

Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmitted Infections and Blood Borne Viruses

# List of Internal ACCESS Projects and External Projects Supported by ACCESS Data

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### **Internal ACCESS Projects**

Internal ACCESS projects utilise data collected in the ACCESS network for aims that are directly related to national surveillance for STIs and BBVs. If you would like to join one of these projects as a co-author or have an idea for your own concept sheet, please let us know. Below is a list of concept sheets approved since 2020.

## Monitoring of Naloxone prescribing in Australian using sentinel surveillance of primary care clinics; an ecological study from 2012 to 2021

| Approval date:           | 3 May 2022   |
|--------------------------|--|
| Lead:                    | Joshua Dawe (Burnet Institute)   |
| Proposed Co-<br>Authors: | Michael Curtis, Anna Wilkinson, Jason Asselin, Paul Dietze, Suzanne Nielsen,<br>Margaret Hellard, Mark Stoové  |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.   |
| Objective(s):            | <ol> <li>Quantify the number of individuals prescribed Naloxone monthly, quarterly and annually at participating ACCESS sites from 1st January 2012 to 31st December 2021 by age and sex.</li> <li>Describe patterns of Naloxone prescribing by individual characteristics, over time, by key policy/practice changes and by state.</li> </ol> |
| ACCESS service type(s)   | <ul> <li>□ General practice ⊠ Sexual health clinic □ Hospital</li> <li>□ Community-led health service □ Drug and alcohol service</li> <li>□ Pathology laboratories</li> </ul>  |
| Status                   | Approved   |



# Changing pattern of sexually transmissible infections and HIV diagnosed in public sexual health services compared with other locations in New South Wales, 2015–20

| Approval date:           | 14 April 2022   |
|--------------------------|---|
| Lead:                    | Dr Chris Bourne (Centre for Population Health, NSW Health & SSHC)   |
| Proposed Co-<br>Authors: | Nathan Ryder, Stephen Nigro, Elenor Kerr, Htein Linn Aung, Jason Asselin 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative. |
| Objective(s):            | <ol> <li>To understand the changing pattern of STI HIV diagnosis in NSW PFSHC</li> <li>To compare the STI&amp;HIV diagnoses in metropolitan Sydney in 2019 with similar data from New York City, Amsterdam and Seattle</li> </ol>         |
| ACCESS service type(s)   | <ul> <li>□ General practice ⊠ Sexual health clinic □ Hospital</li> <li>⊠ Community-led health service □ Drug and alcohol service</li> <li>□ Pathology laboratories</li> </ul>   |
| Status                   | Approved  |

# Pharyngeal chlamydia: temporal trends, risk factors and association with anogenital infections among men who have sex with men attending Australian Sexual Health Clinics

| Approval date:           | 22 November 2021   |
|--------------------------|--|
| Lead:                    | David Templeton (RPA Sexual Health, Sydney Local Health District)  |
| Proposed Co-<br>Authors: | David Atefi, Linda Garton, Kit Fairley, Anna McNulty, Rebecca Guy, Carole Khaw, Lewis Marshall, Alison Rutherford, Justin McKee  |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.   |
| Objective(s):            | <ol> <li>Describe temporal trends in pharyngeal CT positivity</li> <li>Examine temporal trends in the proportion of "isolated" pharyngeal CT infection over a time period including "pre-PrEP" and following the introduction of PrEP</li> <li>Examine risk factors for pharyngeal CT infection</li> </ol> |
| ACCESS service type(s)   | <ul> <li>□ General practice ⊠ Sexual health clinic □ Hospital</li> <li>⊠ Community-led health service □ Drug and alcohol service</li> <li>□ Pathology laboratories</li> </ul>  |
| Status                   | Approved   |



# The population-level effect of national PrEP policy on HIV incidence among men who have sex with men: A multi-country analysis

| Approval date:           | 17 October 2021  |
|--------------------------|--|
| Lead:                    | Daniela van Santen (Burnet Institute)  |
| Proposed Co-<br>Authors: | Michael Traeger, Mark Stoové, Margaret Hellard, Anders Boyd, Maria Prins,<br>Liza Coyer, Elske Hoornenborg   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.   |
| Objective(s):            | To evaluate the population-level effect of PrEP using a quasi-experimental study design by comparing HIV incidence between major cities or jurisdictions in Netherlands and Australia, before and after PrEP was implemented using surveillance data from sexual health clinics. |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☐ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>  |
| Status                   | Approved   |

# Ensuring accuracy in the collection of syphilis screening and management data in Australian sentinel surveillance systems

| Approval date:           | 7 October 2021   |
|--------------------------|--|
| Lead:                    | Clare Bradley (University of Queensland)   |
| Proposed Co-<br>Authors: | Jason Asselin, Belinda Hengel, Kate Lewis, members of the ATLAS Executive (University of Queensland), members of the ACCESS Executive                            |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative. |
| Objective(s):            | The collaboration will seek to answer the following research questions:  |
|                          | <ol> <li>Are the source data tables/fields used to collect syphilis data the same<br/>in both the ATLAS and ACCESS networks?</li> </ol>                          |
|                          | 2. Are the terms used to identify syphilis testing and positivity the same in both the ATLAS and ACCESS networks?  |
|                          | 3. How are the two surveillance networks identifying syphilis treatment?   |
|                          | 4. How does the ACCESS syphilis interpretation algorithm for identifying infectious syphilis from pathology results perform on ATLAS data?                       |
|                          | 5. Can staging be determined accurately by the surveillance networks?  |



|                        | 6. How comprehensive is the surveillance of syphilis by the ATLAS and<br>ACCESS networks and can these data be used to produce accurate<br>cascades of care?                  |
|------------------------|---|
| ACCESS service type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul> |
| Status                 | Approved  |

