHBBV issues, while also working with youth sector professionals.

HIV positive peer mentor program

Lisa Tomney¹, Mark Reid¹

1. WA AIDS Council

Over the past 30 years we have come a long way, but there are still challenges that remain for people living with HIV (PLHIV) in 2018. The project aims to support PLHIV by matching with a trained peer mentor to provide information, support and encouragement from their lived experience.

Research shows that the positive outcomes and mutual benefits of peer mentoring are significant, including but not limited to, engagement and retention in care, increased self-esteem, confidence, reduced social isolation, increased resilience and a sense of community. The project will apply the research evidence and contribute to achieving better health and well-being outcomes for PLHIV.

A peer mentor is someone who is HIV positive, interested in peer support, committed and reliable, understands and can set healthy boundaries, can communicate effectively and who is prepared to share their journey. Comprehensive training, policies, procedures, guidelines and supervision are all essential elements of the program.

So what? In regards to the above the MIPA (meaningful involvement of people with HIV/AIDS) principles are possibly the key element of this project. They have a direct link to our ability to involve people with HIV with positive outcomes that will directly impact their health and well-being. The outcomes and evaluation from this project can also contribute to national trials around peer navigation and POZ Qual (positive quality of life scale). Evaluation will occur over the course of the next 12 months and will influence directly the direction of the project.

CONCURRENT SESSION: Young people's sexual health

CHAIR: Anania Tagaro, Youth Educating Peers Project, Youth Affairs Council of WA

Supporting and evaluating relationships and sexuality education in schools: A multiple, holistic case study approach

Sharyn Burns¹, Jacqui Hendriks¹

1. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

The Curtin Relationships and Sexuality Education (RSE) Project, funded by the WA Department of Health, provides training for practicing and pre-service teachers to enhance RSE in primary and secondary schools. As part of the project evaluation the RSE Project adopts a multiple, holistic case study to evaluate the effectiveness of integrated and multi-faceted strategies to promote RSE at a whole school level.

This mixed methods study includes a multiple, holistic case study (including a whole school audit, documentation, observation, interviews, focus groups and surveys). Three schools have been purposively selected based on their capacity to commit to participating in the case study and to ensure a range of schools. Baseline audits have been conducted in all schools. Baseline data is currently being collected from students. Partnerships and working committees are being established. This presentation will focus on the establishment of partnerships and baseline data collection.

Use of case studies to evaluate the effectiveness of school-based programs can relieve some 'research burden' schools currently experience. While time intensive, benefits of case studies include the establishment of real partnerships, which enhance sustainability and offer potential for ongoing collaborations.

So what? Case study schools are developing a range of school and community-based partnerships that aim to enhance a coordinated approach. Supporting individual schools to plan strategies for integrated RSE enables schools to determine strategies that are most appropriate for their individual school community. Evidence-based principles are employed to support strategies implemented in schools.

Laugh and Learn: Using video to engage with young people about sexual health

Joanna Collins¹, Elizabeth Tyndall¹

1. Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

Young people are a priority population in the Western Australian Sexually Transmitted Infections (STI) Strategy 2015-2018 and social media is identified to provide relevant information to such groups.

WA Health has developed five short videos as an online resource to educate young people aged 13-17 years about sexual health. These videos focus on puberty, safe sex, STI, and blood-borne viruses, and are hosted on WA Health's Get the Facts youth website.

The youth videos were developed following consultation with young people across Perth. Facilitated focus groups with year 7 to 10 students were held at two secondary schools and an online survey was distributed to young people via partner government and non-government organisations. A total of 157 young people were involved in these consultations which confirmed that videos are a widely used resource among young people. They also contributed to video content and topic development.

The five youth videos were launched in September 2017 and promoted for an initial six week period through Snapchat, Instagram, YouTube and unpaid media.

Throughout the campaign a high level of youth video engagement was achieved including 29,425 views and 1,092,475 targeted campaign impressions. Nearly 8,000 people clicked through to the website during the campaign and more than 1,000 people engaged with the content via social comments, shares, likes or reactions.

So what? Video is an engaging and well-responded to method of communicating with, and educating young people around sexual health related messages.

YOUR Health - where are we now?

Bianca Fish¹, Jeff Turner², Sam Liebelt³, Carley Robbins⁴

1. HepatitisWA
2. Sexual Health Quarters
3. Peer Based Harm Reduction WA
4. WA AIDS Council

The YOUR Health program was introduced at the 2016 SiREN Symposium as a new collaborative and holistic health program for youth-at-risk. Now two years later the program has cemented its place in alternative education programs around Perth. Since 2016 YOUR Health has undergone several changes. A set order of workshops has been created to allow for a better flow of topics, and the target group was revised down to alternative education settings.

YOUR Health is a collaboration between five organisations - HepatitisWA, Sexual Health Quarters, WA AIDS Council, Peer Based Harm Reduction WA and Headspace. The 6-week program aims to support the following outcomes:

- Strengthen working relationships between organisations;
- Increase young people's knowledge of sexually transmissible infection/blood-borne virus prevention and harm reduction strategies;
- Increase young people's knowledge of contraceptive options;
- Increase young people's knowledge of mental health coping strategies; and
- Familiarise young people with the range of services available to them.

With the help of SiREN, YOUR Health is being formally evaluated in 2018.

So what? Working collaboratively allows people with shared passion and purpose to come together and work towards achieving a common goal, in this case youth health. It allows young people to access a whole range of health information from experts on each topic in one single program. If the evaluation results confirm what we are aiming to achieve, the YOUR Health model could be adapted for use with different audiences (i.e. adults) or to include other health topics (i.e. diet and nutrition, sun safety).

Youth vs stakeholders: Perception vs reality in rural sexual health

Carl Heslop¹, Roanna Lobo^{2,3}, Sharyn Burns³

1. School of Public Health, Curtin University
2. SiREN, School of Public Health, Curtin University
3. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

Young people don't know how to access sexual health services. Young people aren't aware of what is available in our town around sexual health. Young people don't know where to access condoms. Young people are too embarrassed to talk about sexual health.

Stakeholders in rural towns are aware of the barriers that young people face in accessing their services and know things could be better. The main issue with that knowledge however, is that perception does not always equate reality.

As part of a Participatory Action Research project developing a framework for providing youth sexual health in rural towns, the researcher interviewed key stakeholders working with young people to deliver youth sexual health services and education (n=16). The team has also interviewed young people living within the town (n=18, ages 16-24 years old).

Stakeholders felt "the majority of them [services] would be unknown to young people" and young people wouldn't know how to access them – while young people knew "You call 'em up, say can I have an appointment, you go". This paper examines gaps between stakeholder perception and reality as expressed by youth in the setting and examines the emerging themes and intersections between the two groups of data.

So what? This paper gives some insight into some of gaps in service provision – but really provides evidence that stakeholders can't purely rely on their own perceptions and suppositions when planning youth facing services for their setting – as perception may not always match reality.

