



# Queensland HIV Action Plan 2019–2022

November 2019, Queensland Health



Queensland  
Government



# Foreword

The Queensland Government is committed to working towards the virtual elimination of new HIV transmissions in Australia by 2022 through a comprehensive approach to prevention, testing and treatment focused on meeting the United Nations 95-95-95 targets. These are that: 95 per cent of all people with HIV will know their HIV status, 95 per cent of all people with diagnosed HIV infection will receive sustained antiretroviral treatment and 95 per cent of all people receiving antiretroviral therapy will maintain viral suppression so their immune system remains strong and minimises the risk of transmitting HIV. This commitment has been endorsed by the Australian Health Ministers in the 20th International AIDS Conference Legacy Statement.

As community ownership is essential for this fast-track approach to the United Nations 95-95-95 targets, the Queensland Government is committed to supporting strong relationships between partner agencies in order to achieve the goal of the virtual elimination of new HIV transmissions. Consultation with primary healthcare providers, community-based organisations, specialised sexual health and HIV services, and key stakeholder communities has identified the following priority actions:

- transforming HIV prevention by taking a combined approach of promoting safer HIV prevention practices together with improving access to HIV medication as a preventive measure
- prioritising voluntary testing including community-based testing
- providing support for those newly diagnosed with HIV to engage in ongoing treatment and care
- promoting access to immediate treatment after HIV diagnosis and support to adhere to treatment
- addressing stigma and creating an enabling environment.

The success of these efforts depends not on reaching all people but on reaching the right people, acknowledging the complexity of people's lives and lived experience and understanding that a range of messages and approaches will be required.

This action plan will be enhanced by state-wide campaigns and supported by research and surveillance. The *Queensland HIV Action Plan 2019–2022* aligns with the *Queensland Sexual Health Strategy 2016–2021*, *Queensland Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Action Plan 2019–2022*, the *Eighth National HIV Strategy 2018–2022* and the *Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022*.

## HIV at a glance

The human immunodeficiency virus (HIV) can result in Acquired Immune Deficiency Syndrome (AIDS) if left untreated. People who are infected with HIV are said to be HIV positive, even if their infection has not resulted in AIDS.

In 2018, there were 180 new HIV diagnoses in Queensland, a 13 per cent decrease compared with the previous four-year average of 206.5 cases.

In 2018, 60 per cent of new HIV diagnoses were reported among men who have sex with men, 10 per cent were attributed to men who have sex with men and injecting drug use, 23 per cent to heterosexual sex, and 1 per cent to injecting drug use.

Modern antiretroviral treatment (ART) is so effective at suppressing HIV within a person's body, that people consistently using ART are unlikely to ever develop AIDS and have effectively no risk of sexually transmitting the virus to others.

### **The Hon Steven Miles MP**

Minister for Health and  
Minister for Ambulance Services

# GOAL

To work with the community to minimise the personal and social impact of HIV and work towards the virtual elimination of new HIV transmissions in Queensland by 2022

## Target populations

Gay men and men who have sex with men (MSM) including sexually adventurous men, people with HIV, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people who inject drugs, sex workers, trans and gender diverse people, heterosexual men and women, young people, people ineligible for Medicare, people in custodial settings, travellers and mobile workers, females of reproductive age, HIV/STI workforce, national HIV/STI strategy stakeholders.

## Key settings

Primary Health Networks (PHNs) and primary healthcare settings, Hospital and Health Services (HHSs), sexual health clinics, custodial settings, Aboriginal and Islander Community Controlled Health Organisations (AICCHOs) and Community Based Organisations (CBOs) and settings.

## Outcomes

### 1. A comprehensive approach to prevention is implemented

- 1.1 Implement and evaluate targeted, evidence-based HIV and STI health promotion, prevention and peer education programs.
- 1.2 Promote the public and personal health benefits of regular HIV and STI testing and an early treatment as prevention (TasP) strategy.
- 1.3 Promote and improve access to HIV preventive measures such as pre-exposure and post-exposure prophylaxis (PrEP and PEP), sterile injecting equipment and condom use.
- 1.4 Improve knowledge and awareness of the full range of prevention methods available, including PrEP, PEP and TasP among primary care professionals.
- 1.5 Identify and develop strategic responses across settings if new HIV clusters are identified.

### 2. Increased voluntary testing for HIV

- 2.1 Improve the frequency and targeting of testing for priority populations by:
  - Improving the knowledge and awareness of evidence-based clinical guidelines for HIV and STI testing among health professionals and community-based health workers.
  - Promoting the personal and public health benefits of regular HIV and STI testing.
- 2.2 Promote and improve access to a range of HIV testing options and models, including conventional, targeted, point-of-care, peer and self-testing, and tailor testing approaches to the needs of priority populations.
- 2.3 Promote routine HIV testing for all pregnant women and travellers from high prevalence countries, who have engaged in risk behaviours.

### 3. Increased treatment uptake by people with HIV

- 3.1 Ensure that people diagnosed with HIV are linked to early uptake of treatment, ongoing care and peer support using approaches that address the specific barriers and experiences of priority populations, including mental health issues, substance use and Medicare ineligibility.
- 3.2 Implement strategies to re-engage people with HIV who are disengaged from HIV care and manage people with HIV who place others at risk of HIV transmission.
- 3.3 Ensure that healthcare and support services are accessible, coordinated and skilled to provide culturally appropriate, evidence-based models of care that address the range of needs of people with HIV, including ageing and co-morbidities.
- 3.4 Support the capacity and role of community organisations to provide education, peer navigation, support and advocacy services for priority populations.
- 3.5 Promote the training of primary care providers to become authorised s100 prescribers and ensure training for HIV service providers supports culturally appropriate, evidence-based clinical practice.