#### Identifying the reason for HCV testing in electronic medical record data.

| Approval date:           | 1 October 2021   |
|--------------------------|--|
| Lead:                    | Anna Wilkinson (Burnet Institute)  |
| Proposed Co-<br>Authors: | Anna Wilkinson, Jason Asselin, Michael Traeger, Thi Nguyen, Victoria<br>Polkinghorne, Long Nguyen, Alisa Pedrana, Mark Stoové, Margaret Hellard  |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.   |
| Objective(s):            | <ol> <li>Determine that data that is available in ACCESS that could be used to assign patients to HCV risk populations.</li> <li>Using all available data from Objective 1, classify patients undergoing BBV testing into risk populations and test the performance of this classification using internal validation (splitting ACCCESS datasets into training and test datasets) when additional indicators are added incrementally, such as adding age, sex, test outcomes etc.</li> </ol> |
|                          | <ol><li>Compare HCV indicators (test uptake, positivity, yield, incidence)<br/>across derived risk populations.</li></ol>  |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul>  |
| Status                   | Approved   |

Using ACCESS sexual health clinic sentinel surveillance to monitor hepatitis C incidence, prevalence, testing patterns and cascades of care in Aboriginal and Torres Strait Islander people, 2012 - 2020

| Approval date: | 10 August 2021                       |
|----------------|--------------------------------------|
| Lead:          | Lakshmi Manoharan (Burnet Institute) |



| Proposed Co-<br>Authors: | Lakshmi Manoharan, Anna Wilkinson, Jason Asselin, Troy Combo, Michael Traeger, Margaret Hellard, Rebecca Guy, Wayne Dimech, Basil Donovan, Carol El-Hayek, Mark Stoové  5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative. |
|--------------------------|--|
| Objective(s):            | Describe patterns of HCV testing and measure and compare the incidence and prevalence of HCV in Aboriginal and Torres Strait Islander people before and after the introduction of DAAs in sexual health clinics in the ACCESS network  |
|                          | <ol> <li>Estimate the cascade of care by: HCV never tested, HCV ever tested,<br/>HCV recently tested, HCV antibody positive, HCV PCR positive, HCV<br/>treatment prescribed, post treatment testing – cured/SVR12</li> </ol>   |
|                          | 3. Describe patterns of HCV testing by subgroups (sex, age) to provide some insight into current HCV screening patterns in Aboriginal and Torres Strait Islander people.   |
|                          | 4. Explore demographic, behavioural, and clinical characteristics associated with incident HCV, treatment and cure   |
| ACCESS service type(s)   | <ul> <li>□ General practice ⊠ Sexual health clinic □ Hospital</li> <li>□ Community-led health service □ Drug and alcohol service</li> <li>□ Pathology laboratories</li> </ul>  |
| Status                   | Approved   |

Description, data completeness and quality assessment of health care site population characteristics and HBV-related testing, treatment, and vaccination, to inform the development of ACCESS indicators for HBV

| Approval date:           | 10 August 2021   |
|--------------------------|--|
| Lead:                    | Stephanie Main (Burnet Institute)  |
| Proposed Co-<br>Authors: | Proposed author list is yet to be confirmed.  5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative. |



| Objective(s):          | <ol> <li>Describe population characteristics, including country of birth, sex,         Aboriginal and Torres Strait islander status, MSM identity, HIV status and         age, of those attending primary care clinics across Australia, and those         who have received any form of HBV test. For the purposes of         understanding ACCESS sites for monitoring HBV.</li> <li>Assess the HBV assays available in datasets collated by ACCESS, by         primary care clinics and sexual health clinics.</li> </ol> |
|------------------------|--|
|                        | <ol><li>Determine the total number of each assay conducted annually, and the<br/>proportion positive of each assay annually.</li></ol>   |
|                        | Determine the total number of vaccinations conducted annually and data quality and completeness for this   |
|                        | 5. Determine data quality and completeness for HBV treatment, and if these are distinguishable against HIV treatment   |
|                        | 6. Assess the accuracy of current data processing procedures that assign an interpreted result for HBV.  |
| ACCESS service type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul>  |
| Status                 | Approved   |

#### Ancillary health benefits of enrolment in the PrEPX study

| Approval date:           | 10 August 2021  |
|--------------------------|---|
| Lead:                    | Michael Traeger (Burnet Institute)  |
| Proposed Co-<br>Authors: | Michael Traeger, Edwina Wright, Mark Stoové, Jason Asselin, Margaret<br>Hellard, Norm Roth, Jeff Willcox, BK Tee  |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.  |
| Objective(s):            | <ol> <li>To assess the feasibility of using ACCESS data from PrEPX clinics to assess ancillary health benefits associated with participating in a PrEP study.</li> <li>To assess the completeness of diagnosis data at PrEPX ACCESS clinics.</li> </ol> |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☐ Hospital</li> <li>☐ Community-led health service ☐ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul>   |
| Status                   | Approved  |



# Improving hepatitis C testing among gay, bisexual, and other men who have sex with men: A pilot study

| Approval date:           | 10 August 2021   |
|--------------------------|--|
| Lead:                    | Brendan Harney (Burnet Institute)  |
| Proposed Co-<br>Authors: | Brendan Harney, Rachel Sacks-Davis, Michael Traegar, Jason Asselin, Mark O'Reilly, Norm Roth, Richard Moore, Mark Stoove, Rebecca Guy, Basil Donovan, Margaret Hellard, Joseph Doyle |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.                     |
| Objective(s):            | To increase the number of GBM with HIV and GBM using PrEP who have an HCV test (antibody and/or RNA) during the pilot study period.  |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☐ Hospital</li> <li>☑ Community-led health service ☐ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>        |
| Status                   | Approved   |