Using contemporary social media channels to communicate sexual health messages

Rudie Marshall-Lang¹, Briannan Dean¹,
Elizabeth Tyndall¹

1. Sexual Health and Blood Borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

Chlamydia and gonorrhoea are the most notified sexually transmissible infections (STI) in Western Australia (WA). In 2017, 52% of notifications were amongst 15 to 24 year olds. In 2016, gonorrhoea notifications rose by 63% in the Perth metropolitan area. Heterosexual women and men aged 25 to 35 years were most affected.

In 2017/18 WA Health rolled out two social marketing campaigns to raise awareness of STI prevention and testing. One targets people aged 15 to 24; the other responds to the gonorrhoea increase. Both drive people to couldihaveit.com.au for STI information and a PathWest test.

WA Health has run STI awareness raising campaigns since 2004 which have evolved with changing media consumption. The current STI campaign launched in 2015. The gonorrhoea campaign launched in 2016 following the notification increase. Each year, 2-3 bursts of both campaigns run across a range of channels including radio, festival sponsorship, social media, dating apps and online sponsored content. Channels are selected for potential reach and to maximise audience engagement.

Both campaigns have generated strong engagement. The Youth STI campaign has accumulated 414,682 online views since the launch, and over 7,500 comments, likes, shares and reactions. More than 650,000 people have been exposed to the gonorrhoea campaign since the launch, and clicked through to couldihaveit.com.au over 17,500 times.

So what? Social marketing is just one component of a multifaceted approach to reduce STI among young people. Analytics demonstrate that campaigns are effective in reaching target groups using selected contemporary channels.

CONCURRENT SESSION: Hepatitis C and safe injecting

CHAIR: Dr Jonathan Hallett, Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

Opportunities and challenges of linking routinely-collected data to evaluate blood-borne virus management and outcomes in Western Australia

Donna Mak¹, Kellie Mitchell¹, Gregory Dore², Jason Grebely², Maryam Alavi²

1. Sexual Health and Blood Borne Virus Program, Communicable Disease Control Directorate, WA Department of Health
2. Viral Hepatitis Clinical Research Program, The Kirby Institute, UNSW

Hepatitis B (HBV) and/or C (HCV) infection are associated with poor health outcomes and mortality. Effective treatment for both infections is available and is associated with health improvement and the prevention of HBV- and HCV-related deaths. In March 2017, the Communicable Disease Control Directorate (Department of Health WA) and The Kirby Institute (UNSW Sydney) began a collaborative research project aiming to identify populations at increased risk of HBV- and HCV-related morbidity and mortality within Western Australia (WA) to monitor treatment uptake and outcomes, and identify equity issues associated with Aboriginality and rurality. This retrospective cohort study of people notified with HBV and/or HCV in WA between 1990 and 2016 involves linkage of information routinely collected by eleven state and national population-based health administration datasets.

This presentation will describe the opportunities that routinely-collected data provide for evaluating blood-borne virus management and outcomes, and the processes and challenges associated with obtaining the approval required for a project that involves the coordination of both state and national ethics reviews and approvals, research governance and data linkage processes.

The project was facilitated by working in partnership with The Kirby Institute by modifying an existing New South Wales research plan to incorporate WA datasets, consulting with key WA stakeholders and obtaining WA data linkage and ethics approvals. These processes took one year and are a pre-requisite for obtaining approval to access national databases.

So what? This project will generate important findings that will inform future policy to reduce the HBV and HCV burden in Western Australia.

Platinum C: Applying a learning healthcare system approach to optimise the management of hepatitis C

Nada Andric¹, Thomas Snelling², Jessica Ramsay², Nelly Newall²

1. HepatitisWA
2. Telethon Kids Institute

Despite funding of direct-acting antiviral (DAA) treatment for all adults with chronic hepatitis C infection, Australia is at risk of missing its elimination targets unless implementation of treatment is optimised. Usual strategies for quality improvement are unlikely to resolve the large number of uncertainties regarding best practice.

Platinum C is a partnership between researchers, consumers, pharmacists and primary and tertiary care providers to eliminate hepatitis C in Western Australia through the implementation of a 'learning healthcare system' approach. A learning healthcare system is defined by the US Institute of Medicine as one in which "science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the delivery process..." To this end, Platinum C will implement a web-based informatics solution to enable people undergoing treatment for hepatitis C to volunteer their de-identified treatment and outcome data to inform the management of future patients. It will be clinician friendly with minimal impact on current practice efficiency or quality of patient care.

We anticipate that Platinum C will evaluate antiviral choices for PBS-eligible patients, and also strategies to optimise uptake of testing and adherence to therapy, which have been suggested/accepted by our collaborating partners.

So what? We need to discover which engagement approaches, models of care and medications are most effective in delivering hepatitis C treatment to our hard to reach populations without compromising quality of care.

How co-location of harm reduction and treatment services is contributing to the eradication of hepatitis C

Rebecca Bowman¹, Sally Rowell¹, Steve Fragomeni¹

1. HepatitisWA

The new hepatitis C (HCV) direct acting antiviral medications have the potential for all people with hepatitis C to be cured. The World Health Organization (WHO) has set HCV elimination targets of 90% diagnosed, 80% treated and 65% reduction in mortality by 2030. Currently, one of the barriers to achieving this is reinfection among high-risk populations, including people who inject drugs (PWID).

The co-location of treatment and harm reduction services, such as needle syringe programs (NSP) is one way of addressing this barrier. HepatitisWA has successfully co-located the Deen Clinic at the Aberdeen Street NSP site. During this presentation, we will discuss the implementation, benefits of and challenges to the co-location of these services.

The new generation direct-acting antivirals (DAA) offer the potential for low threshold services to be developed. Of all new hepatitis C diagnoses 91% are attributed to injecting drug use, it is important that PWID remain a priority for HCV testing and treatment. A third of clients who access the Deen Clinic are clients of the NSP. Successful treatment of these clients reduces the total number of people with HCV within this community.

The benefits of co-locating these services includes an increase in health literacy, increased confidence in health services, and positive relationships with health practitioners. In addition, an ongoing relationship can develop through continued use of the NSP, increasing the opportunity to discuss potential reinfection and initiate further treatment as required – reducing any further onward transmission.

So what? Co-location of services has the potential to play an important role in achieving the WHO targets for the eradication of HCV. The ongoing success of HepatitisWA provides a practical template for other agencies to replicate.

Increasing access to sterile injecting equipment through a needle and syringe dispensing machine

Karen Lipio¹, David Worthington²

1. Great Southern Public Health Unit, WA Country Health Service
2. Sexual Health and Blood Borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

People who inject drugs (PWID) in Katanning Western Australia have historically had limited access to sterile injecting equipment. Some reasons behind this are due to limited options/awareness about where to obtain sterile injecting equipment, and stigma in accessing needle and syringe programs (NSP), resulting in an increased risk of blood-borne virus (BBV) transmission.

WA Country Health Service Great Southern Public Health Unit, and the Sexual Health and Blood Borne Virus Program explored strategies to address this, resulting in the trial of a needle and syringe dispensing machine (NSDM) from November 2015 to May 2017 at Katanning hospital.

The 'free-vend' NSDM was installed in an area providing discreet and 24/7 access. In conjunction with the trial, NSP and BBV education was delivered to health service providers, shire workers and members of the local drug and alcohol management group. Safe needle disposal was also promoted during community events.

