

HIV and Mobile Populations: *The Clinical Experience*

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WAHIVNAHG

- Representatives from each of the main HIV Clinics in WA, including RPH, FH, PMH, KEMH.
- Midwives
- Nurses
- Social Workers
- Dietetics
- Psychology

Main Centres for HIV Care in WA



Royal Perth Hospital



Fremantle Hospital



Sir Charles Gairdner Hospital

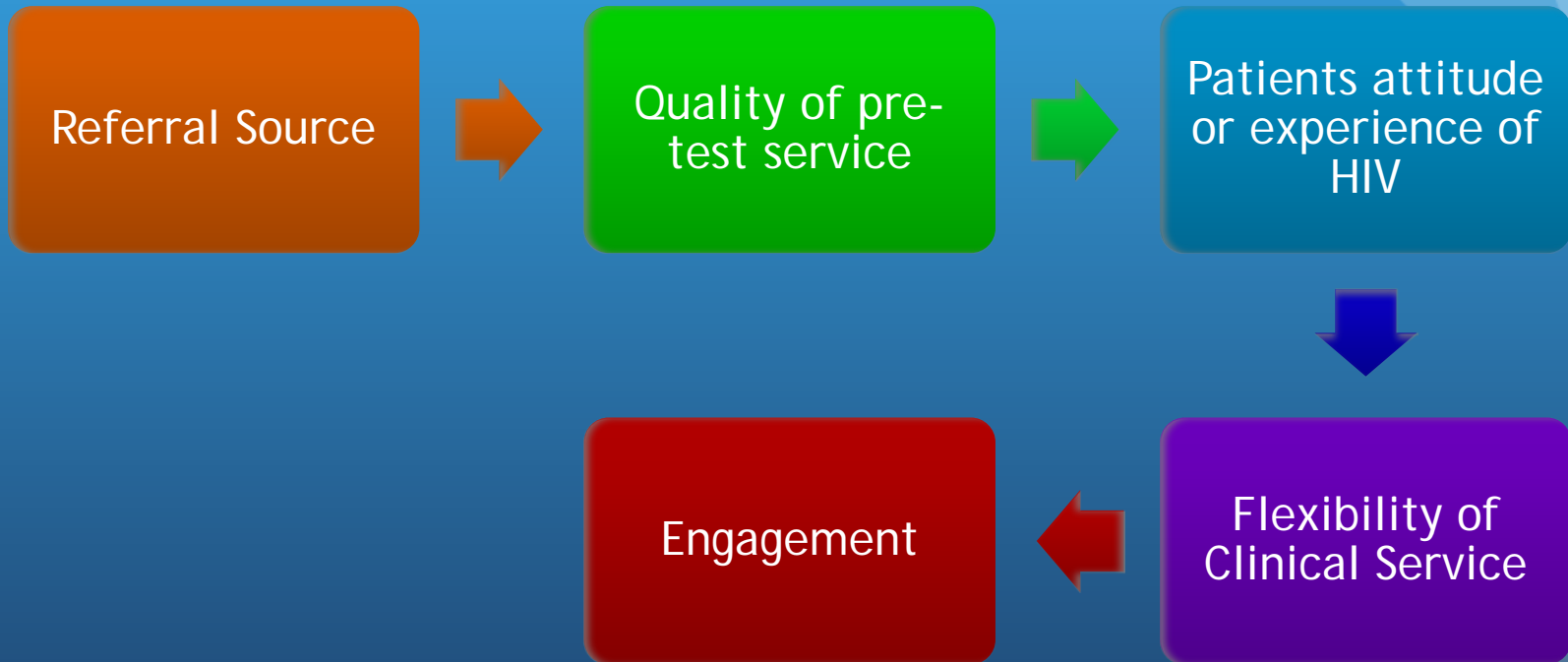
Mobile Population Cohort

- Royal Perth Hospital, Metro Clients - 267 migrant patients from a total 1050.
- Royal Perth Hospital, Rural and Remote service- 44 migrant patients from a total 200 patients
- Fremantle Hospital - 19 migrant patients from a total 230.
- Princess Margaret Hospital - 12 migrant children out of total 19 positive children
- Between 4 sites : 342 patients (approx 22% of cohort)

'Cascade of Care' in chronic HIV management



Engagement in Service



Starting Medication

Patients current CD4 count and viral load	Resistance Profile - Is their virus fully susceptible?	Genetic Considerations HLA B*5701	Pregnant or planning to become pregnant?
Patient readiness - what does starting medication mean to that patient?	Already on other medications? Drug interactions or adherence issues?	Other health considerations - TB/ Hep C co-infection	Drug specific requirements- timing or food requirement- effects on adherence?

Extra Considerations for Mobile Population

Eligible for Medicare?	Plans to stay in Australia - visa type	Cost for ineligible patients	Inconsistency in access between hospitals
Access to medication in home country	Internet access and access to credit card	Language issues	GP/Community support
Cultural considerations	Use of interpreter services	Engagement with services	Relationship issues
FIFO	FIFO	FIFO	FIFO
Drug Screens	Shared Rooms	Occupational health issues	Shift Patterns