# Exploring the development of a training dataset for use in the development of machine learning risk prediction models to identify people who inject drugs (PWID) within ACCESS

| Approval date:           | 10 August 2021  |
|--------------------------|---|
| Lead:                    | Carol El-Hayek (Burnet Institute)   |
| Proposed Co-<br>Authors: | Author list has yet to be determined.  5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative. |
| Objective(s):            | To identify ACCESS data that are suitable for use in a training dataset for the development of machine learning models that can identify people who inject drugs (PWID).                                |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☐ Sexual health clinic ☐ Hospital</li> <li>☐ Community-led health service ☒ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul>                           |
| Status                   | Approved  |



#### **Evaluation of the EC partnership community program in Victorian ACCESS clinics**

| Approval date:           | 10 August 2021   |
|--------------------------|--|
| Lead:                    | Michael Traeger (Burnet Institute)   |
| Proposed Co-<br>Authors: | Alisa Pedrana, Michael Traeger, Anna Wilkinson, Tim Spelman, Jason<br>Asselin, Joseph Doyle, Mark Stoové, Margaret Hellard                                       |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative. |
| Objective(s):            | Explore the impact of EC nurse support on HCV related outcomes at Victorian ACCESS / EC sites  |
|                          | Estimate the contribution of EC to Victorian treatment targets and incidence and prevalence reductions   |
| ACCESS service type(s)   | ☐ General practice ☐ Sexual health clinic ☐ Hospital   |
| service type(s)          | <ul><li>☑ Community-led health service ☑ Drug and alcohol service</li><li>☐ Pathology laboratories</li></ul>   |
| Status                   | Approved   |

## HIV and Renal Disease in Aboriginal & Torres Strait Islander People in Australia, 2007-2020

| Approval date:           | 22 February 2021  |
|--------------------------|---|
| Lead:                    | A/Prof Catherine O'Connor (Kirby Institute)   |
| Proposed Co-<br>Authors: | A/Prof David Gracey, Prof James Ward, Dr Doug Drak, Dr Hamish McManus, Dr Jason Sines   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.                        |
| Objective(s):            | <ol> <li>Primary objective: To describe the rate of loss of renal function amongst<br/>Aboriginal people with HIV in Australia and compare to other HIV infected<br/>people.</li> </ol> |
|                          | 2. Secondary Objective: To describe the relative contribution of risk factors for renal disease to the rate of decline of renal function amongst HIV infected Aboriginal people.        |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>           |



| Status | In progress |
|--------|-------------|
|        |             |

# Renal effects of Pre-exposure Prophylaxis (PrEP) with Truvada amongst HIV-negative Aboriginal people

| Approval date:           | 22 February 2021  |
|--------------------------|---|
| Lead:                    | A/Prof Catherine O'Connor (Kirby Institute)   |
| Proposed Co-<br>Authors: | A/Prof David Gracey, Prof James Ward, Dr Doug Drak, Dr Hamish McManus, Dr Jason Sines, Dr Mark Stoove   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.  |
| Objective(s):            | <ol> <li>Primary objective: To describe the rate of loss of renal function amongst Aboriginal and Torres Strait Islander HIV-uninfected patients receiving PrEP with tenofovir disoproxil fumerate enrolled in the ACCESS database.</li> <li>Secondary Objective: To describe the relative contribution of risk factors, including tenofovir, for renal disease and the rate of decline of renal function amongst Aboriginal and Torres Strait Islander non-HIV-infected patients. Other risk factors include diabetes, hypertension, and proteinuria. Their contribution to an individual's risk of developing adverse renal effects with tenofovir will be examined according to an individual's burden of renal risk factors.</li> </ol> |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>   |
| Status                   | In progress   |

#### Trends in syphilis testing and incidence among GBM in Australia

| Approval date:           | 1 December 2020  |
|--------------------------|--|
| Lead:                    | Michael Traeger (Burnet Institute)   |
| Proposed Co-<br>Authors: | Caroline Taunton, Jason Asselin, Carol El-Hayek, Margaret Hellard, Mark<br>Stoové, Allison Carter, Rebecca Guy, Tobias Vickers, Prital Patel, Basil<br>Donovan   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative. |



| Objective(s):          | To describe recent trends in:   |
|------------------------|---|
|                        | the GBM patient caseload at high-caseload GP clinics and sexual health centres  |
|                        | 2. the annual syphilis testing rate among HIV-positive and HIV-negative GBM   |
|                        | 3. the annual infectious syphilis positivity rate among HIV-positive and HIV-negative GBM   |
|                        | 4. the annual infectious syphilis re-infection rate among HIV-positive and HIV-negative GBM, and  |
|                        | 5. the annual incidence rate of syphilis infection, disaggregated by HIV and PrEP status and by disease stage (primary, secondary, early latent)                              |
| ACCESS service type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☐ Hospital</li> <li>☐ Community-led health service ☐ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul> |
| Status                 | In progress   |

Monitoring population-level STI incidence and prevalence among PrEP users and non-PrEP users and adherence to STI testing guidelines following wide-scale PrEP implementation

| Approval date:           | 10 December 2020  |
|--------------------------|---|
| Lead:                    | Michael Traeger (Burnet Institute)  |
| Proposed Co-<br>Authors: | Michael Traeger, Jason Asselin, Carol El-Hayek, Long Nguyen, Edwina<br>Wright, Margaret Hellard, Mark Stoové, Allison Carter, Rebecca Guy,<br>Christopher Fairly, Hamish McManus, Andrew Grulich, Tobias Vickers, Prital<br>Patel |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.  |



| Objective(s):          | <ol> <li>Measure STI testing rates among PrEP users and calculate the proportion<br/>of PrEP users adhering to STI testing guidelines, exploring changes over<br/>time</li> </ol> |
|------------------------|---|
|                        | 2. Identify characteristics associated with adherence to STI testing guidelines   |
|                        | 3. Explore longitudinal changes in STI incidence and prevalence among GBM using PrEP from before PrEP implementation, during PrEP studies and after the PBS listing               |
|                        | Measure the effect of wide-scale PrEP uptake on STI incidence among GBM using PrEP  |
|                        | 5. Estimate the causal effect of starting PrEP on STI incidence using a target trial approach   |
| ACCESS service type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>     |
| Status                 | In progress   |