The NSDM trial resulted in a 600% increase in monthly Fittstick distribution (on average) compared to previous distribution via the hospital emergency department. Anecdotal feedback from clients indicated satisfaction with the service. Health staff were generally supportive, although a number of operational challenges were identified: responsibilities in restocking; mechanical issues; inappropriate needle disposal and; finding a suitable location for the machine. Most of these were addressed during the trial and ongoing strategies were set in place to address other issues.

So what? Recommendations include that the NSDM remain at Katanning hospital; identify a more suitable location after site re-development; identify roles and responsibilities for the machine operation and maintenance; provide up to date training to relevant staff and; employ innovative methods to provide brief intervention and needle and syringe disposal options.

How do we reach the other 75% of people with untreated chronic hepatitis C?

Leanne Myers¹, Kathryn Reid², Angela Corry¹, Paul Jeffery¹, Michael Kyron²

1. Peer Based Harm Reduction WA
2. University of Western Australia

Connecting with people who inject drugs requires a tailored approach. With the availability of the direct-acting antivirals for treatment of hepatitis C, a health clinic operating within a needle and syringe exchange program (NSEP) provided an opportunity to engage with this difficult to reach group. A collaborative study between Peer Based Harm Reduction WA (PBHRWA) and the University of Western Australia (UWA) was conducted during 2017 and 2018.

Ethical approval to conduct the study was obtained from UWA. The first part of the project included a retrospective audit of 1064 clinical files. The second part of the project, a prospective study recruited hepatitis C positive clients interested in undertaking hepatitis C treatment.

Retrospective Audit: The clinic was attended by even numbers of males and females. Eighty percent of the health clinic clientele report they had a previous psychiatric history. Eighty-two percent of clients attending the clinic were current injecting drug users. Fifty-four percent of those who inject use amphetamines. Twenty-five percent of the sample was hepatitis C antibody positive. To date, ten clients have completed the final hepatitis C treatment visit and all have achieved viral clearance.

As a NSEP and at the forefront of engagement with injecting drug users, understanding the complexities of this marginalised population is of the utmost importance and will assist PBHRWA in identifying new and innovative approaches in client engagement.

So what? Increasing client engagement will assist in identifying previously unknown hepatitis infections whilst offering hepatitis C treatment and harm reduction strategies will contribute to reducing the infection and transmission of hepatitis C.

ABSTRACTS: DAY TWO

PLENARY SESSION: Sexual health and blood-borne virus issues in Aboriginal and Torres Strait Islander populations

CHAIR: Dr Roanna Lobo, SiREN, School of Public Health, Curtin University

Young, Deadly, Free: The sexual health professional development needs of remote primary healthcare clinicians

Jessica Thomas^{1,2}, James Ward^{1,2}, Amanda Sibosado^{1,2}, Daniel Vujcich³

1. South Australian Health and Medical Research Institute
2. Flinders University
3. Aboriginal Health Council of Western Australia

The sexual health professional development needs of remote primary healthcare clinicians are not well understood. Within a broader health promotion project we sought to build this knowledge to address the ongoing high rates of sexually transmissible infections (STI) and blood-borne viruses (BBV) in remote Aboriginal and Torres Strait Islander communities.

An online survey comprised of 20 questions was distributed through purposive snowball sampling. The survey questions were informed by the priority actions from the National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017. The survey asked participants to identify and prioritise areas of new knowledge and their preferred delivery format for professional development.

A total of 66 participants completed the survey and the majority were female remote area nurses (60%), Aboriginal health workers and general practitioners who had practiced for longer than six years. The participants' region of clinical practice was from across northern and central Australia.

The most commonly reported areas for new knowledge were: assisting patients to prevent and manage STI, mandatory reporting, contact tracing, and assistance with and interpreting BBV results. The preferred methods of delivery were face to face training and online videos.

So what? This provides new evidence and an identified list of priorities to guide the development and implementation of professional development for clinicians to reduce the burden of STI and BBV for young Aboriginal and Torres Strait Islander people.

Young, Deadly, Free: Preliminary evaluation findings and lessons learned

Belinda D'Costa¹, Roanna Lobo¹

1. SiREN, School of Public Health, Curtin University

Sexually transmissible infections (STI) and blood-borne viruses (BBV) are a significant health issue within the Aboriginal and Torres Strait Islander population, with disproportionately higher rates than for the non-Indigenous population. This is particularly apparent in remote and very remote communities, and among young people. In response to this, the South Australian Health and Medical Research Institute (SAHMRI) developed the Young, Deadly, STI & BBV Free project.

The project was implemented in 25 remote and very remote communities across Western Australia, South Australia, Queensland, and the Northern Territory. Targeting young Aboriginal and Torres Strait Islander people aged 15-29 years, the project used peer education (among other approaches) to increase awareness and knowledge of STI and BBV among this cohort. The feasibility and effectiveness of using a peer education program in this context will be discussed, using preliminary findings from an independent evaluation of the program conducted by the Sexual Health and Blood Borne Virus Applied Research and Evaluation Network (SiREN) at Curtin University. Qualitative and quantitative data will be reported on, followed by a brief discussion on the lessons learned in implementing a multi-jurisdictional STI and BBV program in remote and very remote Aboriginal and Torres Strait Islander communities.

So what? Conducting evaluations of programs involving Aboriginal and Torres Strait Islander peoples may require a departure from traditional evaluation approaches to ensure one is working in a manner that is culturally appropriate and respectful. Adapting evaluation protocols to suit local settings must also be reflected in the program's budget and timelines.

‘Look after your blood’ and ‘Stay safe you mob’. Social marketing campaigns for young Aboriginal people

Rudie Marshall-Lang¹, Elizabeth Tyndall¹, Judith Bevan¹

1. Sexual Health and Blood Borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

Sexually transmissible infections (STI) and blood-borne viruses (BBV) are disproportionately higher amongst Aboriginal people compared to non-Aboriginal people. In 2016, amongst Aboriginal people:

- Chlamydia notification rates were five-times higher;
- Gonorrhoea notification rates were 13-times higher; and
- Total hepatitis C notification rates were 10-times higher.

In 2016 WA Health developed two social marketing campaigns targeting young Aboriginal people. ‘Look after your blood’ focusses on BBV and ‘Stay safe you mob’ looks at STI. The campaigns were developed in consultation with Aboriginal people including an Aboriginal Reference Group of health professionals, the Aboriginal Health Council of WA Youth Committee and young Aboriginal actors from the WA Academy of Performing Arts. ‘Look after your blood’ launched in September 2016 and ‘Stay safe you mob’ in April 2017. Campaign channels include state-wide television and radio, digital advertising including social media and outdoor.

Both campaigns have achieved strong engagement. ‘Look after your blood’ has achieved over 171,000 views online alone since the launch and generated more than 7,857 comments, likes, shares or reactions. ‘Stay safe you mob’ has accumulated nearly 135,000 online views, more than 785 comments, likes, shares or reactions and a strong click rate of 3.8% against industry standard of 0.08%.

So what? Engaging young Aboriginal people in developing and delivering strong, culturally sensitive messages about BBV and STI prevention and testing to their peers is a Western Australian first and provides a base for future campaign development.