### 4. Increased awareness of HIV and reduced stigma and discrimination

- 4.1 Facilitate a highly skilled multidisciplinary workforce that is respectful of and responsive to the needs of people with HIV and other priority populations, particularly Aboriginal and Torres Strait Islander and LGBTIQ people.
- 4.2 Implement and evaluate targeted and whole-of-population initiatives designed to reduce stigma and discrimination across priority settings.
- 4.3 Implement initiatives that assist people with, and at risk of, HIV to challenge stigma and build resilience.
- 4.4 Address the legal, regulatory, system and policy barriers which affect priority populations and influence their health-seeking behaviour and access to testing and healthcare services.
- 4.5 Support improved awareness of HIV and associated legal issues among people with HIV, healthcare providers, police, lawyers, HIV and legal support organisations and the media.

### 5. Improved surveillance, monitoring, research and evaluation

- 5.1 Develop and implement a monitoring and surveillance plan aligned with the *National HIV Strategy 2018–2022*.
- 5.2 Identify and resolve gaps in surveillance data for measuring and monitoring the implementation of this Action Plan, particularly in relation to Aboriginal and Torres Strait Islander data.
- 5.3 Identify and implement strategies for improving data collection and reporting, including notification system upgrades to allow for the monitoring of treatment uptake and viral suppression.
- 5.4 Implement the *Queensland BBV/STI Research Strategy 2018–2022* and support social, behavioural, epidemiological and clinical research.

## Priority actions

# MEASURING PROGRESS

Various indicators will be used to monitor the effectiveness of this action plan, with priority given to those indicators required for reporting against the United Nations 95-95-95 targets. These indicators include:

Outcomes	1. A comprehensive approach to prevention is implemented	2. Increased voluntary testing for HIV	3. Increased treatment uptake by people with HIV	4. Increased awareness of HIV and reduced stigma and discrimination	5. Improved surveillance, monitoring, research and evaluation
Indicators	<p><b>Proportion of men using protection when having anal intercourse with casual male partners in the previous six months.</b></p> <p><b>Source of data:</b> Queensland Gay Community Periodic Survey, Centre for Social Research in Health.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Amount of sterile injecting equipment distributed.</b></p> <p><b>Source of data:</b> Queensland Needle and Syringe Program, Communicable Diseases Branch, Department of Health.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Proportion of people who inject drugs reporting re-use of a needle previously used by someone else in the previous month.</b></p> <p><b>Source of data:</b> Australian Needle and Syringe Program Survey, The Kirby Institute.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Annual number of occasions people access HIV PEP following a non-occupational exposure.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Number of people on PrEP.</b></p> <p><b>Source of data:</b> Commonwealth Medicare data.</p> <p><b>Frequency:</b> Annual</p>	<p><b>Type of HIV tests available and HIV test settings.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Number of HIV tests undertaken including rapid point of care tests—with a particular focus on monitoring the number of HIV tests undertaken by men who have sex with men.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health.</p> <p><b>Frequency:</b> Quarterly</p> <hr/> <p><b>Proportion of sexually active gay men and MSM who have been tested for HIV in the previous 12 months.</b></p> <p><b>Source of data:</b> Queensland Gay Community Periodic Survey, Centre for Social Research in Health.</p> <p><b>Frequency:</b> Annual</p>	<p><b>CD4 count at HIV diagnosis.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Proportion of people who commence treatment within six weeks, three months and six months of HIV diagnosis.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health*.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Proportion of people with HIV on treatment with suppressed load.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health*.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Number of people ineligible for Medicare-subsidised HIV antiretroviral therapy who are able to be maintained on medication, with a suppressed viral load.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health*.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Proportion of people with HIV who report their general health status and wellbeing as excellent or good.</b></p> <p><b>Source of data:</b> HIV Futures Study, La Trobe University.</p> <p><b>Frequency:</b> Biennially</p> <hr/> <p><b>Number of health professionals authorised as HIV community prescribers.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health.</p> <p><b>Frequency:</b> Annual</p>	<p><b>Number of targeted campaigns to raise awareness of HIV in specific settings or among specific populations.</b></p> <p><b>Evaluation of campaign impact.</b></p> <p><b>Source of data:</b> Funded service provider reports.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Weekly, quarterly, year-to-date and annual reporting of HIV notifications.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health.</p> <p><b>Frequency:</b> Weekly, quarterly, annual</p> <hr/> <p><b>Monitor the incidence of HIV transmissions in MSM and Aboriginal and Torres Strait Islander people.</b></p> <p><b>Source of data:</b> Communicable Diseases Branch, Department of Health.</p> <p><b>Frequency:</b> Annual</p> <hr/> <p><b>Number and type of research activities undertaken as part of a coordinated HIV research strategy.</b></p> <p><b>Source of data:</b> BBV/STI Professorial Chair.</p> <p><b>Frequency:</b> Annual</p>	

*\* Work is in progress by Communicable Diseases Branch, Department of Health to identify data sources for these indicators to enable standardised reporting*

## Queensland HIV Action Plan 2019–2022

Published by the State of Queensland (Queensland Health), 2019



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit [creativecommons.org/licenses/by/3.0/au](https://creativecommons.org/licenses/by/3.0/au)

© State of Queensland (Queensland Health), November 2019

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

### For more information contact:

Communicable Diseases Branch  
Department of Health  
Mail: PO Box 2368, Fortitude Valley BC, QLD 4006  
Email: [BBVCDU@health.qld.gov.au](mailto:BBVCDU@health.qld.gov.au)

### Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.