### Instituting hepatitis C testing and treatment in a regional needle and syringe program

| Approval date:           | 20 July 2020   |
|--------------------------|--|
| Lead:                    | Amanda Wade (Burnet Institute)   |
| Proposed Co-<br>Authors: | Christine Roder, Craig Harvey, Margaret Wardrop, Lekan Ogunleye, Michael Traeger   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.   |
| Objective(s):            | <ol> <li>To record the number of people tested for hepatitis C in the needle and<br/>syringe program (NSP), and the number that engaged in hepatitis C<br/>treatment at Drug and Alcohol services (DAS) or elsewhere.</li> </ol> |
|                          | <ol><li>To measure the effect that the NSP HCV program had on the number of<br/>people tested and treated for hepatitis C by the GP opioid substitution<br/>providers that work in the same DAS facility as the NSP.</li></ol>   |
| ACCESS service type(s)   | Barwon Health Drug and Alcohol Service  ☐ General practice ☐ Sexual health clinic ☐ Hospital ☐ Community-led health service ☒ Drug and alcohol service ☐ Pathology laboratories  |
| Status                   | In progress  |



Using primary care sentinel surveillance data to estimate the proportion of OST recipients receiving a hepatitis C antibody test within one year of their index OST prescription date in Victoria, Australia, 2012 to 2020.

| Approval date:           | 3 July 2020  |
|--------------------------|--|
| Lead:                    | Joshua Dawe (Burnet Institute)   |
| Proposed Co-<br>Authors: | Anna Wilkinson, Jason Asselin, Michael Traeger, Michael Curtis, Mark<br>Stoové, Margaret Hellard   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.   |
| Objective(s):            | <ol> <li>Identify the proportion of individuals who were prescribed OST that<br/>received an HCV antibody test within the first year of their index OST<br/>prescription.</li> </ol>   |
|                          | 2. Quantify the number of HCV AB among individuals who were prescribed OST that are positive (positivity).   |
|                          | 3. Identify clinical and demographic factors independently associated with not receiving a HCV AB tests within 365 days of first observed OST script compared with receiving a HCV AB test.  |
|                          | 4. Ascertain whether the proportion of OST recipients who received HCV AB test within 365 days of first observed OST script has changed over time. Test for the trend in the proportion of individuals with a test within 12 months between 2012 and 2019. |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☐ Sexual health clinic ☒ Hospital</li> <li>☒ Community-led health service ☒ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul>  |
| Status                   | In progress  |

# Defining high incidence subgroups for bacterial sexually transmitted infections in gay and bisexual men – in preparation for clinical trials

| Approval date:           | 19 June 2020   |
|--------------------------|--|
| Lead:                    | Fengyi Jin (Kirby Institute)   |
| Proposed Co-<br>Authors: | Prital Patel, Hamish McManus, Rebecca Guy, Andrew Grulich, Prital Patel 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative. |



| Objective(s):          | To determine subgroups of GBM, as characterised by the range of risk factors and other correlates identified through the study, who experience higher rates of bacterial sexually transmitted infections, to inform the design of clinical trials or interventions that aim to reduce the risk of STIs in the GBM population. |
|------------------------|---|
| ACCESS service type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>   |
| Status                 | In progress   |

# An Evaluation of ACCESS: Australia's Enhanced Sentinel Surveillance System for Sexually Transmitted Infections

| Approval date:           | 19 June 2020   |
|--------------------------|--|
| Lead:                    | Caroline Taunton (Burnet Institute)  |
| Proposed Co-<br>Authors: | Carol El-Hayek, Margaret Hellard, Mark Stoove, Rebecca Guy, Basil<br>Donovan, Emma Field   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.                                   |
| Objective(s):            | This evaluation of ACCESS is being undertaken in order to:   |
|                          | i. provide an updated overview of how ACCESS operates  |
|                          | <li>ii. provide a formal forum for stakeholders to feedback on the<br/>usefulness of ACCESS as it relates to STIs, and the strengths and<br/>weaknesses of the surveillance system attributes</li> |
|                          | iii. assess the extent to which recommendations made in the 2010 evaluation have been implemented  |
|                          | <ul> <li>iv. generate a suite of updated recommendations that will enhance the<br/>effectiveness, efficiency and overall usefulness of the STI<br/>surveillance system.</li> </ul>                 |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> </ul>  |
|                          | ⊠ Pathology laboratories   |
| Status                   | In progress  |



# Recent trends in the epidemiology of infectious syphilis among GBM in Melbourne, Australia

| Approval date:  | 19 June 2020  |
|-----------------|---|
| Lead:           | Caroline Taunton (Burnet Institute)   |
| Proposed Co-    | Carol El-Hayek, Emma Field, Michael Traeger   |
| Authors:        | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.  |
| Objective(s):   | Describe RNA testing patterns among those with HCV post DAA treatment   |
|                 | 2. Describe characteristics of those who received an electronic script for HCV treatment after March 2016 who didn't return to a primary health site within the ACCESS PHC Network for a follow-up testing. |
|                 | <ol><li>Explore efficacy of DAA therapies within those treated in the ACCESS<br/>network.</li></ol>   |
|                 | 4. Explore characteristics (demographics, testing history, OST uptake) associated with treatment uptake in those RNA positive.  |
| ACCESS          | ☑ General practice ☑ Sexual health clinic ☐ Hospital  |
| service type(s) | <ul><li>☐ Community-led health service</li><li>☐ Drug and alcohol service</li><li>☐ Pathology laboratories</li></ul>  |
| Status          | In progress   |