Mooditj 2: A resilience and respectful relationships program for Aboriginal young people

Robyn Wansbrough¹

1. Sexual Health Quarters

Mooditj is a holistic, strengths-based relationships and sexual health education program for 10-14 year old Aboriginal young people. It was developed by Sexual Health Quarters in 2002-2004, in consultation with Aboriginal people across Western Australia. Mooditj is designed to be delivered by Aboriginal community members.

The solid foundation of social and emotional learning in Mooditj has been key to its success. There is however, a big demand for more content relating to resilience, gender and sexual diversity, alcohol and other drugs, porn, sexting and image-based abuse, jealousy, breaking up and respect in relationships. Prevention of suicide and relationship violence are high priorities for communities and nationally.

So what? Sexual Health Quarters has recently received funding from Healthway for a 2 year project to update and extend the program into a comprehensive, culturally safe, resilience and relationships education program. The new program will include increased emphasis on the development of core knowledge, attitudes and skills for social and emotional wellbeing, resilience and respectful relationships, as well as making the content more relevant to today’s issues.

CONCURRENT SESSION: Populations with unique needs

CHAIR: Dr Barbara Nattabi, WA Centre for Rural Health, University of Western Australia

Walk in sexual health clinic - fulfilling a need in rural Western Australia. How well are we doing?

Marisa Gilles¹, Diane Rifici², Bradley McKernan¹

1. Western Australian Country Health Service – Midwest
2. WA Centre for Rural Health, The University of Western Australia

Chlamydia Trachomatis and *Neisseria Gonorrhoea* are the most common notifiable sexually transmissible infections (STI), classically found in the 15-29 year age group. In consultation with key stakeholders it was identified that barriers to young people accessing STI screening and treatment included the absence of a free flexible service. Since 2010 we have had funding for a sexual health nurses focused on health promotion and timely screening and treatment.

Data were collected regarding the demographic profile of the clients, the proportion with an STI, those symptomatic, and the time from screening to obtaining results and receiving treatment.

In 2017, 518 people attended our service 83% were aged between 15-29 years, 58% were female and 28% were Aboriginal. Eighty-nine percent of those positive for an STI were 15-29. Seventy two percent were asymptomatic. The time from screening to obtaining results was within 5-7 days for the majority of the clients (65%), 27% of the clients received their results in less than five days. Twenty-three percent of clients were treated on the same day (symptomatic) and 63% were treated within seven days. Only one was lost to follow up. This demonstrates that we are providing a service to the most at risk group and that asymptomatic presentation is common. The time from receiving the results to providing treatment illustrates we need to do better.

So what? Evaluations such as these are critical to directing service delivery. Until the pool of positive individuals in the community is reduced we will continue to see high rates of STIs in our community.

Improving sexual health outcomes for people with disabilities

Sandra Norman¹, Ashleigh Taylor¹

1. SECCA

People with disabilities face unique challenges in the area of sexuality and sexual health. Existing sexual health resources may be insufficient for people with cognitive disabilities or people who have difficulty understanding social behaviours. People with disabilities may also have less autonomy in their decision-making and be reliant on other people who serve as gatekeepers for their information and experiences.

To address these issues SECCA uses a multi-strand approach, incorporating education for the individual, education for the family and support workers, and reducing structural barriers. We'll be presenting two case studies, each involving young people engaging in risky and unprotected sex. The case studies will be used to illustrate some of the specific concerns our clients present with and the various techniques that SECCA uses to assist them to reduce their risk of sexually transmissible infections and achieve better sexual health.

So what? A better understanding of the unique barriers for people with disabilities can help equip sexual health workers to respond with appropriate education, support, resources and advocacy.

STOP: Lay concepts matter!

Indi Pattni¹

1. Multicultural Services Centre WA

Several barriers to testing and treatment for blood-borne viruses have been identified in target populations (Sub-Saharan Africa and South East Asian) living in Western Australia. Some of the frequently cited factors include low levels of literacy, misconceptions of the virus and transmission routes, and lack of knowledge of treatment options and services. What has not been explored further is the communities' lay understanding of health concerns.

The main objective of this project was in gaining better engagement in behaviours that addressed the health concerns in these target groups and understanding behaviours that inhibited people from seeking medical attention. The focus was on social, cultural, and historical contexts and how health behaviours in relation to blood-borne viruses are understood and differ from the main stream biomedical understanding. Gaining better understanding of these lay concepts of health and illness can provide more compatible explanations for illness and maintaining health, and assist to avoid the gaps in understandings which can lead to delayed diagnosis of potentially serious conditions.

In an attempt to enhance the success rate of the interventions being planned, an iterative-inductive approach seemed most appropriate. Learning outcomes were based on a broad explanatory model framework and specific concepts were explored – what is hepatitis B and C virus; symptoms; causes; transmission; treatment; consequences; and prevention.

So what? Cultural differences in the meaning of symptoms at times can lead to a delayed diagnosis of potentially serious conditions, due to how a patient presents their symptoms and/or how they understand their illnesses.

Developing the SECCA App: A digital sexuality and relationships education resource for people with intellectual disabilities

Ruth Swan¹, Sandra Norman¹

1. SECCA

Teaching and assessing knowledge of relationships and sexuality concepts to individuals with intellectual disabilities is challenging and requires specialised resources. In 2009 SECCA developed its Sexuality Concepts Resource which was a teaching system that included a large hard copy board and approximately 200 images. Over the past three years we have converted this resource to a digital format and extended its scope and utility.

The SECCA App has been expanded to include 1,800 custom-designed images relating to sexuality, sexual health, and relationships and 350 photographic images to support learning of early concepts. The resource has over 170 pre-programmed lesson plans to support understanding of relationships and sexuality concepts across the lifespan. All lessons can be fully customised and personalised. With the support of the Kimberley Interpreting Service we have an early concepts version presented in Kimberley Kriol and we are seeking more funding to expand our language versions.

The result is a highly innovative, flexible, accessible, and engaging resource that caters for individuals from four years of age through the lifespan. It is freely available to all Australians and since soft-launching in September 2017 it has been accessed over 1000 times.

So what? The SECCA App aligns with the Australian Health Curriculum around relationships and sexuality concepts for Kindergarten to Year 10. The advanced concepts version goes beyond schooling years to provide a format for presenting sexual health information to older adults including information about cancer screening, pregnancy, sexual health, rights relating to sexuality, adult relationships, and menopause.

Evaluation of harm reduction packs – Meeting the needs of local street based needle and syringe exchange program consumers

Kevin Winder¹

1. Peer Based Harm Reduction WA

The small packs of injecting equipment available from most pharmacies and hospitals do not meet the needs of some people who inject drugs (PWID). There is often waste or not enough of the equipment that a PWID needs in these packs. Peer Based Harm Reduction WA (PBHRWA) has always taken the position that if we did supply a product like this, it would be a harm reduction pack, with a filtering option, a spoon and sterile water.

At PBHRWA's new location there is a large street present community in the local area which has a high proportion of Aboriginal people. We identified that there was a need to target our services to better meet the needs of this community. Outreach foot patrols identified the need to distribute sterile equipment for free to street based people who have little or no money. As a result, we decided to trial the use of 'harm reduction packs.'