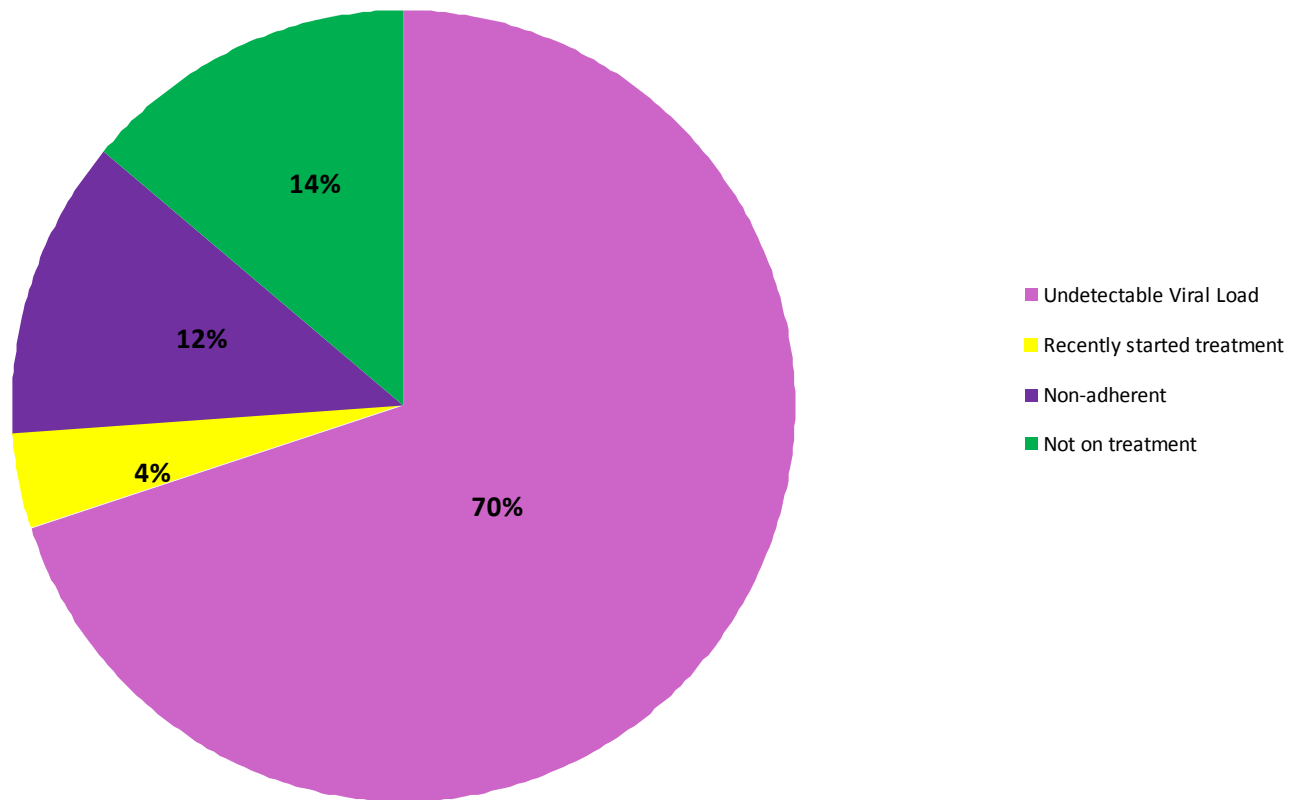
Patients starting medication

- Evidence supports early treatment
- One tablet, once daily regimens - Atripla/ Eviplera/ Stribild, are less costly for patients without medicare
- Atripla - Widely available online, but may be issues with supply
- ATRAS Study
- Comparatively, people who are migrants start at the same time as non-migrants.
- How best to support adherence and reporting of side effects in non-English speakers

Obstacles to Retention in Care

- Medicare ineligibility - not just about access to medication
- Activity based funding and billing processes
- Postcode policy
- Clinical Exemptions
- Interpreter services
- Lack of GP services
- Experiences of community/ self stigma
- Practical issues re finances, transport, childcare

Viral Suppression



Morgan Bonnett
Senior Social Worker

Case Studies

Mrs M

Background

- 45 year old Zimbabwean female
- Sought asylum in Australia upon arrival at Perth Airport
- Referral to Royal Perth Hospital following immigration health screen.
- Bridging Visa E granted

Psychosocial needs

- No Medicare
- Centrelink and Work Rights Ineligible.
- No community supports.
- No long term accommodation.
- Transmission source via Sexual Assault from multiple males in Zimbabwe.
- Discrimination from peers, community and medical fraternity in Zimbabwe.

Immediate Interventions

- Social Worker provided twice weekly (four- eight hours per week for three months) focusing on psychosocial needs.
- Application to Department of Health for access to antiretroviral therapy on compassionate grounds.
- Advocacy and written appeals to Department of Immigration. Visa conditions altered to obtain Medicare and allow Work Rights
- Adherence support required patient ceased meds due to fear of HIV being detected by house mates.

Medium Term Interventions

- Social Worker/ Consultant/ Nurse developed list of other medical issues that could now be addressed due to Medicare Eligibility.
- Given frequently lapsing Medicare status significant liaison required to ensure reviews occurred by other hospital departments before expiry.
- Liaison with Red Cross Migration Services to provide migrant support service- Accommodation, welfare payments, funding for torture and trauma counselling.

Long term interventions

- Referral to Workforce Development Centre- assistance obtained for job search activities. Ultimately obtained carers role.
- Undetectable viral load and good CD4 count maintained despite numerous social difficulties and barriers to treatment access.

Conclusion

- There are growing numbers of patients from overseas accessing services in WA
- Mobile populations can be more challenging for the HIV workforce, due to cultural and language issues, as well as self-imposed and perceived stigma
- Patients receive the same level of care as non-migrants, but usually supported by efforts of health care workers, rather than support of hospital systems

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- Princess Margaret Hospital- CNS Rachel Dunn, SW Kat Broad
- King Edward Memorial Hospital - CNM Theresa Warner