# Virologic rebound among people living with HIV who started ART between 2012 and 2019: Survival analysis

| Approval date:           | 26 May 2020   |
|--------------------------|---|
| Lead:                    | Tafireyi Marukutira (Burnet Institute)  |
| Proposed Co-<br>Authors: | Proposed co-authors are to be confirmed.  5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.                |
| Objective(s):            | <ol> <li>To assess the incidence of first virologic rebound among newly diagnosed people living with HIV who started ART between 2012 and 2019</li> <li>To determine the correlates of first virologic rebound</li> </ol> |



| ACCESS service type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul> |
|------------------------|---|
| Status                 | In progress   |

### Opiate antagonist therapy prescribing in Victorian primary care clinics

| Approval date:           | 26 May 2020  |
|--------------------------|--|
| Lead:                    | Michael Curtis (Burnet Institute)  |
| Proposed Co-<br>Authors: | Anna Wilkinson, Paul Dietze, Margaret Hellard, Rebecca Guy, Wayne Dimech, Basil Donovan, Carol El-Hayek, Mark Stoové   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.   |
| Objective(s):            | <ol> <li>Quantify the number of individuals prescribed OAT annually at<br/>participating Victorian ACCESS sites from 1<sup>st</sup> January 2009 to 31<sup>st</sup><br/>December 2019 by age and sex.</li> </ol>       |
|                          | 2. Describe patterns of OAT prescribing including average number of scripts received, dose received and total time on OAT for all individuals.   |
|                          | <ol> <li>Explore factors relating to length of treatment episode including<br/>demographic information, OAT dose and clinic.</li> </ol>  |
|                          | 4. Describe breaks in OAT prescribing including number of disruptions and length in disruptions, using a medication possession ratio for patients who continue non-OST related visits at participating ACCESS clinics. |
|                          | <ol><li>Describe concurrent testing patterns among Victorian OAT recipients for<br/>STI, HIV and hepatitis viruses.</li></ol>  |
|                          | 6. Describe prescribing practices of medications which may increase the risk of fatal opioid overdose among OAT recipients in Victoria.  |
| ACCESS                   | National GP, Hospital, Comm, DA Services   |
| service type(s)          | ☐ General practice ☐ Sexual health clinic ☐ Hospital   |
|                          | ☑ Community-led health service ☑ Drug and alcohol service  |
|                          | ☐ Pathology laboratories   |
| Status                   | In progress  |



# Defining study population for an Ideas Grant application around new diagnostic tool for gonorrhea

| A 1 -1 -4       | 00.040000   |
|-----------------|---|
| Approval date:  | 26 May 2020   |
| Lead:           | Prital Patel (Kirby Institute)  |
| Proposed Co-    | Prital Patel, Tanya Applegate   |
| Authors:        | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.                                  |
| Objective(s):   | <ol> <li>To investigate whether contacts visiting clinics have a higher anatomical<br/>site-specific positivity rate compared to baseline positivity reported in the<br/>PrEP-X study.</li> </ol> |
|                 | 2. To understand how anatomical site-specific positivity differs in those who report symptoms vs those who do not   |
|                 | 3. To understand the proportion of contacts who report being symptomatic vs those who do not.   |
| ACCESS          | ☐ General practice ☒ Sexual health clinic ☐ Hospital  |
| service type(s) | <ul> <li>□ Community-led health service</li> <li>□ Pathology laboratories</li> </ul>  |
| Status          | In progress   |

# Women living with HIV a comparison between the Australian HIV Observational Database (AHOD) and the ACCESS database.

| Approval date:           | 26 May 2020  |
|--------------------------|--|
| Lead:                    | Kathy Petoumenos (Burnet Institute)  |
| Proposed Co-<br>Authors: | Jolie Hutchinson, Allison Carter, Tobias Vickers, Jane Costello 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.   |
| Objective(s):            | To describe women living with HIV in two Australian cohorts; AHOD and ACCESS. We will present these cohorts separately in order to compare indicators common to both cohorts in order to gain insight into women living with HIV in Australia. Standard demographics, laboratory markers and key indicators such as treatment uptake and treatment response will be presented. As there is a paucity of research on women living with HIV this descriptive cohort snapshot will provide important insight into the status of women living with HIV in Australia. |



| ACCESS service type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul> |
|------------------------|---|
| Status                 | In progress   |

# Using primary care sentinel surveillance to monitor hepatitis C testing and positivity in Australia, 2009 to 2019.

| Approval date:           | 19 May 2020  |
|--------------------------|--|
| Lead:                    | Anna Wilkinson (Burnet Institute)  |
| Proposed Co-<br>Authors: | Margaret Hellard, Rebecca Guy, Wayne Dimech, Basil Donovan, Carol El-<br>Hayek, Mark Stoové, Alisa Pedrana, Michael Traeger, Joe Doyle, Alex<br>Thompson, Jess Howell  |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.   |
| Objective(s):            | 1. Quantify the number of hepatitis C antibody (HCV AB) tests performed among individuals with no previous test observed in ACCESS from 2009 or those who have tested HCV antibody negative since 2009, at primary health sites within the ACCESS PHC Network assigned as specialising in the care of people who inject drugs as well as offering general health care. |
|                          | 2. Quantify the number of HCV AB (described above) that are positive (test yield).   |
|                          | <ol> <li>Describe patterns of HCV AB testing and positivity by age and sex by sites<br/>to provide some insight into current HCV screening patterns at selected<br/>sites.</li> </ol>  |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☐ Sexual health clinic ☐ Hospital</li> <li>☑ Community-led health service ☒ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul>  |
| Status                   | In progress  |