The effectiveness of the harm reduction packs is being evaluated in terms of consumer demographics and their responses to a questionnaire. Harm reduction packs were introduced in October 2017 and the data for the first three months has been compiled.

Eighty-seven percent of consumers who responded to the questionnaire reported that the harm reduction packs encouraged them to return their used equipment to the needle and syringe exchange program, and 96% of consumers who responded to the questionnaire reported that the harm reduction packs met their needs. Forty six percent of consumers who received harm reduction packs were Aboriginal.

So what? PBHRWA are currently reviewing the contents of the harm reduction packs and using feedback from consumers to ensure that they continue to meet their needs. Demonstrating the effectiveness of harm reduction packs through consumer feedback and a comprehensive evaluation will better enable PBHRWA to meet and advocate for the needs of street present consumers, including Aboriginal consumers. Furthermore, harm reduction packs will be included in a Western Australian trial using syringes aimed at reducing the sharing of injecting equipment in May 2018.

CONCURRENT SESSION: Capacity building

CHAIR: Param Kaur, Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

Conducting blood-borne virus and sexually transmissible infections education in Western Australian prisons – Overcoming barriers and challenges

Matthew Armstrong¹, Glenn Thomas²

1. HepatitisWA
2. Department of Justice

HepatitisWA is the current provider of the HIPHOP (health in prison, health outa prison) program within most metropolitan prisons in Western Australia, and has been delivering the program since 1996. The program is designed to provide information about blood borne viruses (BBV) such as hepatitis C, hepatitis B, and HIV, and harm reduction strategies that may benefit many prisoners whilst incarcerated and also when released into the general community.

The primary aim is to reduce the incidence of BBV, sexually transmissible infections (STI), and drug related harm. The program provides a dedicated safe space for prisoners to receive accurate information on these topics and discuss their own experiences and concerns. It also aims to eliminate common myths around BBV and STI, to reduce stigma and discrimination, and to ease the psychosocial impact of living with a BBV.

This presentation will outline many of the barriers and challenges often faced by our facilitators when working within the prison environment. Prison populations have a wide range of complex needs, diverse values, attitudes and beliefs, and often a general lack of enthusiasm towards discussing BBV and STI. In addition, the unpredictable and often chaotic working environment of prisons themselves can create a wide range of challenges and are often not conducive for learning.

So what? The strategies used in the HIPHOP program to overcome complex issues that arise in prison settings may be utilised by other programs that target hard to engage populations.

Western Australian prison officer's sexual health and blood-borne virus training - *Reconnection with an old friend*

Reena D'Souza¹

1. WA AIDS Council

This program is about collaborations and partnerships of the WA AIDS Council (WAAC) and Department of Justice in the provision of education and training for Prison Officers and Corrective Services Academy trainees. The training is on risk reduction of blood-borne virus (BBV) transmission to prison staff and people in prison by providing officers essential information about BBV, how the virus is spread, and what officers can do to protect themselves from infection. Information on how to accurately perform a personal risk assessment and conduct safe sharps disposal during searches is also provided.

Through networking with medical staff at the prisons, WAAC secured opportunities for greater in-roads to further BBV training to Prison Officers. This strong and highly sustainable partnership provided a clear, honest and transparent communication by understanding the needs of the Department of Justice, and how we can meet their needs accurately. It gave the project an integrated and well-coordinated approach to professional development for WA custodial staff involved.

WAACs training and development, through professional group training, seeks to develop, maintain and strengthen strategic partnerships with relevant key agencies, organisations and professions which represent or provide services to priority target groups. We increased commitment and capacity of mainstream organisations, such as the Department of Justice, to provide HIV, sexually transmissible infection and BBV education aligned with best practice principles for professional development.

So what? This project is about informing and building capacity of Prison Officers to mitigate high risk BBV exposures which in turn has financial, social and wellbeing impacts on the Prison Officers and in turn the judicial system. This project advocates the need for sustained and for/or new policies to be put in place within the Department of Justice with best practice for standard precautions around BBV. As with all our organisational projects and programs, this training offers a strong value proposition for the Department of Justice based on our current strengths and the need to sustain quality assurance for both stakeholders involved.

Supporting the sector to deliver school-based relationships and sexuality education: The Curtin RSE Project 2014-2018

Jacqui Hendriks¹, Sharyn Burns¹

1. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

The Curtin Relationships and Sexuality Education (RSE) Project is funded by WA Health to provide professional development services to pre-service teachers, teachers and school support staff in the area of RSE. Since 2014, the project has directly trained 624 staff and manages a mailing list of more than 800 individuals who are all interested in school-based RSE in Western Australia.

The Project currently offers tertiary units in RSE, full-day workshops, after-school events, webinars and symposiums; engaging regularly with our members through various marketing platforms. Work is currently being done to expand our delivery of online learning.

Based on process and impact evaluation data collected over five years of delivery, the team will share insight in how to effectively engage with the Western Australian school sector; sharing lessons learned along the way and plans for the future.

So what? Collaboration with numerous local and national organisations enables us to deliver quality programs that put evidence into action (connect). The Project provides insight in how to connect with school-based educators in a way they find useful (learn). We apply numerous evidence-based principles in all our training and are working towards broadening our online delivery (apply).

Using systems thinking to understand the influence of SiREN on research and evaluation practices

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1. Collaboration for Evidence, Research and Impact in Public Health, Curtin University
2. SiREN, Curtin University

The Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) takes a partnership approach to building the research and evaluation capacity of people working to address sexual health and blood-borne virus issues in Western Australia. There is limited understanding of how approaches like SiREN work and the kinds of outcomes they can achieve.

This presentation will describe the application of systems thinking to understand how, and in what ways the SiREN model has influenced research and evaluation practices.

Organisational documents, surveys, in-depth interviews, and a participatory workshop were used to inform the development of a type of systems map called a causal loop diagram. The causal loop diagram illustrates the contextual factors influencing engagement; mechanisms of action; and outcomes of the SiREN model.

Engagement between SiREN and those working to address sexual health and blood-borne virus issues is dependent on multiple contextual factors including an organisations research and evaluation capacity; a culture of collaboration; and the perception of SiREN as credible. Mechanisms that contributed to outcomes being achieved included trust; boundary-spanning skills; and alignment. Outcomes of the SiREN model included research and evaluation skills and confidence; co-created research and evaluation solutions; sustainable research and evaluation practice; collaborations; research and evaluation evidence created and shared; and changes to how services are delivered.

The SiREN model supports research and evaluation capacity through establishing collaborative and trusting partnerships. The causal loop diagramming process was able to capture the complex factors and interactions that led to changes in research and evaluation practices.

So what? These findings suggest that successful research and evaluation capacity building partnerships depend on relationships built on trust and reciprocity.

The creation and implementation of RELATE - Western Australian respectful relationships education resources for secondary schools

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1. Sexual Health Quarters

RELATE is an evidence-based, pedagogically informed relationships and sexuality education (RSE) program for secondary students written by sexual health education experts and teachers. RELATE addresses the underpinning concepts of gender stereotypes and expectations. It explores the controversial issues of sexting, image-based abuse, sexual assault and consent. Western Australian (WA) sexual health clinicians, university lecturers, teachers and students were consulted in the research project and pilot program to ensure that the needs of local young people were addressed.

