



Gender Diversity in General Practice

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Acknowledgement of Country

I would like to acknowledge
the traditional custodians
of the lands that we are
logging in from today, &
I pay my respects to Elders
past, present, & emerging.

Outline

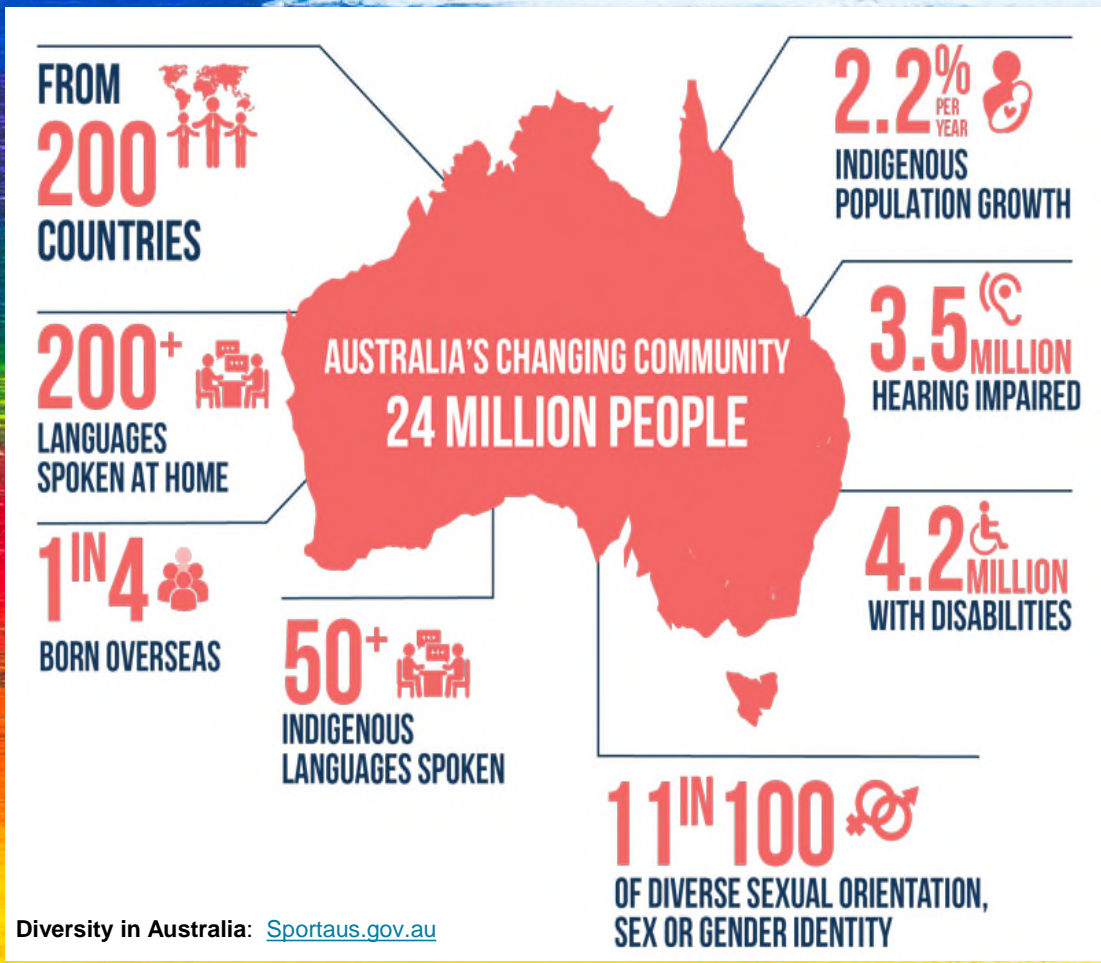
- ★ Stigma & Discrimination
- ★ Gender Spectrum & Pronouns
- ★ Gender Diversity & Mental Health
- ★ Preventative Health
- ★ Gender Affirmation
- ★ Taking the Topic Further



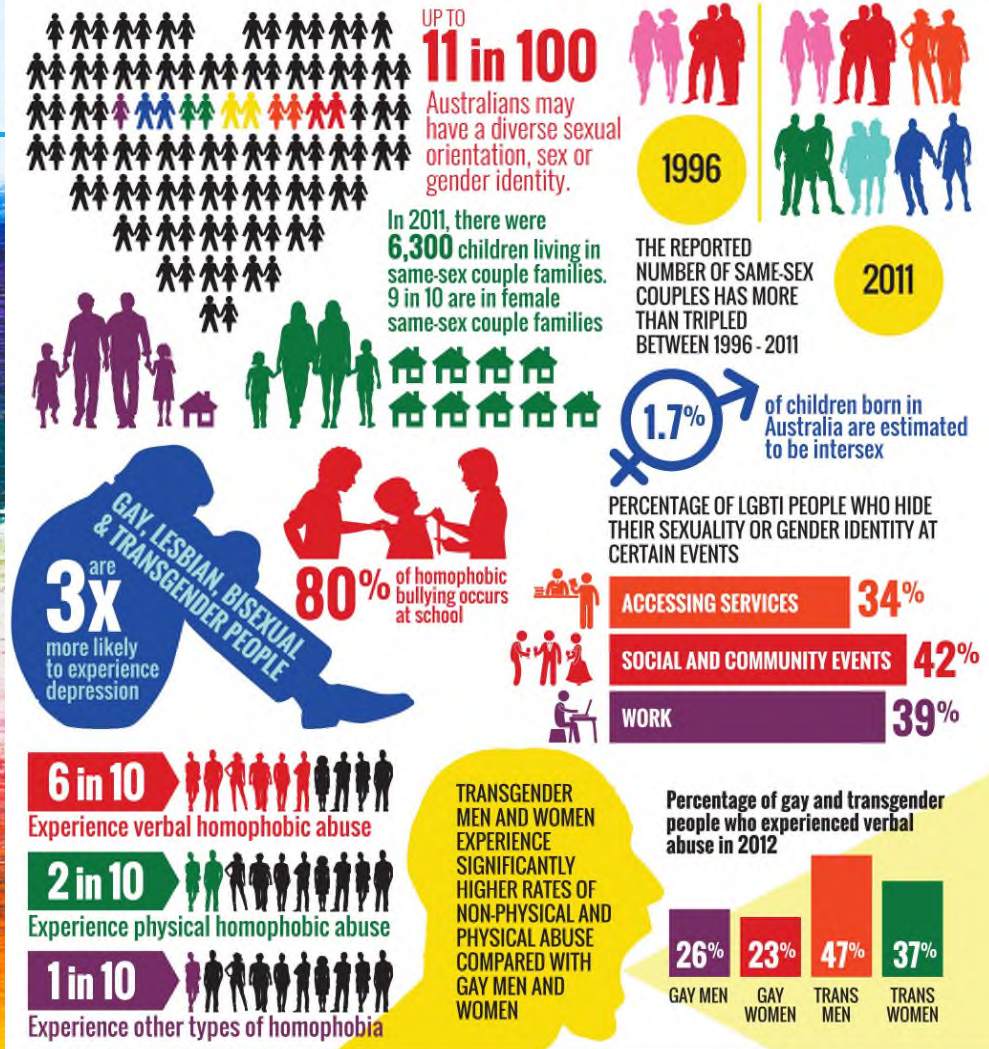
This is a Sensitive Topic...

Apologies in advance if we
trigger any negative emotions
or distress in any way...

What are the Stats?



Lesbian, Gay, Bisexual, Trans and Intersex People



How to Fight the Stigma

- ★ **Stigma can stop people from seeking help**

- ★ Be mindful of your potential impact as a clinician
 - ➔ It can last a long time!!

- ★ Educate yourself
- ★ Be polite & Listen
- ★ Engage with Compassion
- ★ Share information from reputable sources