#### a[TEST] Evaluation Report

| Approval date: | 5 May 2020                    |
|----------------|-------------------------------|
| Lead:          | Curtis Chan (Kirby Institute) |



| Proposed Co-<br>Authors: | Curtis Chan, Prital Patel, Karl Johnson, Matthew Vaughan, Anna McNulty, David Templeton, Phillip Read, Benjamin Bavinton  |
|--------------------------|---|
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.  |
| Objective(s):            | <ol> <li>Assess the characteristics of men who use a[TEST] services</li> <li>Assess the reach of a[TEST] to target populations</li> <li>Evaluate the impact of a[TEST] in the HIV prevention in NSW</li> <li>Determine positivity rates of tests (HIV, CT, SYP, NG) conducted at any a[TEST] site</li> <li>Determine the number of clients who have never received an HIV test prior to attending an a[TEST] clinic.</li> </ol> |
| ACCESS service type(s)   | <ul> <li>□ General practice ⊠ Sexual health clinic □ Hospital</li> <li>⊠ Community-led health service □ Drug and alcohol service</li> <li>□ Pathology laboratories</li> </ul>   |
| Status                   | In progress   |

### Tracking the testing: Patterns of follow-up testing for Hepatitis C after a planned treatment commencement from 2016 to 2019.

| Approval date:           | 30 April 2020   |
|--------------------------|---|
| Lead:                    | Alexander Thomas (Burnet Institute)   |
| Proposed Co-<br>Authors: | Anna Wilkinson, Jason Asselin, Michael Traeger, Mark Stoové, Alisa<br>Pedrana, Rebecca Guy, Margaret Hellard  |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.  |
| Objective(s):            | Describe RNA testing patterns among those with HCV post DAA treatment   |
|                          | 2. Describe characteristics of those who received an electronic script for HCV treatment after March 2016 who didn't return to a primary health site within the ACCESS PHC Network for a follow-up testing. |
|                          | <ol> <li>Explore efficacy of DAA therapies within those treated in the ACCESS<br/>network.</li> </ol>   |
|                          | 4. Explore characteristics (demographics, testing history, OST uptake) associated with treatment uptake in those RNA positive.  |



| ACCESS service type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul> |
|------------------------|---|
| Status                 | In progress   |

## The impact of the COVID-19 pandemic on HIV and viral hepatitis control and elimination efforts in Australia

| Approval date:           | 30 April 2020   |
|--------------------------|---|
| Lead:                    | Daniela van Santen (Burnet Institute)   |
| Proposed Co-<br>Authors: | Rachel Sacks-Davis, Jess Howell, Caroline van Gement, Joseph Doyle,<br>Michael Traeger, Jason Asselin, Mark Stoové, Margaret Hellard, Rebecca<br>Guy, Basil Donovan           |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.              |
| Objective(s):            | Compare progression to each cascade stage for HIV, hepatitis C and hepatitis B between 2019 (pre-COVID era) and 2020 (COVID-era)  |
|                          | 2. Assess socio-demographic factors affecting cascade of care progression and whether factors differ by COVID-period (2019 vs 2020)   |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul> |
| Status                   | In progress   |

#### Changes in STI diagnosis and testing rate during the COVID-19 pandemic in Australia

| Approval date:           | 30 April 2020  |
|--------------------------|--|
| Lead:                    | A/Prof Eric Chow (Melbourne Sexual Health Centre)  |
| Proposed Co-<br>Authors: | Dr Prital Patel, Dr Allison Carter, Professor Christopher Fairley, Dr Marjan Tabesh, Prof Mark Stoové, Prof Basil Donovan, Prof Rebecca Guy, Prof David Templeton, A/Prof Anna McNulty |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.                       |



| Objective(s):          | To examine the impact of coronavirus (COVID-19) pandemic to the changes in (i) STI diagnoses (ii) testing rate (iii) sexual practices among men who have sex with men and female sex workers in Australia. |
|------------------------|--|
| ACCESS service type(s) | <ul> <li>☐ General practice ☒ Sexual health clinic ☐ Hospital</li> <li>☐ Community-led health service ☐ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul>                              |
| Status                 | In progress  |

#### Trends in HIV testing frequency among MSM not taking PrEP

| Approval date:           | 29 April 2020   |
|--------------------------|---|
| Lead:                    | Jennifer Dittmer (Burnet Institute)   |
| Proposed Co-<br>Authors: | Michael Traeger, Jason Asselin, Kathleen Ryan, Mark Stoove, Carol El-<br>Hayek, Anna Wilkinson, Tafireyi Marukutira   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.              |
| Objective(s):            | To describe trends in HIV testing and retesting rates among Australian GBM not prescribed PrEP.   |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☐ Hospital</li> <li>☑ Community-led health service ☒ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul> |
| Status                   | In progress   |

## Investigation of the impacts of syphilis screening on diagnosis and trend of the epidemic in Australian MSM

| Approval date:           | 29 April 2020  |
|--------------------------|--|
| Lead:                    | Lei Zhang (Melbourne Sexual Health Centre)   |
| Proposed Co-<br>Authors: | Professor Christopher Fairley, A/Prof Marcus Chen, A/Prof Eric Chow, Prof Basil Donovan, Dr Denton Callander, Rebecca Guy, A/Prof Lei Zhang, Mark Stoove         |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative. |



| Objective(s):          | To examine how syphilis screening alters the epidemic and determine the most effective strategy for screening in Australian MSM, the following objectives are addressed:  1. To determine whether increasing syphilis diagnoses are due to increasing   |
|------------------------|---|
|                        | screening or expanding epidemic.  |
|                        | 2. To address the inequality of provision of syphilis screening in high-load specialised clinics versus other clinics (low-load and general practice clinics). At the moment, most diagnoses of syphilis are made in a few specialised high-load clinics (e.g. MSHC), but in comparison, other clinics form a much larger network. By 'decentralising' syphilis screening to low-load and GP clinics, we aim to address impact of increasing coverage/frequency in MSM. |
| ACCESS service type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☐ Community-led health service ☐ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul>   |
| Status                 | In progress   |

