



HIV s100 Prescribers' Information Sheet

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Courses Pre-ASHM Conference *9-10 October* *4 CME points per day*

If you're planning to attend this year's ASHM conference in Melbourne, consider coming early to update at the **Short Course in HIV Medicine** or the **Short Course in Viral hepatitis**. You can attend either course for one day or two and registration is free for current HIV s100 prescribers. Download a registration form or register for either course online at <http://www.ashm.org.au/courses>.

You can also register for the ASHM conference online at http://www.ashm.org.au/2006_conf/registration

Scholarships for the ASHM Conference

ASHM has scholarships available for HIV s100 Prescribers to attend the ASHM Conference in October this year. The scholarship will cover registration costs plus contribute to travel, accommodation or other expenses. Priority will be given to non-metropolitan (rural NSW and ACT) prescribers.

An application form with terms and conditions is available from primarycare@ashm.org.au. Expressions of interest should reach the ASHM Office by COB 1 September 2006.

Case Discussion Evening *Tuesday 12 September* *2 CME points*

The next case discussion evening will be on **Tuesday** 12 September and the topic will be **The Changing Face of Mental Health in HIV**. Dr Melissa Corr from RPA will give the overview and **you** will provide the cases. Please email a précis of an interesting HIV/mental health case to primarycare@ashm.org.au. If you plan to attend the evening please complete the registration form enclosed or register **online** at www.ashm.org.au/courses.

Financial assistance for ACT & regional NSW prescribers

ASHM offers HIV s100 community prescribers from ACT & regional NSW financial assistance with travel and accommodation to attend the above meeting. If you are interested and available to travel to Sydney, please contact us by email at primarycare@ashm.org.au as soon as possible*. If you can attend and would like to have a clinical placement at a high caseload HIV clinic in Sydney on either the 13 or 14 September please let us know and we will arrange this for you. ***Please note that terms and conditions apply to scholarships**

Prescriber Mentoring survey

ASHM is currently piloting a HIV Community Prescriber **Mentorship** Program. Enclosed is a survey which will help assess current mentoring that occurs in day to day practice. If you would like to participate in this pilot as a mentor or mentee please contact Hiba Jebeile on (02) 8204 0725 or hiba.jebeile@ashm.org.au

Readiness for Change Tool survey

Enclosed is the **Readiness For Change Tool** recently developed for use with patients at risk of HIV and STIs. If you'd like to give us some feedback on the tool, please complete the survey enclosed or online at <http://www.surveymonkey.com/s.asp?u=321311919657>. It should take only 5 minutes to do and your comments will be used to inform future campaigns and resources

TMC-114 (darunavir, Prezista) approved for use in the USA

TMC-114 has been approved by the FDA for use in the US under the trade name Prezista. The approved indication is for adults not responding to treatments with other antiretroviral drugs. To be coadministered with ritonavir, darunavir is available in Australia via trials and on a compassionate access scheme. Contact Stephen Townsend at Jansen Cilag on 0406 425 521 for details.

Aptivus

The new protease inhibitor tipranavir, brand name Aptivus has been approved for registration by the TGA.

“Aptivus (tipranavir), co-administered with 200mg of ritonavir, is indicated for combination treatment of HIV infection in highly antiretroviral treatment experienced adult patients with evidence of viral replication, who have HIV-1 strains resistant to multiple protease inhibitors. This indication is based on analyses of plasma HIV-1 RNA levels in two open, controlled studies of APTIVUS/ritonavir of 24 weeks duration in clinically advanced, 3-class antiretroviral (NRTI, NNRTI, PI) experienced adults. In deciding to initiate therapy with APTIVUS/ritonavir, careful consideration should be given to treatment history of the individual patient and the patterns of mutation associated with different agents. Genotypic testing should be performed to guide the use of APTIVUS.”

Aptivus is not yet listed on the Pharmaceutical Benefits Scheme; however it is still available for compassionate use, with two changes to the program. All patients who are eligible under the approved indication above are also eligible for the program and three months supply will be accessible with each application.

There has been a black box warning applied to Aptivus by the US body, the FDA. This warning includes the precaution that is highlighted in the Australian product information about caution in patients with HCV and HBV co infection. The other warning is about an association between tipranavir use and both fatal and non-fatal intracranial haemorrhage. This latter warning was the subject of a letter to healthcare professionals in the USA on the 30th June 2006.