Gender Diversity & Pronouns



What does LGBTIQA+ Mean to You – headspace

<https://www.youtube.com/watch?v=dhbjiwYckNM>

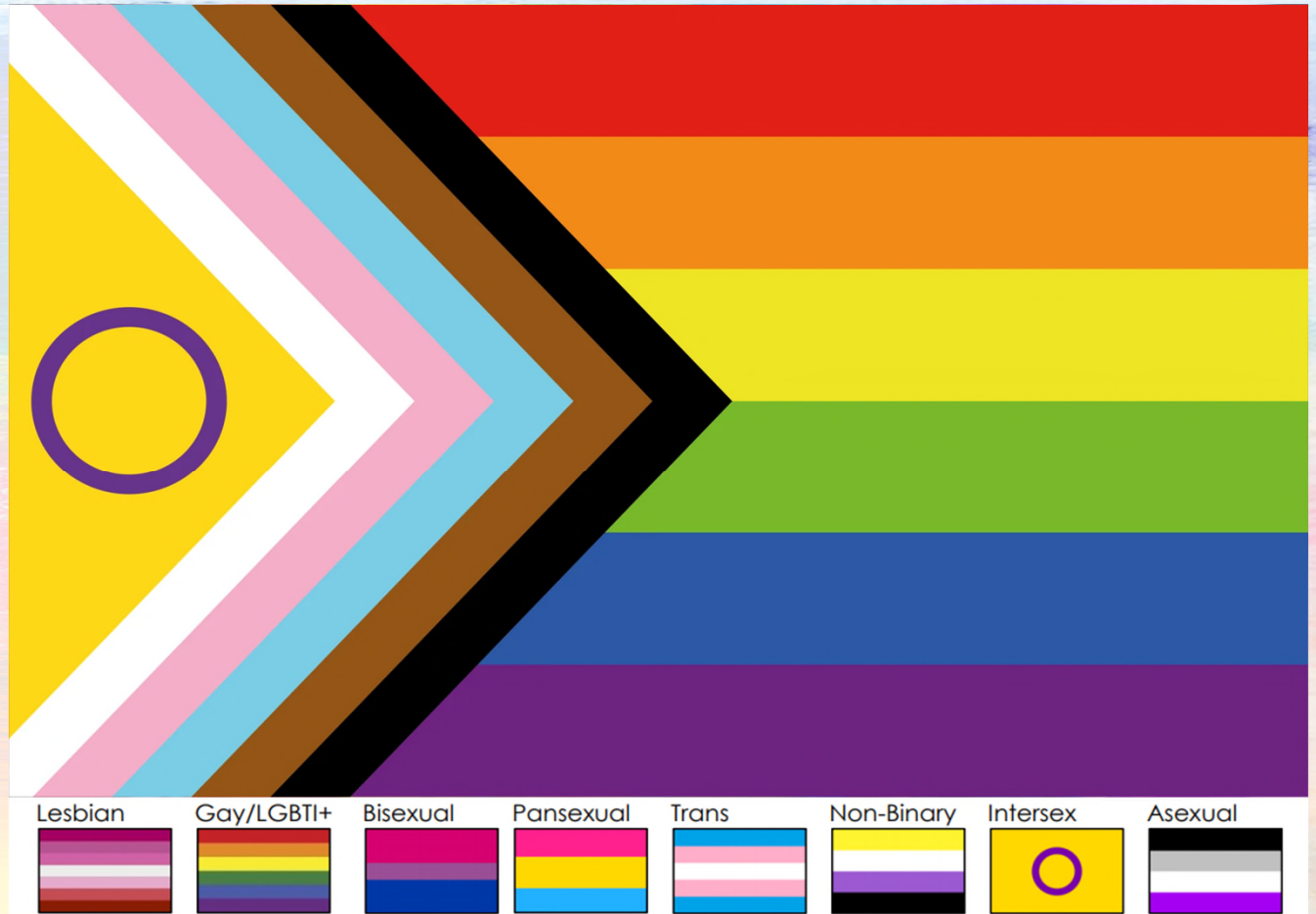
LGBTIQA+ Pronouns – headspace

<https://www.youtube.com/watch?v=lpkQxj8mkt8>

Important Terminology

LGBTIQA+

- ★ Heterosexual (~89%)
- ★ L = Lesbian (2.2%)
- ★ G = Gay (2.6%)
- ★ B = Bisexual (2.2% F; 0.9% M)
- ★ T = Transgender (1-2%)
- ★ I = Intersex (1.7%)
- ★ Q = Queer (0.1%)
- ★ A = Asexual (0.1%)
- ★ + Others (0.1%)



Inclusive Health Care



Waiting Room



Reception



Paperwork



Clinical encounter



Referrals



Rainbow Tick Standards



A framework for LGBTIQ cultural safety

3rd edition | Jami Jones, Jackson Fairchild, Marina Carman, Pam Kennedy, Shamini Joseph, Matthew Parsons



Why offer Inclusive Health Care?

In LGBTIQ+ Communities, there is...

- ★ ↑Depression, ↑Anxiety, & ↑Suicidality
- ★ ↑Substance Use – Smoking, Alcohol & Other Drugs
- ★ ↑Sexually Transmitted Infections
- ★ ↑Instances of Abuse
- ★ ↓Attendance to Primary Care
- ★ ↓Screening Practices



Mental Health



Mental Health Issues

LGBTIQ+ Persons

Non-LGBTIQ+

FEELING THAT LIFE IS WORTHWHILE



22.1%

of LGBTIQ+ adults rated what they did in life was worthwhile as low to medium (score of 0-6)

PSYCHOLOGICAL DISTRESS



24.4%

of LGBTIQ+ adults had high or very high levels of psychological distress

DEPRESSION OR ANXIETY



44.8%

of LGBTIQ+ adults had ever been diagnosed with anxiety or depression by a doctor

EXPERIENCE OF FAMILY VIOLENCE



13.4%

of LGBTIQ+ adults had experienced family violence in the past 2 years



16.5%

of heterosexual, non-LGBTIQ+ adults rated what they did in life was worthwhile as low to medium (score of 0-6)



14.5%

of heterosexual, non-LGBTIQ+ adults had high or very high levels of psychological distress



26.7%

of heterosexual, non-LGBTIQ+ adults had ever been diagnosed with anxiety or depression by a doctor



5.1%

of heterosexual, non-LGBTIQ+ adults had experienced family violence in the past 2 years

Mental Health Statistics

LGBTIQA+ Youth are 2.5x more likely to have been diagnosed or treated for a mental health condition in the past 12 months
[Non-LGBTIQA+ = 26.4%]

- ★ **Suicidality = 3-15x Greater** (G:L = >2:1) [Non-LGBTIQA+ = 1.1%]
- ★ **Suicidal Ideation = 5-18x Greater** [Non-LGBTIQA+ = 3.4%]
- ★ **Self Harm = 4-6.5x Greater** [Non-LGBTIQA+ = 14.1-21.25%]

- ★ **Depression = ~6x Greater** [Non-LGBTIQA+ = 6.3%]
- ★ **Anxiety = 3-5.5x Greater** [Non-LGBTIQA+ = 15.4%]
- ★ **Psychological Distress is >3x more likely** to score in the High or Very High range of psychological distress



Barriers to Seeking Help

- ★ Lack of awareness of services / supports available
- ★ Lack of readiness to seek help / perceived need for help
- ★ Fear of discrimination or lack of understanding of healthcare
- ★ Lack of choice of LGBTIQ+ inclusive services
- ★ Homeless / Unstable housing
- ★ Poverty; Lack of availability of Public & Low-cost LGBTIQ+ support
- ★ Negative experiences in healthcare
 - ★ Breaches of Confidentiality; Rejection; Excessive focus on LGBTIQ+ status



What Can We Do?

Help them Build Resilience

- ★ Social connectedness to both LGBTIQ+ & mainstream community, as preferred
- ★ Self-care & Self advocacy
- ★ LGBTIQ+ inclusive professional help
- ★ Support when disclosing LGBTIQ+ status in safe environment

- ★ Don't forget CHIMES (RANZCP)



What can I DO to help me make sense of my sexual identity?

If you're looking for ideas that might help you make sense of your sexual identity, here are a few suggestions that may help:



Learn more about LGBTIQ+ cultures. Check out Internet articles, books, fiction, blogs, music, shows, and video games about their experiences.



You may find it helpful to research local community events being held by LGBTIQ+ communities for people your age. It's ok to attend as an 'ally' if you don't want to share your sexual identity.



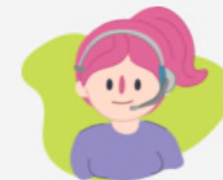
It's ok to have sexual thoughts, fantasies, or experiences involving people of the same sex or gender. Noticing these, and how they make you feel, may help you make sense of your sexual identity.



Talk to LGBTIQ+ people you know and trust about their experiences making sense of their sexual identities. Some people also find it helpful talking to LGBTIQ+ people in online support communities.



For some people, discovering themselves is a process that can be confusing and stressful. If difficult feelings come up for you, it may be helpful to discuss these with a safe person or professional.



If you need more professional support, contact or visit a LGBTIQ+ service or support service that works with people in this community.