Sexting, image sharing, intoxicated sex, sexual assault, consent and gender expectations are issues young people face today. Teachers generally have little or no training in RSE and feel ill-equipped to deliver sessions relating to these issues. RELATE improves access to comprehensive RSE in schools by filling the gaps in current school programs. RELATE is unique in its 8-week 'pick up and run' design created for teachers. This presentation aims to promote the benefits of the RELATE program and its role in updating teachers and students in the modern issues affecting relationships. The presentation will include the creation process, challenges and findings of the pilot study.

Over 80% of students in the pilot program felt more capable of making safer decisions about relationships and more confident to seek help.

So what? There is inequity in access in young people attaining quality respectful relationships and sexuality education in schools. RELATE has the potential to address deficiencies in current school programs, enabling teachers to be better informed, and helping young people to form safer and more respectful relationships.

CONCURRENT SESSION: Sexual health in culturally and linguistically diverse populations

CHAIR: Dr Indi Pattni, Multicultural Services Centre of WA

HIV in migrant populations in Australia: A changing epidemiology

Praveena Gunaratnam¹, Anita Heywood², Skye McGregor¹, Muhammad Jamil¹, Hamish McManus¹, Limin Mao³, Roanna Lobo⁴, Graham Brown⁵, Margaret Hellard⁶, Tafireyi Marukutira⁶, Neil Bretana¹, Carolyn Lang⁷, Nick Medland^{8,9}, Andrew Grulich¹, Rebecca Guy¹

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4. SiREN, School of Public Health, Curtin University
5. Australian Research Centre in Sex, Health and Society, La Trobe University
6. Burnet Institute
7. Communicable Diseases Branch, Queensland Department of Health
8. Melbourne Sexual Health Centre, Alfred Health
9. Central Clinical School, Monash University

Recent surveillance data suggest the epidemiology of HIV in Australia may be changing, with increasing diagnoses in people born overseas. In this context, we conducted a detailed analysis of trends in new HIV diagnoses in Australia, according to country of birth.

Poisson regression analyses were performed, comparing the age-standardised HIV diagnosis rates per 100,000 population between 2006-2010 and 2011-2015 by region of birth, with stratification by exposure (male to male sex, heterosexual sex- males and females).

The proportion of diagnoses attributed to male to male sex who were Australian-born decreased from 72.5% to 66.5% between 2006-2010 and 2011-2015, while the proportion attributed to heterosexual sex who were Australian-born increased from 33.7% to 42.5%. Compared to 2006-2010, the average annual HIV diagnosis rate per 100,000 population in 2011-2015 due to male to male sex was significantly higher in men born in South-East Asia (summary rate ratio (SRR)=1.37, $p=0.001$), North-East Asia (SRR=2.18, $p<0.001$) and the Americas (SRR=1.37, $p=0.025$), but significantly lower as a result of heterosexual sex in men born in South-East Asia (SRR=0.49, $p=0.002$), Southern and Central Asia (SRR=0.50, $p=0.014$) and Sub-Saharan Africa (SRR=0.39, $p<0.001$) and women born in South-East Asia (SRR=0.61, $p=0.002$) and Sub-Saharan Africa (SRR=0.61, $p<0.001$).

So what? The epidemiology of HIV in Australia is changing, with an increase in new HIV diagnoses due to male to male sex amongst men born in Asia and the Americas. Tailored strategies must be developed to increase access to, and uptake of, prevention, testing and treatment in this group.

Forming a migrant community network to build the capacity of communities around blood-borne virus and sexually transmissible infection prevention

Carol El-Hayek¹, Anna Bowring¹, Jane Howard¹, Alison Coelho²

1. Burnet Institute
2. Centre for Ethnicity and Health

Multicultural Community Action Network (M-CAN) was developed for providing sustainable health promotion around blood-borne virus (BBV)/sexually transmissible infection (STI) prevention in refugee and migrant communities. Creating, training and supporting community members to become leaders within their community to drive community ownership and improve community capacity are the foundations of M-CAN.

Multicultural Health & Support Service (MHSS) is funded by the Victorian State Government to meet the BBV/STI needs of migrant communities in Victoria. MHSS chose to approach their health promotion objectives via community participation that starts with building the capacity of individuals and subsequently their capacity as a collective. This model aims to achieve long-term change and health gains at an individual and community level, bringing together peer educators and other relevant community members and leaders via opportunities for education and networking.

The sustainability of M-CAN relies on building community capacity in response to community needs, using community ownership and feedback to evolve with increased community input. Members of the network need to be very engaged in their communities already, working or studying in areas of community health, migrants or refugees themselves and have a displayed understanding of the priority issues of their respective communities. Early in its development, M-CAN was externally evaluated as an alternative model for developing community capacity.

So what? The sustainability of M-CAN and any program like it relies on the acknowledgement that community capacity building is not only an outcome but an on-going coordination of activities that is able to connect community members and the organisation to create ongoing opportunities.

Life changing sexuality and relationship education for Hilltribe youth in Northern Thailand

Lorel Mayberry^{1,2}

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2. Borderless Friendship WA

Hilltribe people live along the border areas of Thailand/ Myanmar. Neither country recognises many of them as citizens, thus depriving them of access to education and health services. Geographically and socially, they are highly vulnerable to sex trafficking and forced prostitution. There are high levels of sexually transmissible infections (STI) and untreated HIV/AIDS. A combination of early deaths from AIDS, death in child birth, and being jailed for drug smuggling means that many of the children are left parentless.

Borderless Friendship WA, working with local non-government organisation Borderless Friendship Foundation (Thailand) has established care facilities and access to education, including sexuality education, for more than 300 children who have lost one or both of their parents, or whose parents do not have the capacity to provide for them.

The presenter works with trained Hilltribe leaders to provide young Hilltribe people (12-20 years old) with knowledge and skills that assist them in their daily life and relationships, and protect them from trafficking and acquiring STI. More than 400 young people have attended the weekend workshops. The content includes: self-identity; puberty and caring for your body; understanding emotions; relationships; human rights; STI, parenting; and goals and dreams.

So what? Strong demand exists for additional education for the Hilltribe youth. Whilst these sexuality and relationship education workshops were a drop in the ocean compared to the needs of the Hilltribe communities in Northern Thailand, they were a positive start to addressing dire issues facing Hilltribe youth. These innovative workshops can be easily adapted to other culturally and linguistically diverse settings.

Barriers to HIV testing among adult women from South East Asia

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2. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

Australia has witnessed an increase in HIV notifications in the past ten years among people born in high HIV prevalence countries. This has been most noticeable in people born in South East Asia (SEA), who had the highest HIV notification rate by region of birth in 2015. In the past five years, 70% of women born in SEA were diagnosed late. Late diagnosis of HIV among SEA women increases the likelihood of onward HIV transmission and delayed treatment initiation. The aim of this research was to explore the barriers and enablers for HIV testing among women from SEA living in Western Australia.

This project was a subset of a larger project. Three focus group discussions involving 21 women born in SEA explored the experiences and perspectives of HIV testing. Data were thematically analysed using NVivo software.