# Assessing trends of late diagnosis of HIV and the effect of late diagnosis on time to viral suppression

| Approval date:           | 3 March 2020  |
|--------------------------|---|
| Lead:                    | Jason Asselin (Burnet Institute)  |
| Proposed Co-<br>Authors: | Margaret Hellard, Rebecca Guy, Wayne Dimech, Basil Donovan, Carol El-<br>Hayek, Mark Stoové, Anna Wilkinson   |
|                          | 5-6 representatives from the highest caseload SH and GP clinics included in the study will also be invited as co-authors, as well as a community representative.              |
| Objective(s):            | Is the trend in late diagnosis as a proportion of annual new diagnoses of HIV among GBM decreasing over time?   |
|                          | 2. Do GBM with late diagnosis of HIV differ from those diagnosed earlier in their time to achieving viral suppression?  |
| ACCESS service type(s)   | <ul> <li>☑ General practice ☑ Sexual health clinic ☐ Hospital</li> <li>☑ Community-led health service ☒ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul> |
| Status                   | In progress   |



### **External Projects Supported by ACCESS Data**

ACCESS supports several external research studies by providing longitudinal data from specified ACCESS services. This type of research is essential to monitor health outcomes and health inequalities among patients within their cohorts and to measure impacts of intervention. Such projects are separate to ACCESS and maintain independent protocols, governance structures and ethical approvals, including engagement with sites. Below is a list of external projects supported by ACCESS data.

#### **Syphilaxis Study**

| Full Title              | Impact of doxycycline pre-exposure prophylaxis (PrEP) on the incidence of syphilis, gonorrhoea and chlamydia in sexually active gay and bisexual men and transgender people   |
|-------------------------|---|
| Chief Investigator      | Dr Yasmin Mowat (Kirby Institute)   |
| About                   | Measure the efficacy of doxycycline in the prevention of gonorrhoea, chlamydia and syphilis.  |
| ACCESS services type(s) | <ul> <li>☐ General practice ☒ Sexual health clinic ☐ Hospital</li> <li>☐ Community-led health service ☐ Drug and alcohol service</li> <li>☐ Pathology laboratories</li> </ul> |
| Project URL             | https://www.syphilaxis.org  |
| Status                  | Approved 2021   |

#### **MG** Surveillance

| Full Title         | Mycoplasma Genitalium Surveillance: burden of infection and resistance and testing patterns in Australians attending health services  |
|--------------------|---|
| Chief Investigator | Dr Dorothy Machalek (Kirby Institute)   |
| About              | <ul> <li>The overarching aims of this project are to:</li> <li>Investigate the characteristics of MG infection and resistance in key populations including: <ul> <li>Women</li> <li>Heterosexual men</li> <li>HIV positive and HIV negative gay and bisexual men</li> <li>PrEP users and</li> <li>If feasible, travelers and overseas students</li> </ul> </li> <li>Establish a mechanism for monitoring and reporting of epidemiological data on MG infection and resistance, and adherence to guidelines over time</li> </ul> |



| ACCESS services type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul> |
|-------------------------|---|
| Project URL             | N/A   |
| Status                  | Approved 2020   |

#### **AHOD**

| Full Title              | Women living with HIV a comparison between the Australian HIV Observational Database (AHOD) and the ACCESS database.  |
|-------------------------|---|
| Chief Investigator      | Associate Professor Kathy Petoumenos (Burnet Institute)   |
| About                   | This study aims to describe women living with HIV in two Australian cohorts; AHOD and ACCESS. Standard demographics, laboratory markers and key indicators such as treatment uptake and treatment response will be presented. As there is a paucity of research on women living with HIV this descriptive cohort snapshot will provide important insight into the status of women living with HIV in Australia. |
| ACCESS services type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>   |
| Project URL             | N/A   |
| Status                  | Approved 2020   |

#### The PrEP in NSW Transition Study

| Chief Investigator | Dr Benjamin Bavinton (Kirby Institute)  |
|--------------------|---|
| About              | The <i>PrEP in NSW Transition Study</i> was initiated to follow the actions of participants of <i>EPIC-NSW</i> beyond their last interaction with the trial. It aimed to understand changing sexual behaviour, PrEP use, and knowledge and attitudes to HIV prevention over time. Specific objectives include to: |
|                    | <ol> <li>Determine the HIV incidence of participants in the PrEP in NSW<br/>Transition Study cohort.</li> </ol>   |
|                    | 2. Determine the incidence of gonorrhoea, chlamydia, syphilis and HCV in participants in the <i>PrEP in NSW Transition Study</i> cohort.  |
|                    | Determine the frequency and comprehensiveness of sexual health screens in the 12-18 months after <i>EPIC-NSW</i> .  |



| ACCESS services type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul> |
|-------------------------|---|
| Project URL             | N/A   |
| Status                  | Approved 2020   |