KidsHelpline: <https://kidshelpline.com.au/young-adults/issues/sexual-identity>

Preventative Health



Health Priorities

LGBTIQA+	Lesbian & Bi Women	Gay & Bi Men
<ul style="list-style-type: none"> ★ Contraception, Fertility & Pregnancy ★ Sexual Health ★ STI Prevention 	<p><i>As before, PLUS...</i></p> <ul style="list-style-type: none"> ★ Abuse & Intimate Partner Violence ★ HIV PrEP & PEP 	<p><i>As before, PLUS...</i></p> <ul style="list-style-type: none"> ★ Parenting, Sperm donor, Surrogacy ★ HIV PrEP & PEP
	Trans/Non-Binary/Diverse	
<ul style="list-style-type: none"> ★ Smoking & AOD use ★ Cancer Screening ★ Vaccinations 	<p><i>As before, PLUS...</i></p> <ul style="list-style-type: none"> ★ Gender Identity & Expression ★ Gender Affirmation (Social & Medical) ★ Voice Therapy ★ Fertility & Contraception 	

Map of Australia showing LGBTIQA+ population percentages by state/territory:

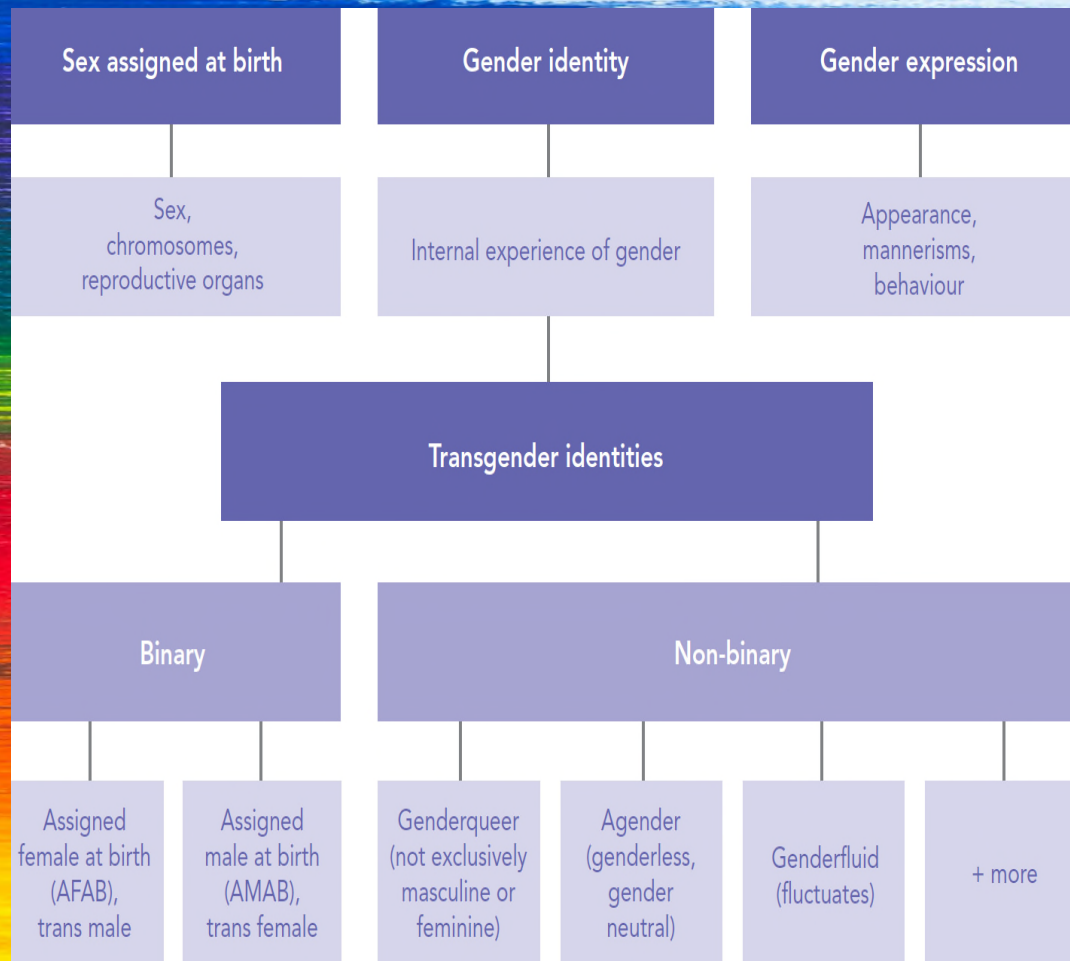
- Western Australia: 2.6%
- Northern Territory: 2.6%
- Queensland: 3.0%
- South Australia: 2.6%
- New South Wales: 3.4%
- Victoria: 3.3%
- Australian Capital Territory: 5.1%
- Tasmania: 2.7%

RACGP Guidelines for preventive activities in general practice 9th edition

Healthy Professionals. Healthy Australia.

Gender Affirming Treatments

ASHM & ACON 2022



Before Transitioning...

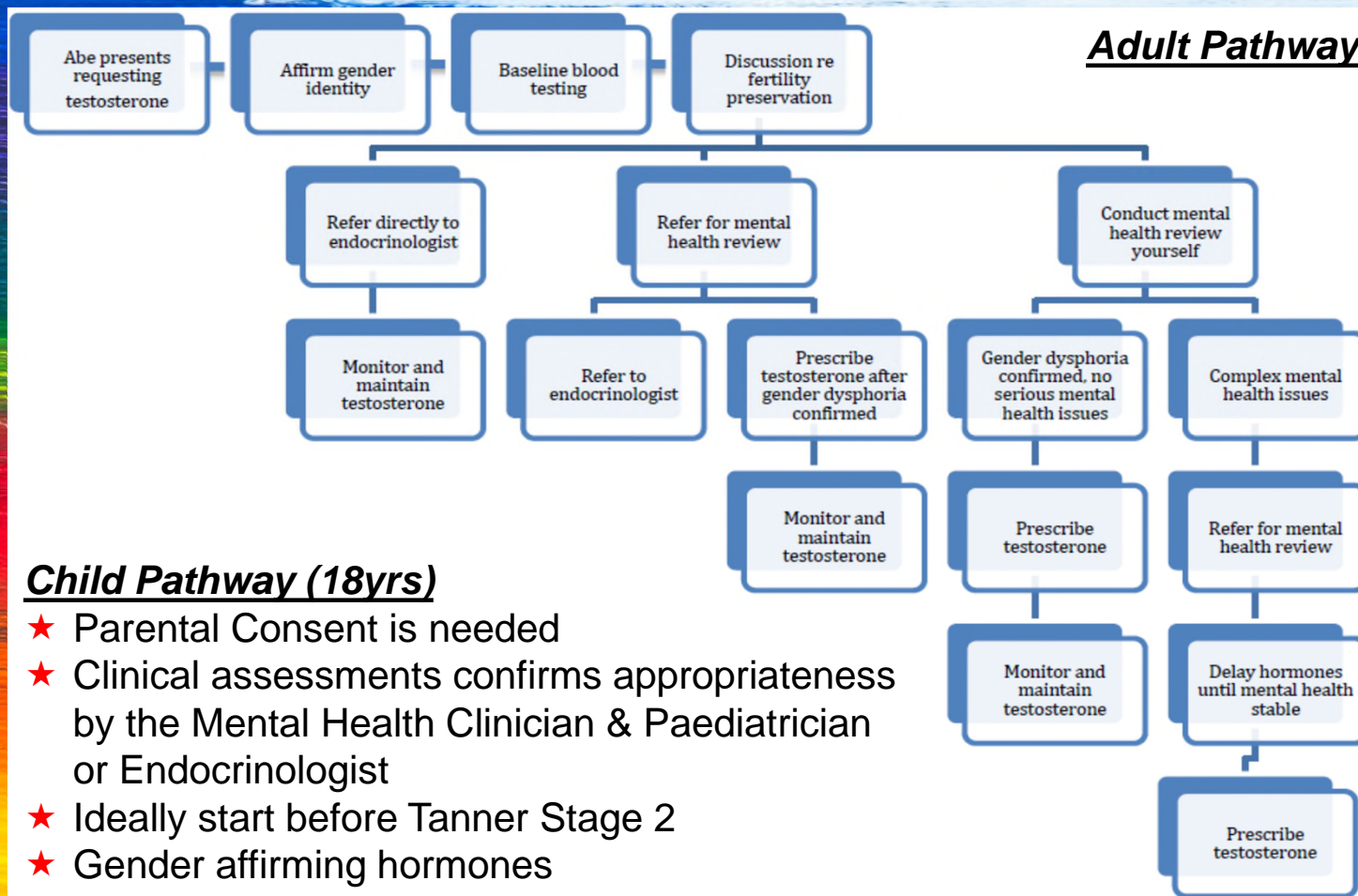
- ★ **Bloods:** FBC, EUC, LFT, Fasting BGL, Fasting Lipid profile, HbA1c, Prolactin, LH, FSH, SHBG, Oestradiol, Testosterone
- ★ **Physical:** BP, Height, Weight, Waist circumference, (ECG if >40yrs)
- ★ **Other:** Discuss Fertility options

Refer

- ★ Maple Leaf Clinic (Hamilton East)
- ★ The Gender Centre (Annandale)

Gender Affirming Treatments

ASHM & ACON 2022



FEMINISING

- ★ **Oestradiol:** Climara, Estraderm, Progynova, Sandrena
- ★ **Androgen Blockers:** Spironolactone, Cyproterone acetate

MASCULINISING

- ★ **Injectable:** Reandron, Primoteston
- ★ **Topical:** Testogel, Axiron

Gender Affirming Treatments

ASHM & ACON 2022

PHYSICAL CHANGES

ANTI-ANDROGEN

1-3 Months After Starting...

- ↓Sex drive
- ↓Morning erections, spontaneous erections, or even when aroused
- ↓Ability to make sperm & ejaculatory fluid

Gradual Changes (≥2yrs)

- Slower growth of facial & body hair
- Slowed or stopped balding
- Slight breast growth (May be reversible in some cases)

FEMINISING WITH OESTROGEN

1-3 Months After Starting...