Sociocultural factors influenced women's willingness to test for HIV. All women described HIV as being associated with 'bad' or 'sinful' behaviour within communities. For this reason, many women considered themselves not at risk. In addition, testing for HIV was considered to be an admission of 'bad behaviour'. For the few women who had voluntarily tested for HIV, most had done so as part of a general health check-up initiated by their GP.

So what? This research indicates a number of barriers to HIV testing for women. We need culturally appropriate interventions to improve knowledge and increase access to testing for women.

CONCURRENT SESSION: Sexually transmissible infections - Current issues

CHAIR: Siân Churcher, Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

Adherence to clinical guidelines for the management of genital chlamydia infection in Western Australia

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1. University of Notre Dame
2. Sexual Health Quarters

Chlamydia trachomatis is the most common sexually transmissible infection (STI) in Australia, and represents an important health problem. The Australian STI Management Guidelines for use in primary care (hereafter the Guidelines) reflect gold-standard management. Failure to adhere to the Guidelines undermines current screening efforts, perpetuates persistent infection and transmission, and leads to serious health sequelae.

We conducted a retrospective review of all cases of uncomplicated genital chlamydial infection using the audit site's medical record-keeping software to determine what proportion of patients, treated at Sexual Health Quarters (SHQ) were managed in accordance with the Guidelines. One-hundred and ninety-one cases of laboratory confirmed chlamydia between 1 January 2016 and 31 December 2016 were included.

The performance of the audit site was benchmarked against three criteria outlined in the Guidelines: 100% of patients diagnosed with chlamydia are treated with an appropriate antibiotic regime within seven days; contact tracing must be attempted in 97% of cases; and 50% of patients are retested at three months.

In 2016, SHQ provided best-practice care to patients with chlamydia regarding contact tracing and antibiotic treatment. These results set a benchmark for other clinics across Australia. However, the re-testing rate in 2016 did not meet the standard provided by the Guidelines, an issue that is of concern for many sexual health practitioners nationally.

The audit results are clinically significant. Compliance with repeat testing is universally low across Australia and threatens to undermine current management efforts. Recall systems at SHQ will be enhanced to address this issue.

So what? The findings of this audit support the achievability of the existing policies related to chlamydia contact tracing and antibiotic treatment. The failure to meet the re-testing goal outlined in the Australian STI Management Guidelines speaks to a need for advocacy by service providers and internal practice measures to increase re-attendance in three months.

Genomic epidemiology and population structure of *Neisseria gonorrhoeae* from remote highly endemic Western Australian populations and implications for public health surveillance

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4. The Marshall Centre for Infectious Diseases Research and Training

Neisseria gonorrhoeae causes gonorrhoea, the second most commonly notified sexually transmissible infection in Australia. One of the highest notification rates of gonorrhoea is found in the remote regions of Western Australia. Unlike isolates from the major Australian population centres, the remote community isolates have low rates of antimicrobial resistance.

Population structure and whole-genome comparison of 59 isolates from the Western Australian *N. gonorrhoeae* collection were used to investigate relatedness of isolates cultured in the metropolitan and remote areas.

Population structure analysis of the 59 isolates together with 72 isolates from an international collection revealed two distinct genotype groups, Aus1 and Aus2, representing 63% of Western Australian isolates. Isolates from remote communities carried no chromosomal antimicrobial resistance genotypes and were genotypically unique to Australia. In contrast, metropolitan isolates were frequently multi-drug resistant and belonged to genotypes found in the international database, suggesting international transmission.

Our study suggests that the population structure of *N. gonorrhoeae* is distinct between the communities in remote and metropolitan Western Australia. The persistence of the antibiotic susceptible Aus1 genotype in remote Western Australia could be due to use of azithromycin and amoxicillin dual therapy in these regions which reduces the selective pressure for antimicrobial resistance and/or geographic isolation preventing introduction of antimicrobial resistance strains.

So what? Given the high rate of antimicrobial resistance in metropolitan regions and mobility of people between remote and metropolitan Western Australia, ongoing surveillance is essential to ensure the enduring efficacy of the empirical gonorrhoea treatment in remote Western Australia.

Connecting the Year 8 HPV vaccination program with school and youth sexual health education

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1. Sexual Health and Blood Borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

In Western Australia (WA), the national adolescent human papilloma virus (HPV) vaccination program is implemented in Year 8. Until 2017, this was a three-dose vaccination schedule at 0, 2 and 6 months. The two-dose schedule (0 and 6 months) is being introduced in 2018.

HPV vaccination course completion rates (termed coverage) for children in WA turning 15 in 2016 were higher for boys (76%) than the national average (73%) and slightly lower for girls (77%) than the national average (79%). In WA in 2017, HPV vaccination coverage was much lower in Aboriginal (53%) vs non-Aboriginal students (79%) despite both groups having identical consent rates (90%). A similar pattern was observed between metropolitan and rural schools with consent rates in both being 87% and course completion rates being 73% and 69% respectively. Consent and coverage rates were higher in Catholic (90% and 80%, respectively) than Independent (86% and 74%, respectively) or Government (87% and 70%, respectively) schools.

So what? The Growing and Developing Healthy Relationships website provides teachers with links to resources to educate students about HPV vaccinations. New resources will be created that are Western Australian specific and mapped to the Western Australian Health and Science curriculum. Geospatial analysis findings can be used to determine priority geographical areas to support schools, teachers and school health nurses with HPV vaccination education resources. The recent change to the two-dose schedule may also help to increase coverage in these areas.

A new explanation for rising rates of anal cancer

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Anal intraepithelial neoplasia (AIN) is associated with high-risk human papillomavirus (hrHPV) infection and is a precursor to anal cancer. Factors other than hrHPV are likely to be involved in causing AIN and further study of cofactors is required.

A surgical database of patients having anal warts removed was established at Royal Perth Hospital in 1995 and epidemiological information concerning age, sex, sexual preference, history or clinical evidence of gonorrhoea or chlamydia infection and serological evidence of HIV-1, HSV-2, hepatitis B or C virus infection and syphilis has been prospectively collected since then. Three hundred and fourteen patients underwent 457 operations from June 1995 to November 2016. Histopathology and hrHPV testing using the Digene Hybrid Capture 2 (HC2) method were performed at the time of surgery.

hrHPV alone was associated with high-grade squamous epithelial lesions (HSIL) (OR = 4.65, $p < 0.001$). Amplification of HSIL risk was found when hrHPV infection occurred with HIV-1 (OR = 11.1) or HSV-2 (OR = 7.85) infection; current or previous gonorrhoea (OR = 6.45) or syphilis (OR = 5.58); and some other infections.

So what? hrHPV is a sufficient cause of anal HSIL but seropositivity for HIV-1, HSV-2, T. pallidum, HBV, HCV infections and a history of gonorrhoea or chlamydia exert a powerful amplifying factor increasing the risk of HSIL above the risk with hrHPV alone. This pattern of disease in patients with warts is characteristic of a syndemic with potential increased risk of anal carcinoma in men because of rising rates of sexually transmissible infections.