Please contact Dr Guy Gavagna at Boehringer Ingelheim on 02 8875 8800, for Aptivus information. If you need advice about accessing genotypic testing contact ASHM Primary Care Liaison Officer Dr Cathy Pell on Wednesdays or Fridays on 02 8204 0726.

Atripla

The U.S. Food and Drug Administration (FDA) has given clearance to begin selling Atripla, the long-awaited tablet containing Sustiva (efavirenz) and Truvada (tenofovir and emtricitabine). Atripla is the first one-pill, once-daily complete anti-HIV drug regimen to be approved by the FDA.

Zalcitabine removed

Effective 1 August 2006 Zalcitabine (Hivid) was removed from the Highly Specialised Drug Program. Please remove it from your set of declaration forms. An updated list of current drugs listed alphabetically is enclosed. Replacement declaration forms are available from ASHM.

Antiretroviral Guidelines with Australian commentary

The US guidelines complete with Australian commentary are now downloadable from the ashm website. Go to <http://www.ashm.org.au/guidelines/aust-guidelines/>

Updated STI guidelines from CDC

The US guidelines have been updated here: <http://www.cdc.gov/mmwr/PDF/rr/rr5511.pdf> There are some regional differences for recommended management in Australia. Useful for comparison.

HIV Update

January to December 2005

The latest analysis of HIV notifications shows that 388 NSW residents were diagnosed with HIV for the first time between January and December 2005. Among the 388 cases, 92 per cent were males, 68 per cent reported male homosexual sex as a primary risk factor and 63 per cent were aged 30 to 49 years.

Notifications in females are back to the usual pre 2004 numbers (remember in 2004 NSW experienced a greater than 90% increase in HIV notifications in females).

There were 129 notifications of newly acquired HIV infections (defined here as a negative or indeterminate test within the 12 months prior to the diagnosis, or seroconversion illness at the time of diagnosis) for the period January to December 2005. Among the 129 cases 96 per cent were males, 86 per cent reported male homosexual exposure, in 4 per cent the exposure was undetermined or not reported, and 62 per cent were aged 30 to 49 years.

January to March 2006

The latest analysis of HIV notifications shows that 106 NSW residents were diagnosed with HIV for the first time between January and March 2006. Among the 106 cases, 87 per cent were males, 61 per cent reported male homosexual sex as a primary risk factor and 60 per cent were aged 30 to 49 years.

There were 29 notifications of newly acquired HIV infections (defined here as a negative or indeterminate test within the 12 months prior to the diagnosis, or seroconversion illness at the time of diagnosis) for the period January to March 2006. Among the 29 cases 97 per cent were males, 90 per cent reported male homosexual exposure, in 7 per cent the exposure was not reported, and 69 per cent were aged 30 to 49 years.

STI Update

January to December 2005

There were 244 cases of infectious Syphilis notified in 2005, compared with 301 for 2004. Of the 2005 cases 93% were male. The infections were predominately in people aged 25 to 44 years and the majority of cases live in inner city Sydney.

There were 11,229 cases of Chlamydia notified in 2005, compared with 9977 in 2004. Of the 2005 cases 43% were male. The infections were predominantly in people aged 15 to 34 years and most cases occurred in inner city Sydney and northern Sydney.

There were 1562 cases of gonorrhoea notified in 2005, compared with 1430 in 2004. Of the 2005 cases 88% were male. The infections were predominantly in people aged 15 to 44 years and most cases occurred in inner city Sydney.

January to March 2006

There were 40 cases of Syphilis notified between January and March 2006, compared to 76 for the same period in 2005. Of the 2006 cases 98% were male.

There were 3186 cases of Chlamydia notified between January and March 2006, compared to 2944 for the same period in 2005. Of the 2006 cases 42% were male and 58% were female.

There were 483 cases of Gonorrhoea notified between January and March 2006, compared to 373 for the same period in 2005. Of the 2006 cases 88% were male.

Included with this Information Sheet:

Case Discussion Evening – ASHM registration form
ASHM HIV Prescriber Mentorship - Survey
Current HIV s100 drugs - List
Talkabout – June/July issue
Readiness for change – tool and survey
ATPA/NAPWA factsheets – order form

For your waiting room:

Antiretroviral Drugs
fact sheets x 10
Safe sex No Regrets
booklets x 3