- Softening of skin
- ↓Muscle mass; ↑Body fat & redistributed in feminine pattern
- ↓Sex drive
- ↓Morning erections, spontaneous erections, or even when aroused
- ↓Ability to make sperm & ejaculatory fluid

Gradual Changes (1-2yrs)

- Nipple & breast growth
- Slower growth of facial & body hair
- Slowed or stopped balding
- ↓Testicular size

MASCULINISING WITH TESTOSTERONE

1-3 Months After Starting...

- ↑Sex drive
- Vaginal dryness
- Growth of clitoris (Typically 1-3cm)
- ↑Growth, coarsens & thickness of hair on arms, legs, chest, back & abdomen
- Oilier skin & ↑Acne
- ↑muscle mass & upper body strength
- Redistribution of fat in male pattern

- **1-6 Months:** Menstruation stops
- **3-6 Months:** Voice starts to drop, but may take 1yr to finish changing
- **≥1yr:** Gradual growth of facial hair (1-4yrs to reach full growth) +/- Male pattern balding

Gender Affirming Treatments

ASHM & ACON 2022

<i>SIDE EFFECTS</i>	<i>FEMINISING HORMONES</i>	<i>TESTS</i>	<i>MASCULINISING HORMONAL</i>
Cardiovascular	<ul style="list-style-type: none"> ★ Venous thromboembolism (especially >40yrs; Less on transdermal or implantable oestrogen) ★ Adverse lipid profile ★ Hypertension 	<p>FBE</p> <p>Lipid Profile</p> <p>BP +/- ECG</p>	<ul style="list-style-type: none"> ★ Polycythaemia – If severe, could lead to stroke ★ Adverse lipid profile ★ Cardiovascular disease
Gastrointestinal	<ul style="list-style-type: none"> ★ Liver dysfunction ★ Gallstones 	<p>LFT</p> <p>Abdominal US</p>	<ul style="list-style-type: none"> ★ Liver dysfunction
Endocrine	<ul style="list-style-type: none"> ★ Insulin resistance ★ Hyperprolactinaemia (Rare) ★ Oestrogen excess ★ Electrolyte imbalance (If on Spironolactone) 	<p>HbA1c; Fasting insulin</p> <p>Prolactin</p> <p>Sex Hormones</p> <p>EUC</p>	<ul style="list-style-type: none"> ★ Insulin resistance ★ Testosterone excess
Respiratory	<ul style="list-style-type: none"> ★ N/A 	<p>BMI, Waist, Sleep Study</p>	<ul style="list-style-type: none"> ★ Obstructive sleep apnoea
Bone	<ul style="list-style-type: none"> ★ Osteoporosis (especially if started in skeletally immature persons) 	<p>Bone Density Scan</p>	<ul style="list-style-type: none"> ★ Osteoporosis
Reproductive Organs	<ul style="list-style-type: none"> ★ Breast cancer (↑Risk after 5yrs of therapy) 	<p>Mammogram +/- US</p> <p>Pelvic US</p>	<ul style="list-style-type: none"> ★ Endometrial hyperplasia
Psychological	<ul style="list-style-type: none"> ★ Low mood ★ Low libido 	<p>Mental Health Review</p> <p>Mental Health Review</p> <p>Mental Health Review</p>	<ul style="list-style-type: none"> ★ Low mood ★ Anger ★ High libido

Sexual Health



STI Protocol

The Kirby Institutes Annual Surveillance Report on STIs 2018

- ★ Chlamydia was the most notified STI in 2018
- ★ Between 2012-2017 gonorrhoea notifications were up 80%
- ★ Over past 5 yrs 2013-2017 the notifications rate for syphilis have increased

Figure 28: Chlamydia notifications by age and sex in people aged 15 years and over, NSW, 1 January – 30 June 2019

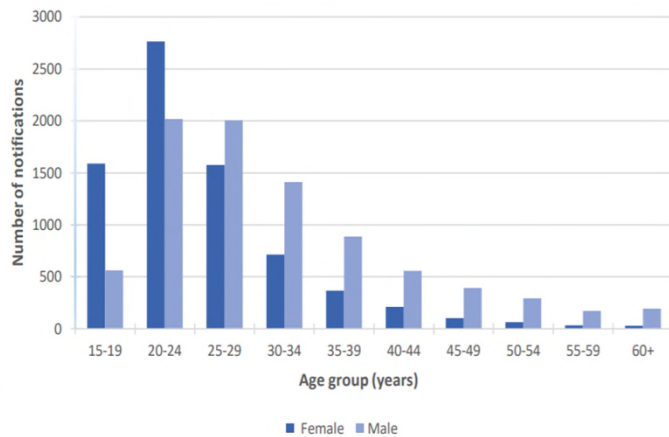


Figure 2: Age-specific gonorrhoea notification rates in people aged 15 years and over, NSW, 1 January 2014 - 30 June 2019

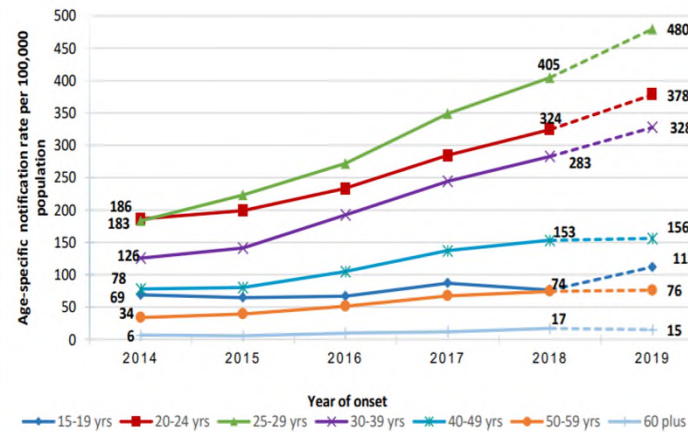
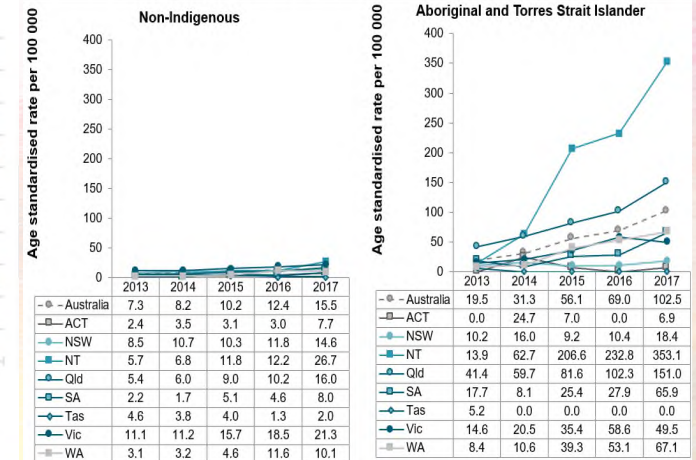
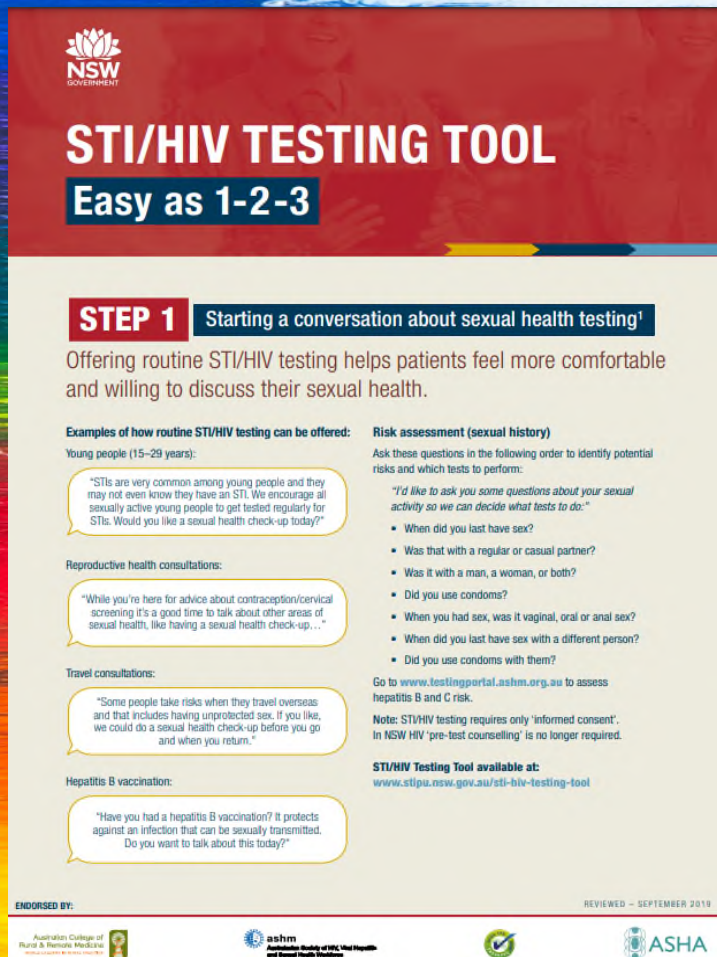


Figure 4.3.7 Infectious syphilis notifications per 100 000 population, 2013–2017, state /territory and Aboriginal and Torres Strait Islander status



Screening for STI's



NSW GOVERNMENT

STI/HIV TESTING TOOL

Easy as 1-2-3

STEP 1 Starting a conversation about sexual health testing¹

Offering routine STI/HIV testing helps patients feel more comfortable and willing to discuss their sexual health.