CONCURRENT SESSION: Sexually transmissible infections and blood-borne virus treatments

CHAIR: Prof Donna Mak, Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

Blood-borne virus treatment uptake in Western Australia

Byron Minas¹, Kellie Mitchell¹, Lisa Bastian¹, Donna Mak¹, Judith Bevan¹, Carolein Giele¹

1. Sexual Health and Blood Borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

The uptake of hepatitis C (HCV), hepatitis B (HBV) and HIV treatment has emerged as an important indicator of access to treatment for BBV and HIV in Western Australia (WA). In response, the Communicable Disease Control Directorate (CDCD) and Epidemiology Branch at the Department of Health, and the Pharmaceutical Benefits Scheme (PBS), have collaborated to monitor uptake of these treatments. We report on WA residents who were provided antiviral treatment for BBV and HIV by demographics, treatment regimen and prescriber characteristics.

De-identified PBS BBV and HIV antiviral prescription data for WA residents were analysed by specified PBS variables, regional boundaries and population estimates.

Treatment rates increased over time, particularly among those aged <50 years. Close to 100% HIV treatment coverage was reported for those aged <30 years and approximately 14% of residents living with HCV initiated the new DAA treatment after it was introduced in March 2016. High regional treatment rates were associated with historically high disease notification rates. There was also a significant increase in the proportion treated under a community- rather than hospital-based framework. These results suggest improved access and mobilisation of affected communities to seek out testing and treatment.

These data indicate that public health strategies to improve awareness and access to treatment are having an impact on the WA community.

So what? Access to treatment has emerged as a key public health strategy following recent advances in BBV treatments. This has led to improvements in treatment rates in WA, which is important to improving health outcomes and preventing BBV transmission.

Optimising chlamydia partner treatment in Western Australia

Optimising chlamydia partner treatment in Western Australia

Noëlle Blum¹, Helen Wood¹, Rhonda Clifford¹, Isabelle Arnet², Sajni Gudka¹

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In order to stop the onward transmission of chlamydia, and decrease the overall burden of disease, we need to identify new processes that increase the number of sexual partners tested and treated. Internationally, Accelerated Partner Therapy (APT) has shown to simplify the current pathway which involves multiple appointments, thus enabling more partners to be treated. We sought to understand prescriber- and pharmacist-related barriers and facilitators in Western Australia to various partner therapy models, and explore the potential role of community pharmacists in partner management.

Semi-structured interviews were developed for prescribers (general practitioners, nurse practitioners, registered nurses and Aboriginal health workers) and pharmacists. Interviews were first conducted in the metropolitan followed by the regional/remote areas of Western Australia in a second phase.

Eleven prescribers and 12 pharmacists from metropolitan areas were interviewed; results from regional interviews will be available in April. Within the current framework, prescribers said they don't often see sexual partners, and if and when they do they take the opportunity to test and educate them. They raised medico-legal concerns about prescribing for partners and potential medication-related adverse effects to APT, but acknowledged that pharmacists could handle the later issue. Pharmacists were receptive to APT as long as staffing and remuneration were considered prior to implementation.

Barriers and facilitators to each partner therapy model were identified. Prescribers and pharmacists saw value in APT to treat partners for chlamydia, if barriers were addressed.

So what? Carefully tailored guidelines could make APT an attractive treatment option for prescribers and pharmacists.

New era hepatitis C treatments - information and treatment pathway provision to existing HCV positive clients

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1. Great Southern Public Health Unit, WA Country Health Service

The monitoring hepatitis C treatment uptake in Australia report estimated that only 8% of the population living with Hepatitis C virus (HCV) infection in Western Australia (WA) accessed the new direct-acting antiviral (DAA) treatment during the period from March to September 2016, the lowest HCV DAA treatment uptake compared to other Australian states.

To increase the number of people receiving HCV treatment the Great Southern Public Health Unit approached clients who tested HCV positive during the time when new DAA's were not yet available to provide information on the developments and availability of new HCV treatments.

Clients with HCV Antibody (Ab) positive results during time period 2011-2016 were identified using data from the Western Australian Notifiable Disease Database. Clients were contacted and offered DAA information as well as DAA access pathway. The uptake of HCV treatment was confirmed by client follow-up and obtaining information from the only Great Southern DAA treatment provider.

A total of 79 HCV Ab positive clients were identified, with contact details available for 24 clients. Out of these 12 clients stated that they received treatment and 12 clients were informed of the new DAA and provided with DAA access pathway. The six month follow-up revealed that one client accessed treatment, one client received further HCV testing and three clients were referred to HCV treating specialist. Remaining six clients were un-contactable and were not referred to a Great Southern DAA treatment provider.

The follow-up strategy described above has connected targeted population with an access to DAA treatment.

So what? Increased public health promotion is needed as well as more HCV treating doctors within the Great Southern region.

Treating homeless patients with chronic hepatitis C successfully in primary care using remote consultation requests

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1. Homeless Healthcare

2. Department of Gastroenterology and Hepatology, Royal Perth Hospital

Homeless Healthcare in-practice audits estimated the prevalence of chronic hepatitis C (HCV) in regular patients at around 20%. Remote consultation request forms allowed specialist input into treatment in a patient-friendly environment.

A retrospective analysis of patients with HCV treated in primary care using the Remote Consultation Referral system was conducted.

From March-December 2016, 57 remote consultation requests from Homeless Healthcare were consultant approved, all within five days of correspondence. Fifty-five people commenced treatment and 37 had completed sustained virologic response (SVR) testing, with 35 of them achieving cure (96%). Of the 20 people who did not complete SVR testing, five have results pending, 11 were lost to follow up, two did not start treatment and two died. Thirty-one patients changed residence during treatment.

A GP-based model of care with specialist support is an effective and feasible method of treating HCV in marginalised people already engaged in a GP service. Cure rates and SVR follow up is similar in this cohort compared with other real-world experience.

So what? Primary care is the best place for engaged patients to receive hepatitis C treatment, and with support, general practices will be central to HCV eradication.



Thank you

Thank you for joining us at the 2018 SiREN Symposium. We hope you will have an enjoyable and stimulating experience listening to the conference speakers, participating in the workshops, meeting old colleagues and making new connections.

If you are not already a member of the SiREN Network and wish to join to hear about future SiREN activities, and to receive our e-news and evidence updates please email siren@curtin.edu.au with **SUBSCRIBE** in the subject line. Our e-news is your go-to source for the latest sexual health and blood-borne virus related news, training, conferences, events, funding opportunities, jobs, and more; whilst our evidence updates provide you with bite-size summaries of the latest evidence from key sexual health and blood-borne virus journals and reports with relevance to the Australian setting.

ABOUT SiREN

SiREN is the WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network. SiREN is a partnership between researchers, service providers and policymakers working to strengthen evidence-informed policy and practice in Western Australia.

SiREN aims to:

1. Strengthen the research, evaluation and health promotion skills of people working to promote sexual health or prevent or manage blood-borne viruses.
2. Promote and facilitate opportunities for collaboration between sexual health and blood-borne virus service providers, policymakers and researchers; and
3. Foster links with national sexual health and blood-borne virus research centers and contribute to appropriate national research agendas in order to raise the profile of SHBBV concerns affecting WA.

www.siren.org.au

