

'Tales of the City' HIV in the community

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Aims of this session

- RDNS HIV Program history
- HIV – review of ‘natural history’
- HIV Program client profiles
- Changing support needs
- Case studies

Historical perspectives

- ‘we have cases to attend that are suffering from a dreadful disease. There is no Lock Hospital, so we do the best we can for them and try to touch them as little as possible’ (Archer, 1904).
- ‘A Nurse must take her work as it comes and shirk no danger. She has no right to ask “is the case contagious? Am I running any personal risk?”’ (Guthrie, 1909).

Historical perspectives

- In the 1920's, the Matron of Queen Victoria hospital objected to midwifery students going into homes of 'immoral women' with the district nurses;
- Melbourne's first birth control clinic established in 1934;
- 'Aftercare' hospital in 1926; (separated in 1957)

(Rosenthal, 1974).

RDNS HIV Program

- **1985** – RDNS responded to the emerging HIV epidemic with the formation of a ‘Domiciliary AIDS Nursing Program’
- Funded by the Victorian Department of Health *Sexual Health and Viral Hepatitis Program of the Health Protection Unit*
- Integrated with the Victorian AIDS Council/Gay Men’s Health Centre Community Support Program with a Partnership Agreement

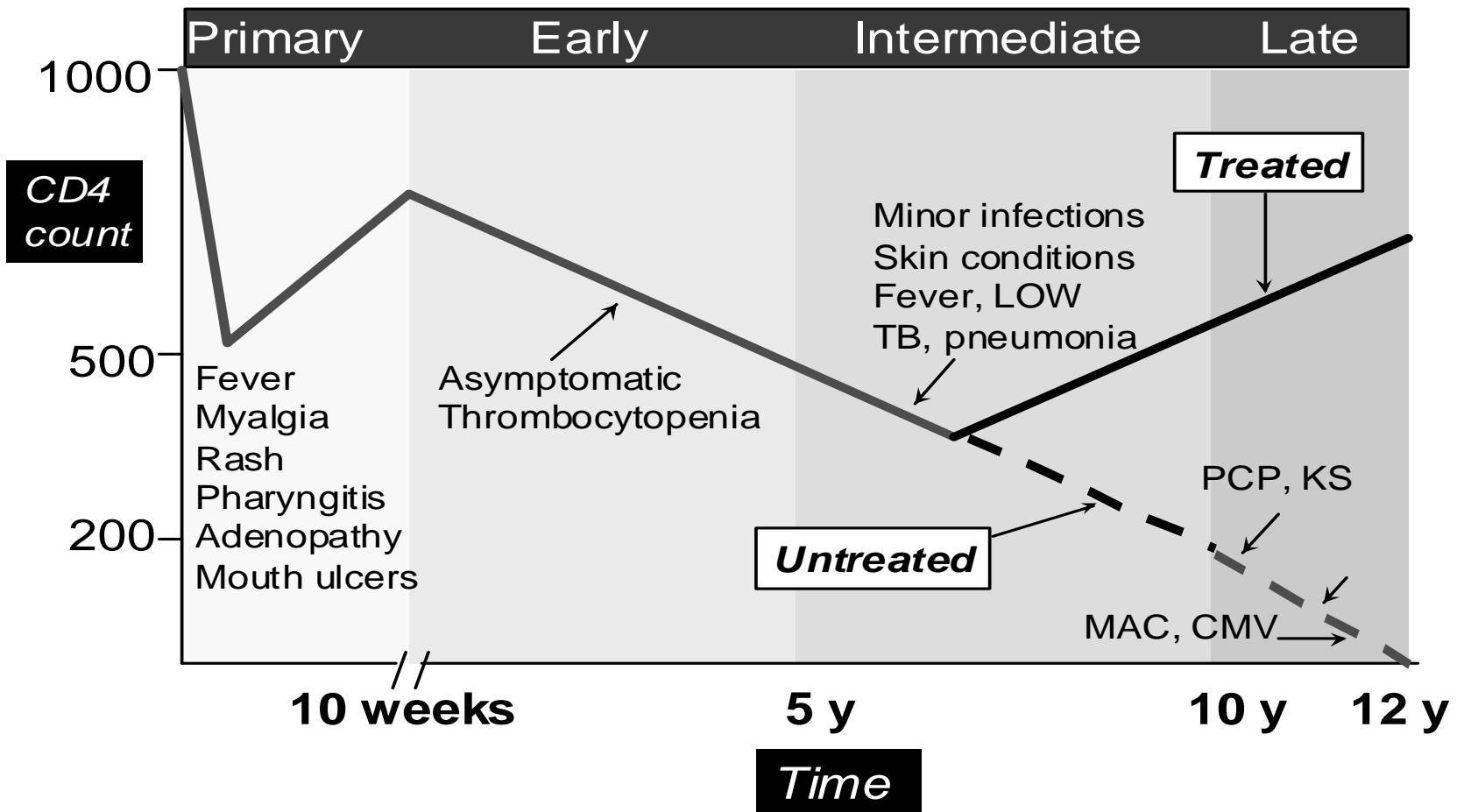
A natural history of HIV infection

- Once HIV has entered the body, high levels of virus in the blood cause a drop in the CD4 cell count.
- An immune response then develops partially controlling viral replication but is unable to remove the virus from the body.
- Some people experience a 'seroconversion illness' whilst others have no symptoms.

...natural history of HIV infection

- As viral replication is controlled, the CD4 count increases again and the person may stay well for many years.
- If left untreated, most people experience a gradual decline in CD4 cells,
- Mean of 5 to 10 years

(Sasadeusz, Locarnini, Kidd, Bradford and Danta, 2008)



(Sasadeusz, Locarnini, Kidd, Bradford and Danta, 2008, p. 18)

Diversity of RDNS/VAC HIV clients

- Clients originating from 24 different countries
- Clients with disabilities
- Newly diagnosed through to palliative
- Differing sexualities, genders and gender identities
- High proportion have other co-infections (HCV, HBV)
- Age-range 18 months to 85.

Changing support needs

1. Ageing – many ageing faster