Examples of how routine STI/HIV testing can be offered:

Young people (15-29 years):

"STIs are very common among young people and they may not even know they have an STI. We encourage all sexually active young people to get tested regularly for STIs. Would you like a sexual health check-up today?"

Reproductive health consultations:

"While you're here for advice about contraception/cervical screening it's a good time to talk about other areas of sexual health, like having a sexual health check-up..."

Travel consultations:

"Some people take risks when they travel overseas and that includes having unprotected sex. If you like, we could do a sexual health check-up before you go and when you return."

Hepatitis B vaccination:

"Have you had a hepatitis B vaccination? It protects against an infection that can be sexually transmitted. Do you want to talk about this today?"

Risk assessment (sexual history)

Ask these questions in the following order to identify potential risks and which tests to perform:


"I'd like to ask you some questions about your sexual activity so we can decide what tests to do:"

- When did you last have sex?
- Was that with a regular or casual partner?
- Was it with a man, a woman, or both?
- Did you use condoms?
- When you had sex, was it vaginal, oral or anal sex?
- When did you last have sex with a different person?
- Did you use condoms with them?

Go to www.testingportal.ashm.org.au to assess hepatitis B and C risk.

Note: STI/HIV testing requires only 'informed consent'. In NSW HIV 'pre-test counselling' is no longer required.

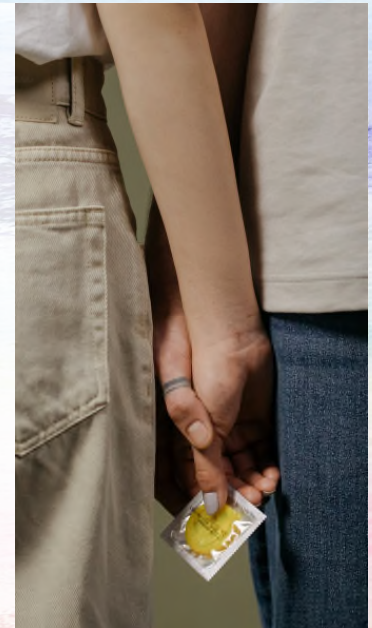
STI/HIV Testing Tool available at:
www.stipu.nsw.gov.au/sti-hiv-testing-tool

ENDORSED BY: 

REVIEWED - SEPTEMBER 2019

Who to Screen

- ★ Young people (esp under 30 years of age)
- ★ Aboriginal & Torres Strait Islander people
- ★ Men who have Sex with Men (MSM)
- ★ Sex workers
- ★ Travellers & mobile workers
- ★ Culturally & linguistically diverse (CALD) people
- ★ People in custodial settings



Taking a Sexual Health History

DIALOGUE WITH PATIENT

> *I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health.*

> *Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?*

The 5 P's

- ★ Partners
- ★ Practices
- ★ Protection from STI's
- ★ Past history of STI's
- ★ Prevention of Pregnancy

NB: Use non-judgemental language!!

<https://www.cdc.gov/std/treatment/sexualhistory.pdf>

We can break the stigma.



STEP 2A

STI/HIV testing table

Recommendations from the Australian STI Management Guidelines¹ (unless otherwise stated)

WHO Is the patient?	WHAT Infection?	HOW OFTEN Should you test?
Young people (15–29 years) 	CHLAMYDIA	Annually
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune ²
	GONORRHOEA SYPHILIS HIV	Consider according to risk assessment and local STI and HIV prevalence ³
Asymptomatic people requesting STI/HIV testing 	CHLAMYDIA	Annually or more often according to risk assessment
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune ²
	GONORRHOEA SYPHILIS	Consider according to risk assessment and local STI and HIV prevalence ³
	HIV	Offer to everyone requesting testing ⁴
Aboriginal and/or Torres Strait Islander people 	CHLAMYDIA GONORRHOEA SYPHILIS	Annually or more often according to risk assessment
	HEPATITIS C HIV ⁵	Consider a low threshold for offering testing for all infections – risk assessments assist with appropriate STI/BBV testing but are difficult to implement in some situations ⁵ Especially in the presence of other STIs ⁶ ⁶ For those from rural/regional/remote areas
	HEPATITIS B	Confirm HBV immune status (history of prior vaccination or serology) and vaccinate if not immune ²
Men who have sex with men (MSM) (ref: STIGMA Guidelines ⁷) 	CHLAMYDIA GONORRHOEA SYPHILIS HIV	<ul style="list-style-type: none"> • 3 monthly testing for men who have had any type of sex with another man in the last 3 months • MSM who are not sexually active or in monogamous relationships may be tested less frequently, but at least annually
	HEPATITIS A HEPATITIS B	Confirm HAV and HBV immune status (history of prior vaccination or serology) and vaccinate if not immune ²
	HEPATITIS C	If HIV-positive, on PrEP or have history of injecting drug use
Sex workers (see 'MSM' for male sex workers) 	CHLAMYDIA GONORRHOEA SYPHILIS HIV	Testing should be based on: local STI prevalence; symptoms; diagnosed or suspected STI in contact; and clinical findings Frequency based on risk assessment (private and professional life) Offer testing more often if condom use is <100% (including history of condom breakages/slippages) or at patient request
	HEPATITIS A HEPATITIS B HEPATITIS C	Confirm HAV and HBV immune status (history of prior vaccination or serology) and vaccinate if not immune ² If antibody positive, test for hepatitis C NAAT to determine if patient has chronic hepatitis C
	CHLAMYDIA GONORRHOEA SYPHILIS	Annually or more often according to risk assessment
People who inject drugs (PWID) 	HEPATITIS A HEPATITIS B	Confirm HAV and HBV immune status (history of prior vaccination or serology) and vaccinate if not immune ²
	HIV HEPATITIS C	According to risk assessment and annually with an ongoing history of injecting drugs
	CHLAMYDIA GONORRHOEA SYPHILIS	Annually or more often according to risk assessment
Pregnant women (ref: Department of Health 2019 & RACGP ⁸) 	Routine test offer to all pregnant women	
	SYPHILIS	Repeat testing syphilis for Aboriginal and/or Torres Strait Islander women according to local recommendations and other women at high risk Testing at additional time points is recommended in areas affected by an ongoing syphilis outbreak
	HEPATITIS B	Vaccinate susceptible women who are at increased risk
	HIV	Recommend testing at the first antenatal visit
	HEPATITIS C	Recommend testing at the first antenatal visit
	Targeted test offer for women identified as at increased risk	
CHLAMYDIA	Women younger than 30 years / All pregnant women in areas of high prevalence	
GONORRHOEA	Women with known risk factors or living in areas where prevalence is high	

STEP 2B

How to test¹ - infection, specimen site & test type

INFECTION	SPECIMEN COLLECTION SITE	TEST
♀ FEMALES		
CHLAMYDIA	Vaginal swab* OR First pass urine (at any time of the day)* OR Endocervical swab** *Self-collected **Clinician-collected	Chlamydia NAAT (PCR)
GONORRHOEA	Vaginal swab* OR First pass urine (at any time of the day)* OR Endocervical swab** Throat swab (for female sex workers ONLY)** *Self-collected **Clinician-collected	Gonorrhoea NAAT (PCR)
TRICHOMONIASIS	Vaginal swab* OR First pass urine (at any time of the day)* *Self-collected	Trichomonas NAAT (PCR)
♂ MALES		
CHLAMYDIA	First pass urine (at any time of the day)* – AND THE FOLLOWING FOR MSM: Throat swab (for MSM)** Rectal swab (for MSM)** *Self-collected **Clinician-collected ***Self-collected or Clinician-collected	Chlamydia NAAT (PCR)
GONORRHOEA	First pass urine (at any time of the day)* Throat swab (for MSM)** Rectal swab (for MSM)** **Clinician-collected ***Self-collected or Clinician-collected	Gonorrhoea NAAT (PCR)
♀♂ FEMALES AND MALES		
SYPHILIS	Blood	Syphilis serology
HIV	Blood	HIV Ab/Ag
HEPATITIS A	Blood	Anti-HAV Ig-total
HEPATITIS B	Blood	HBsAg Anti-HBc Anti-HBs
HEPATITIS C	Blood	HCV Ab

More information...

Australian STI Management Guidelines
www.sti.guidelines.org.au

HIV, Hepatitis B & C Testing Portal
www.testingportal.ashm.org.au

STI Testing Tool: <https://stipu.nsw.gov.au/wp-content/uploads/STI-HIV-Testing-Tool-online-version-2.pdf>

Treating STI



[Home](#) [Sexual history](#) [Contact Tracing](#) [Feedback](#)

Australian STI Management Guidelines: <https://sti.guidelines.org.au/>

[Standard Asymptomatic Check-up](#)

[STIs](#) ▾

[Syndromes](#) ▾

[Populations & Situations](#) ▾



ASRHA



ashm

CONSULTATION DRAFT

These revised guidelines are currently in a consultation process and have not yet been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

How to use these Guidelines?