#### **InCHEHC**

| Full Title              | InCHEHC: International Collaboration for Hepatitis C Elimination in HIV Cohorts   |
|-------------------------|---|
| Chief Investigator      | Dr Rachel Sacks-Davis (Burnet Institute)  |
| About                   | InCHEHC is an international collaboration currently comprising eight countries and 13 cohorts including cohorts with people who have HIV mono-infection and people who have current or past HIV/HCV coinfection. InCHEHC's primary aims are to: |
|                         | measure the incidence of HCV primary infection and reinfection, comparing the pre- and post-DAA periods in HIV-infected individuals;  |
|                         | <ol> <li>identify key risk behaviors that increase the risk of HCV primary<br/>infection and re-infection, in both men who have sex with men (MSM)<br/>and people who inject drugs (PWID) in HIV infected individuals;</li> </ol>               |
|                         | 3. use mathematical modelling to estimate the required frequency of HCV follow up testing after successful treatment to achieve HCV elimination targets in those who remain at risk of infection in a range of settings.                        |
| ACCESS services type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>   |
| Project URL             | N/A   |
| Status                  | Approved 2019   |

#### **EPIC-NSW**

| Full Title         | EPIC-NSW Study: Expanded PrEP Implementation in Communities   |
|--------------------|---|
| Chief Investigator | Professor Andrew Grulich (Kirby Institute)  |
| About              | EPIC-NSW aims to assess the impact of the rapid expansion in access to pre-exposure prophylaxis (PrEP) among those at high risk of acquiring HIV. |



| ACCESS services type(s) | NSW  ⊠ General practice ⊠ Sexual health clinic ⊠ Hospital ⊠ Community-led health service ⊠ Drug and alcohol service ⊠ Pathology laboratories |
|-------------------------|--|
| Project URL             | https://kirby.unsw.edu.au/project/expanded-prep-implementation-<br>communities-epic-nsw  |
| Status                  | Completed 2016-2019  |

### **Deadly Liver Mob**

| Chief Investigator      | Dr Carla Treloar (UNSW Centre for Social Research in Health)   |
|-------------------------|--|
| About                   | The Deadly Liver Mob (DLM) is a health promotion program that aims to promote a holistic approach to healthy living, by providing Aboriginal people with bloodborne virus (particularly hepatitis C) and sexually transmissible infection (STI) education, as well as screening, testing and referrals into treatment. |
| ACCESS services type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>  |
| Project URL             | https://www.arts.unsw.edu.au/csrh/our-projects/deadly-liver-mob  |
| Status                  | In progress 2013-current   |

#### NSW HIV Strategy 2016-2020

| Lead Organisation       | NSW Department of Health  |
|-------------------------|---|
| About                   | To virtually eliminate HIV transmission in NSW by 2020 and to sustain the virtual elimination of HIV transmission in people who inject drugs, sex workers and from mother-to-child. |
| ACCESS services type(s) | <ul> <li>☑ General practice ☑ Sexual health clinic ☑ Hospital</li> <li>☑ Community-led health service ☑ Drug and alcohol service</li> <li>☑ Pathology laboratories</li> </ul>       |
| Project URL             | https://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2016-2020.PDF   |
| Status                  | Completed 2015  |



#### co-EC Study

| Full Title              | co-EC Study: Eliminating hepatitis C/HIV coinfection   |
|-------------------------|--|
| Chief Investigator      | Dr Julia Cutts (Burnet Institute)  |
| About                   | The co-EC study aims to eliminate hepatitis C/HIV coinfection in the community through scale up treatment of Hepatitis C in primary care and hospital settings. This study involves an open label, non-randomised clinical trial of hepatitis C treatment for people with HIV coinfection. |
| ACCESS services type(s) | Melbourne  ☑ General practice ☑ Sexual health clinic ☑ Hospital ☐ Community-led health service ☐ Drug and alcohol service ☐ Pathology laboratories   |
| Project URL             | https://www.burnet.edu.au/projects/256 co ec study eliminating hepatitis c hiv coinfection   |
| Status                  | Completed 2016-2019  |

#### **PRONTO!**

| Full Title              | PRONTO! Evaluation Report  |
|-------------------------|--|
| Chief Investigator      | Professor Mark A Stoové (Burnet Institute)   |
| About                   | This project evaluates PRONTO!, a peer-led community-based rapid HIV testing service for gay and men who have sex with men.                          |
| ACCESS services type(s) | Melbourne  ⊠ General practice ⊠ Sexual health clinic ⊠ Hospital  □ Community-led health service □ Drug and alcohol service  □ Pathology laboratories |
| Project URL             | https://www.burnet.edu.au/projects/188 pronto rapid hiv point of care t esting in victoria   |
| Status                  | Completed 2013-2015  |



#### **PrEPX**

| Chief Investigator      | Edwina Wright (Burnet Institute)   |
|-------------------------|--|
| About                   | PrEPX aims to examine the impact of expanding the use of Pre-Exposure Prophylaxis (PrEP) on the rates of new HIV infections in Victoria.     |
| ACCESS services type(s) | VIC  ☑ General practice ☑ Sexual health clinic ☑ Hospital ☑ Community-led health service ☑ Drug and alcohol service ☑ Pathology laboratories |
| Project URL             | https://www.alfredhealth.org.au/research/research-areas/infectious-diseases-research/prepx-study   |
| Status                  | Completed 2017-2018  |

#### Eliminate C

| Chief Investigator      | Margaret Hellard (Burnet Institute)   |
|-------------------------|---|
| About                   | Eliminate C aims to support community-based treatment programs to increase HCV treatment uptake in PWID using nurse-led models of care in the community and the prison system, and to assess the feasibility and impact of treating PWID in community and prison populations. |
| ACCESS services type(s) | VIC ☑ General practice ☑ Sexual health clinic ☑ Hospital ☑ Community-led health service ☑ Drug and alcohol service ☑ Pathology laboratories   |
| Project URL             | https://www.burnet.edu.au/projects/410_eliminate_hepatitis_c_australia_p_artnership_ec_australia_   |
| Status                  | In progress 2018-2022   |