2. Longevity – immune activation, inflammation
3. Co-morbidities
4. Mental health/alcohol and other drugs
5. Social isolation
6. Cultural diversity
7. Moving forward! Pregnancy/childbirth, study, work, travel etc

Changing support needs

1 and 2

Ageing and longevity

- Increased frailty
- Osteoporosis/necrosis/arthritis
- Brain function – memory, planning
- Palliative care

Changing support needs

3. Comorbidities

Hep C and Hep B – need for treatment
Cancers (HIV-related and non-HIV)
'Metabolic syndrome'

Changing support needs

4. Mental Health/Alcohol and other drugs
5. Social isolation – social inclusion
(often related to 1-4)

Changing support needs

6. Cultural diversity

Changing support needs

- Moving forward – pregnancy, childbirth

What's to come?

- Treatments starting earlier?
- Immune reconstitution inflammatory syndrome now recognised ('IRIS')
- Chronic immune activation effects
- Vaccines?
- Search for a cure

- 'Pre-exposure prophylaxis'
- Microbicides

Challenges 2011

- **Increasing complexities**
 - mental health issues
 - drug/alcohol
 - intellectual disability/cognitive impairment
 - physical disabilities
 - ageing population
 - living long term with the virus
 - toxicities and interactions
 - homelessness and housing
 - non residents – refugees, 457 visa holders etc
 - increasing death rates amongst client group

Case studies for discussion

Molly

- 17 years old
- Disengaged from services after diagnosis
- Re-presents 3 months pregnant

Case study for discussion

Mrs Vu

- Non English speaking
- Newly diagnosed
- Lives with family, husband negative

Case study for discussion

Jim and Mary

- Middle aged, both newly diagnosed
- Jim also has cardiac disease
- Jim rapidly becomes palliative

Case study for discussion

Ghedi

- 35 year old man from Somalia
- Wife died of HIV-related illness
- 2 young boys

Case study for discussion

Saisha

- 32 year old refugee from Sudan
- 3 children, fleeing family violence
- Diagnosed on antenatal testing 5 years ago
- 6 year old son positive

Case study for discussion

Martin

- 48 year old gay man, diagnosed in 1986
- Resistant virus despite good adherence
- Few treatment options
- Ageing-related problems

Case Study

- Anne and Peter
- Anne 50 years old at diagnosis
- Single mother of adult child.
- Peter 60 years at diagnosis
- Denies MSM
- Father of 2 adult children

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