All STIs can cause disease without producing symptoms. Please refer to Populations & Situations for asymptomatic screening recommendations, Syndromes for guidance about managing specific clinical scenarios and to STIs for specific management of a diagnosed infection.

HOME

[Standard Asymptomatic Check](#)

[Sexual History](#)

[Contact Tracing](#)

[STIs](#)

[Syndromes](#)

[Populations & Situations](#)

Contact Tracing

- ★ **Let Them Know** - <https://letthemknow.org.au>
- ★ **The Drama Down Under** - <https://www.thedramadownunder.info/>
- ★ **Better to Know** - <https://www.bettertoknow.org.au/>
- ★ **Ending HIV** - <https://endinghiv.org.au/>
- ★ **Positive Life (App)** - <https://www.positivelife.org.au/>

STEP 3

Contact tracing⁸

How far back to contact trace:

INFECTION	HOW FAR BACK TO TRACE
CHLAMYDIA	6 months
GONORRHOEA	2 months
SYPHILIS	Primary syphilis – 3 months plus duration of symptoms Secondary syphilis – 6 months plus duration of symptoms Early latent syphilis – 12 months
HIV	Start with recent sexual or injecting drug use needle-sharing partners Outer limit is onset of risk behaviour or last known HIV-negative test result
HEPATITIS B	6 months prior to onset of acute symptoms If asymptomatic, according to risk history For newly acquired cases contact your local Public Health Unit (PHU) and/or specialist
HEPATITIS C	6 months prior to onset of acute symptoms If asymptomatic, according to risk history For newly acquired cases contact your local PHU and/or specialist <i>Note: rarely sexually transmitted except in HIV co-infection</i>
TRICHOMONIASIS	Unknown; important to treat current partner

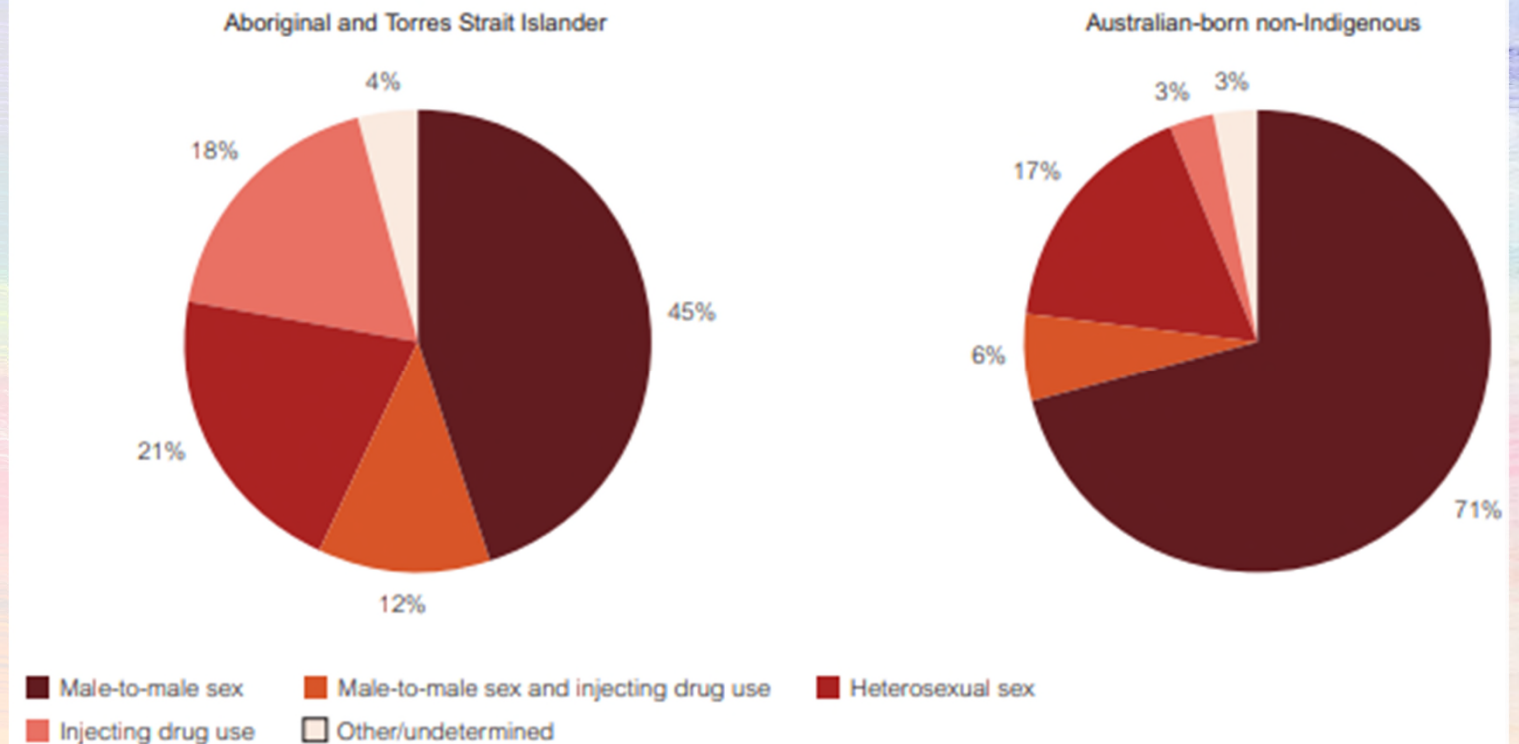
Timeframe	Tests
Baseline	Blood borne virus serology, STI screen, LFT and EUC, pregnancy test as needed.
Week 2	STI screen – urine, throat, anal.
Week 4-6	HIV serology, syphilis serology, LFT EUC, pregnancy test.
Month 3	All BBV serology and STI screen.

HIV in NSW

In 2019...


- ★ 215 new HIV diagnoses in MSM
- ★ >50% Born overseas
- ★ 55 in heterosexual people
 - ★ 19 female
- ★ ~28 000 people living HIV in Australia

Figure 1.1.2 HIV notification exposure category, 2013–2017, by Indigenous status



Source: State and territory health authorities; see Methodology for detail.

Ending HIV




U=U

**UNDETECTABLE
=
UNTRANSMITTABLE**

A PERSON LIVING WITH HIV WHO HAS AN UNDETECTABLE VIRAL LOAD DOES NOT TRANSMIT THE VIRUS TO THEIR PARTNERS.

The International AIDS Society is proud to endorse the U=U consensus statement of the Prevention Access Campaign.













ENDING HIV

BOOK A TEST

YOUR ENDING HIV TOOLKIT

To end HIV by 2020, it's critical we all start testing more regularly. Keep on top of your testing regime with these useful tools.

 HOW OFTEN TO TEST	 WHERE TO GET TESTED	 BOOK A TEST	 LET THEM KNOW
 RECENTLY DIAGNOSED WITH HIV	 ASK US	 RISK CALCULATOR	
 FIND FREE CONDOMS	 REMIND ME	 PNP PEER CHAT	

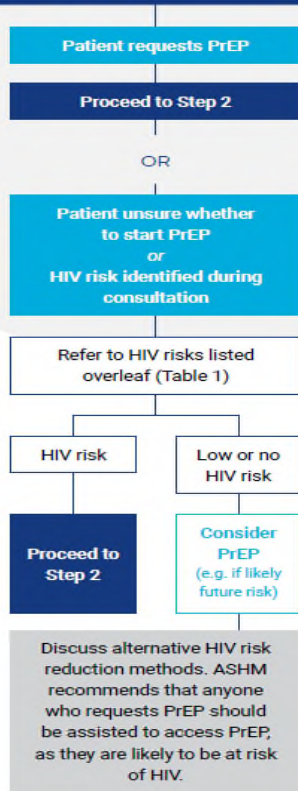


DECISION MAKING FOR HIV PrEP PRESCRIBING IN NSW

Proudly funded by

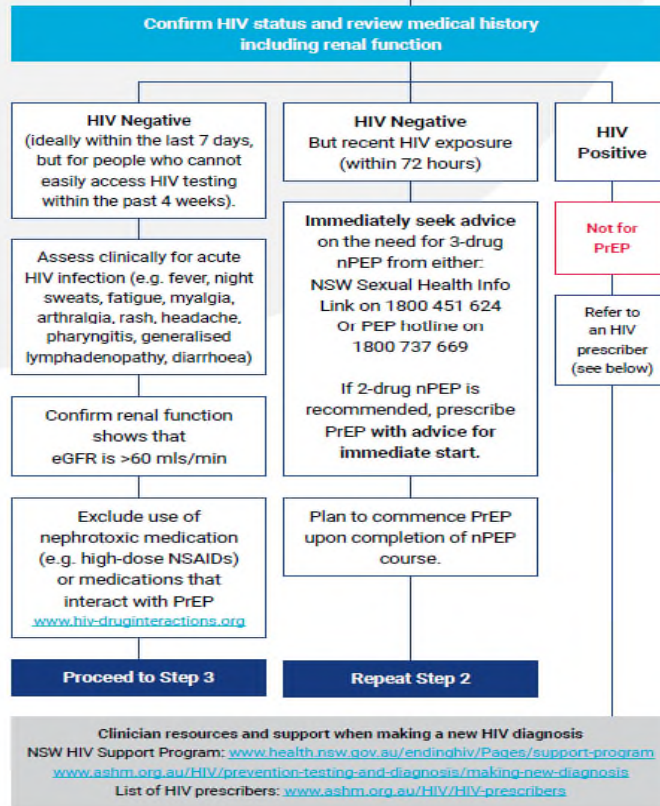


1 BEHAVIOURAL SUITABILITY

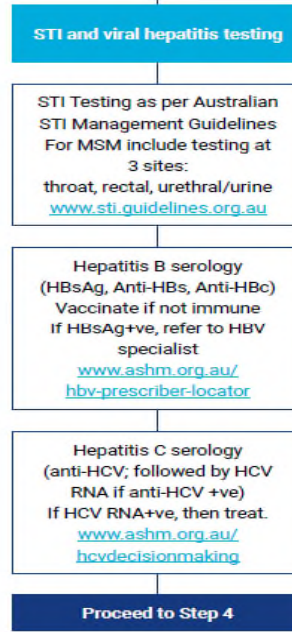


2 CLINICAL SUITABILITY

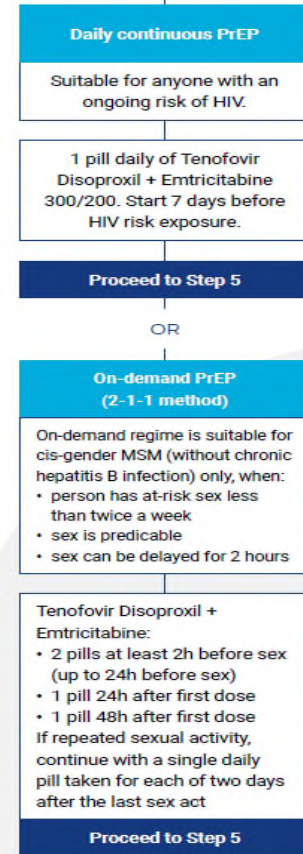
Note: Steps 1, 2, 3 & 4 are usually completed at the same visit



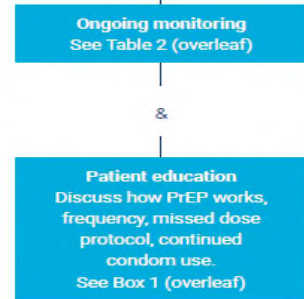
3 OTHER TESTING



4 PRESCRIBING PrEP



5 ONGOING MONITORING



Notes on prescribing PrEP:

- Prescribe: [Tenofovir Disoproxil 300mg + Emtricitabine 200mg](http://www.pbs.gov.au/medicines/tenofovir-disoproxil-300mg-emtricitabine-200mg) (coformulated); 1 tablet daily, Qty 30, Rpt 2.
- PrEP can be initially prescribed on the same day as a HIV test. Patient to be advised to commence PrEP ASAP after HIV test and within 4 weeks.
- PrEP is PBS-listed for patients with a negative HIV test result no older than 4 weeks or evidence a test has been conducted but the result is still forthcoming. NOTE: the previous risk criteria has been removed.
- PBS Restricted Benefit
- Patients not eligible for PBS subsidised PrEP can be assisted to import PrEP under the TGA's self importation scheme, on a private prescription – www.pbs.org.au

<https://www.ashm.org.au/resources/hiv-resources-list/decision-making-in-prep-nsw/>

For more information about PrEP: www.ashm.org.au/HIV/PrEP

TABLE 1: HIV RISK

Men who have sex with men (MSM)	Trans & gender diverse people	Heterosexual people	People who inject drugs
<ul style="list-style-type: none"> Receptive CLI with any male partner of uncertain HIV status Rectal gonorrhoea, rectal chlamydia or infectious syphilis. Methamphetamine use. CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load. 	<ul style="list-style-type: none"> Receptive CLI with any male partner of uncertain HIV status Rectal or vaginal gonorrhoea, chlamydia or infectious syphilis. Methamphetamine use. CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load. 	<ul style="list-style-type: none"> Receptive CLI with any MSM partner of uncertain HIV status A woman in a serodiscordant heterosexual relationship, who is planning natural conception in the next 3 months. CLI with a regular HIV+ partner who is not on treatment and/or has a detectable viral load. 	<ul style="list-style-type: none"> Shared injecting equipment with an HIV+ individual or with MSM of uncertain HIV status.

- If a partner is known to be living with HIV, on antiretroviral treatment and has an undetectable viral load, then there is no risk of HIV transmission from this partner.
- The risks listed above confer a **risk of HIV**, and hence should prompt a clinician to recommend that a patient start PrEP. However, this list is not exhaustive, and patients who do not report these circumstances may still benefit from PrEP.
- A person is considered to be at risk if they have had these risks in the previous 3 months, or if they foresee these risks in the upcoming 3 months.

CLI: Condomless intercourse; MSM: Men who have sex with men, cis-gender men: assigned male at birth.

BOX 1: PATIENT EDUCATION

- Discuss the role of condoms to prevent STIs, and emphasize role of regular STI testing.
- Discuss safer injecting practices, if applicable.
- Discuss PrEP adherence at every visit.
- Ongoing monitoring every 3 months is required. If adherence is suboptimal then earlier monitoring may be required**
- Discuss potential side effects, early (e.g. headache, nausea) and longer term (e.g. renal toxicity, lowered bone density).
- Ask about nephrotoxic medications, eg NSAIDs.

STOPPING PrEP:

- Only cis-gender MSM taking daily or on-demand PrEP can stop 48 hours after last exposure.
- Non-MSM patients on daily PrEP should continue PrEP for 28 days after last exposure.
- Patients who stop PrEP need a plan to re-start PrEP if their HIV risk increases again.

TABLE 2: LABORATORY EVALUATION AND CLINICAL FOLLOW-UP OF INDIVIDUALS WHO ARE PRESCRIBED PrEP

Test	Baseline (Week 0)	About day 30 after initiating PrEP (optional but recommended in some jurisdictions)	90 days after initiating PrEP	Every subsequent 90 days on PrEP	Other frequency
HIV testing and assessment for signs or symptoms of acute infection	✓	✓	✓	✓	
Assess side effects	✗	✓	✓	✓	
Hepatitis A serology, Vaccinate if non-immune	✓	✗	✗	✗	
Hepatitis B serology, Vaccinate if non-immune	✓	✗	✗	✗	If patient required hepatitis B vaccine at baseline, test anti-HBs at next PrEP visit, at least one month after final vaccine dose
Hepatitis C serology	✓	✗	✗	✗	12 monthly but, more frequently if ongoing risk e.g. non-sterile injection drug use and MSM with sexual practices that pre-dispose to anal trauma
STI (i.e. syphilis, gonorrhoea, chlamydia) as per http://www.sti.guidelines.org.au/	✓	✗	✓	✓	
eGFR at 3 months and then every 6 months	✓	✗	✓	✗	At least every 6 months or according to risk of CKD
Urine protein creatinine ratio (PCR) baseline	✓	✗	✓	✗	Every 6 months
Pregnancy test (for those of child-bearing age and not on effective contraception)	✓	✓	✓	✓	

CKD: chronic kidney disease; eGFR: estimated glomerular filtration rate; PrEP: pre-exposure prophylaxis; PWID: people who inject drugs; STI: sexually transmissible infection

<https://www.ashm.org.au/resources/hiv-resources-list/decision-making-in-prep-nsw/>

What about PrEP?

PrEP Access Now: pan.org.au

STOPPING DAILY PREP

for cisgender guys into guys



1 PrEP pill daily as long as you need PrEP

1 PrEP pill 24 hours after last sex
1 PrEP pill 48 hours after last sex

(End with 2 days of PrEP without sex)

*This guide is only recommended for cisgender men having sex with other men

PREP FOR ON DEMAND



2 PrEP pills between 2-24 hours before sex

1 PrEP pill 24 hours after first dose
1 PrEP pill 48 hours after first dose

*This guide is only recommended for cisgender men having sex with other men

PAN.ORG.AU

THE Ts & THE Ss

for cisgender guys into guys



start it up!



Start PrEP using the 'On Demand' technique

2 PrEP pills between 2-24 hours before sex

keep it up!



4+ PrEP pills per week is adequate protection for Cis MSM

1 PrEP pill 4 days per week
Remember by using days starting with 'T' and 'S'

*This guide is only recommended for cisgender men having sex with other men

(End with 2 days of PrEP without sex)

PAN.ORG.AU

Support Services for LGBTIQ+ Youth



Taking the Topic Further

★ KidsHelpline & headspace



★ Lifeline & Mensline & Q-Life



★ Beyond Blue & Black Dog Institute



★ ACON & TransHub



★ ASHM & Ending HIV

★ STI Guidelines

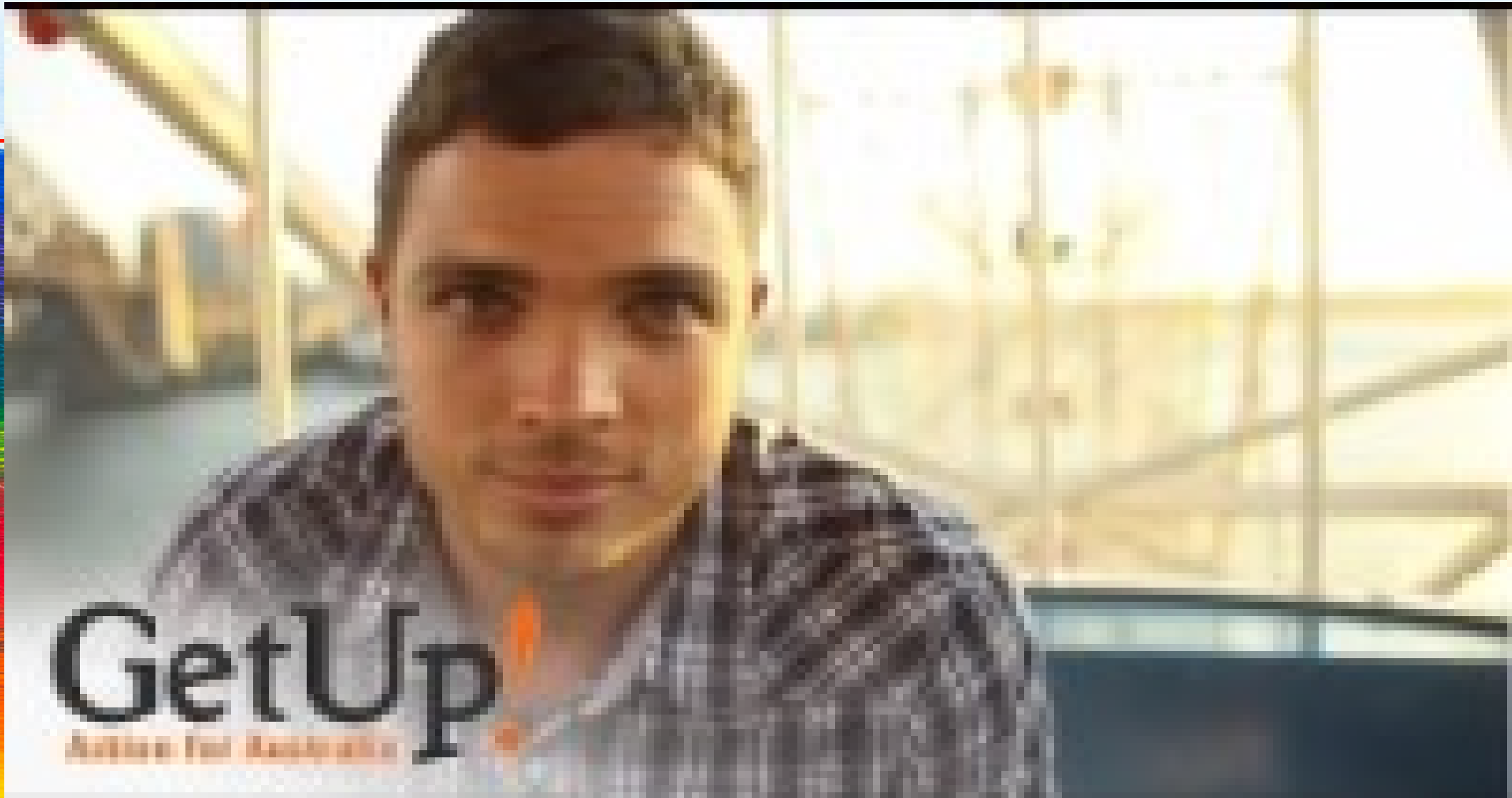


★ Maple Leaf Clinic & The Gender Centre

★ YourRoom (AOD) & Pride Counselling



<p>SYDNEY GAY AND LESBIAN MARDI GRAS</p> <p>14 Feb - 3 March</p> <p>Find out more.</p>	<p>TRANSGENDER DAY OF VISIBILITY</p> <p>31 March</p> <p>Download kit</p>	<p>LESBIAN VISIBILITY DAY</p> <p>26 April</p> <p>Download kit</p>	<p>17 MAY 2018 INTERNATIONAL DAY AGAINST HOMOPHOBIA, BIPHOBIA & TRANSPHOBIA</p> <p>JUSTICE AND PROTECTION FOR ALL</p> <p>JOIN THE VIRTUAL EVENT</p> <p>17 May</p> <p>Download kit</p>
<p>PRIDE MONTH</p> <p>1-30 June</p> <p>Sydney Pride</p>	<p>International NON-BINARY People's Day.</p> <p>14 July</p> <p>Download</p>	<p>WEAR IT PURPLE</p> <p>27 August</p> <p>Download</p>	<p>CELEBRATE BISEXUALITY DAY</p> <p>23 September</p> <p>Download</p>
<p>INTERNATIONAL LESBIAN DAY</p> <p>8 October</p> <p>Download</p>	<p>INTERSEX AWARENESS DAY</p> <p>26 October</p> <p>Click Here</p>	<p>intersex solidarity DAY</p> <p>8 November</p> <p>Download</p>	<p>TRANSGENDER DAY OF REMEMBRANCE</p> <p>20 November</p> <p>Download</p>
<p>WORLD AIDS DAY</p> <p>DECEMBER 1</p> <p>1 December</p> <p>Find out more</p>	<p>united we shine</p> <p>SYDNEY GAY AND LESBIAN MARDI GRAS</p>	<p>WELCOME HERE</p> <p>acon</p>	



It's Time | Marriage Equality | Get Up Australia: <https://youtu.be/TBd-UCwVAY>



Thank You!

Any Questions?

*“Diversity is a Fact
Equity is a Choice
Inclusion is an Action
Belonging is an Outcome”*



Resources



- ★ ASHM: <http://www.pep.guidelines.org.au/index.php/prescribing-pep/when-to-prescribe-pep>
- ★ ASHM: <https://ashm.org.au/resources/hiv-resources-list/decision-making-in-prep>
- ★ ASHM & ACON's Trans & Gender Diverse Sexual Health Care E-Learning: https://ashm.org.au/training_cat/ashm-acons-trans-and-gender-diverse-sexual-health-care-e-learning/
- ★ Australian Human Rights Commission: www.humanrights.gov.au/face-facts
- ★ CDC – A Guide to Taking a Sexual History: <https://www.cdc.gov/std/treatment/sexualhistory.pdf>
- ★ Decision Making for HIV PrEP Prescribing in NSW: <https://www.ashm.org.au/resources/hiv-resources-list/decision-making-in-prep-nsw/>
- ★ Diversity in Australia: <http://Sportaus.gov.au>
- ★ General Practice Supervisors Australia (GPSA) 2021 – LGBTIQ+ Health and inclusive Healthcare in General Practice: An Introduction to Teaching & Learning (GP Supervisor Guide)
- ★ General Practitioners & HIV 2020: <https://ashm.org.au/resources/hiv-resources-list/general-practitioners-and-hiv/>
- ★ headspace – What does LGBTIQ+ Mean to You: <https://www.youtube.com/watch?v=dhbjwYckNM>
- ★ headspace – LGBTIQ+ Pronouns: <https://www.youtube.com/watch?v=lpkQxi8mkt8>
- ★ Kidshelpline – Sexual Identity: <https://kidshelpline.com.au/young-adults/issues/sexual-identity>
- ★ LGBTIQ+ Health Australia (April 2021) – Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people. www.lgbtiqhealth.org.au/statistics
- ★ Mental Health Commission of NSW (2015) – New investment company tackling youth mental health issues
- ★ NSW HIV Strategy 2016-2020: <https://www.health.nsw.gov.au/endinghiv/Publications/q4-2019-and-annual-hiv-data-report.pdf>
- ★ PrEP Access Now: www.pan.org.au
- ★ RACGP 2016 Curriculum: Sex, sexuality, gender diversity and health contextual unit
- ★ RACGP – newsGP (2020): Less than half of LGBTQI people feel accepted by healthcare providers
- ★ Rainbow Tick Standards (2020) – A framework for LGBTIQ cultural safety
- ★ RU OK – LGBTIQ+ Conversation Guide & Resources? <http://www.ruok.org.au>
- ★ STI Testing Tool: <https://stipu.nsw.gov.au/wp-content/uploads/STI-HIV-Testing-Tool-online-version-2.pdf>
- ★ The Kirby Institutes Annual Surveillance Report on STIs 2018
- ★ What is the size of Australia's non-heterosexual population (2016)
- ★ Welcome Here Project: welcomehere.org.au