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**4TH IAS Conference
on HIV Pathogenesis, Treatment & Prevention
Newsmaker Interviews
Sharon Lewin, M.D., Ph.D.
International AIDS Society and
Australian Society for HIV Medicine
July 22, 2007**

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JILL BRADEN BALDERAS: Sharon Lewin, Director of the Infectious Diseases Unit at the Alfred Hospital in Australia and the local the conference co-chair. Thanks for joining us to do. While it's still one of the lowest HIV/AIDS incidences here in Australia in the industrialized world, this country has seen a little bit of a boost of the past few years. Almost doubling really in the past seven years from about 500 cases a year to 1,000. What's working and what's not working in your estimation here in Australia.

SHARON LEWIN, M.D., PH.D.: It's an excellent question and many of us are struggling to understand the rising numbers of infections. There are a few things that we do know, that the new infections are predominately in gay men, usually in youngish gay men in the 30-to-40-year-old age group. The increasing infections don't seem to be occurring across the country uniformly. So we're seeing increasing infections in some states, the state that I work in Victoria, as well as Queensland, but not in New South Whales. So we're sort of trying to examine why that's happening and some of the thoughts related to education and prevention campaigns and perhaps an acceptance that we've seen globally and increasing rise of unsafe sexual practice that we're seeing in other industrialized nations may be precipitating these new

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infections. That's happening in some states and not in others. We're not sure. New South Wales did have a very large targeted campaign towards gay men regarding prevention several years ago and some people think that may be one factor.

We're also seeing an increase in the number of sexually transmitted infections within the gay community, syphilis, gonorrhea, herpes simplex. That's seen across the country and that might be fueling transmission.

What are we doing that works? We know one key thing that we're doing that works is minimizing infections in the injection drug using community. So from a very early stage in the mid-'80s in Australia we've always had access to needle exchange programs and therefore our prevalence in injecting drug users remains at extremely low levels. It's always been lower and continues to stay lower. So we're doing that well.

We have to manage at source of transmission; globally of course, these mother to child transmissions and that is very infrequent in a country like Australia.

So our big challenges are understanding the epidemic still in gay men and why that's happening. And many of the state governments as well as the federal government are now increasing studies really to understand why. And some of the studies that we probably need to do are understanding sexual behavior and risk taking behavior better in that community.

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JILL BRADEN BALDERAS: What about in the indigenous population here in Australia, what's the state of HIV there?

SHARON LEWIN, M.D., PH.D.: We're luckily had very, very low rates of HIV infection in the indigenous population. We've worked quite hard at maintaining that. Within the indigenous population there's very high rates of sexually transmitted infections, again, generally gonorrhea and syphilis. And as you know that's a fuel for transmission for HIV. So we've been watching those communities very closely and to date we haven't had any sign of increasing numbers of HIV but we do recognize these are a vulnerable group that needs to be watched specifically.

JILL BRADEN BALDERAS: Now you are also the President of the Australasian Society for HIV Medicine. What are your goals in this role?

SHARON LEWIN, M.D., PH.D.: So the Australasian Society for HIV Medicine is the peak organization for health professionals that work in HIV. We have over 1,000 members and our membership includes physicians, allied health, pharmaceutical industry, and our basic scientists. And our goals are multiple, but one of the key goals that we have is education and maintaining professional standards amongst practitioners that work in HIV. And we have a very extensive education program for all levels in the health care,

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predominately focusing on primary care, family physicians or what we call general practitioners in Australia. As well as high case load GP, general practitioners that see a lot of HIV. Those general practitioners tend to be concentrated in the urban centers, particularly in Sydney and in Melbourne. And we have a range of educational resources. We also specifically train doctors such as general practitioners or family physicians in the credentialing for prescribing antiretroviral treatment, to know how to prescribe antiretroviral treatment. In a country like Australia you either require specialist qualifications or some credentialing and we largely supervise that credentialing across Australia. More recently we've been trying to expand those programs to target other health professionals because we believe that doctors alone may not be sufficient people with HIV so we've also increased education to nurses and other allied health professionals.

More recently we've had an interest in the region. So Australia is a very wealthy country with an excellent health care system and a long history of research and excellent care in HIV. And we're sitting within a region that has growing rates of HIV, particularly to the north, actually Guinea throughout Southeast Asia, sending across to India. So we've been very actively trying to pursue or grow our international health programs. We've most recently, in fact at this meeting,

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signed a memorandum of understanding with the Indonesian medical association. We've been doing a lot of work together with the Indonesian Medical Association, again largely on education with regard to antiretroviral use. And that was the first MOU that we have signed with a country within the Asia Pacific region. We're also expanding our activities in countries such Papua New Guinea and in Cambodia and we're very excited to host a delegations of leaders from Papua New Guinea and provide what we've called a leadership program for a number of physicians from Papua New Guinea who have been in Australia with us for the past five weeks and now attending this conference.

JILL BRADEN BALDERAS: And with all of the countries that are represented here at this conference, what do you hope that they can take home with them and learn from Australia and then also the work that you're doing in the Asia Pacific region.

SHARON LEWIN, M.D., PH.D.: I think one of the key reasons why the HIV epidemic has been managed very well in a country like Australia is as a consequence of what we call the partnership or a partnership between government, practitioners, and the effected community. And at all levels decisions are made with all major partners at the table so decisions on licensing antiretroviral agents, decisions on research

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priorities, decisions on funding or reimbursement for investigations are largely done in that framework and I think that's been very, very useful. That approach was laid down in the early '80s when there was very good communications between the practitioners and the effected community. So we hope that other neighboring countries have adopted those similar practices. We've also been very strong proponents of evidence based care and credentialing in prescribing antiretrovirals that they used appropriately. I think nationally there's been a strong priority on research, from basic research through the clinical research prevention and social research. And very early in the epidemic a number of national centers were established which actually provided dedicated funding towards those major areas: basic science, clinical research, and social research. That's a lot of framework to nurture a whole generation of researchers in Australia which I think has led to a successful outcome.

JILL BRADEN BALDERAS: Now at the opening a session you made a plug for women, women's issues as we fight this epidemic. To you what are some of the most important issues that need to be addressed to look at women? You specifically said women and global HIV research but there's also a lot of other issues too, so what are some of the most important issues for you?

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SHARON LEWIN, M.D., PH.D.: Some of the issues that I see are participation of women in clinical trials. Currently most of our clinical trials for licensing new drugs or even using new strategies for treatment have largely been in the developed world or in countries where it predominately occurs in men and so therefore women have been under-represented in clinical trials. I think we need to be mindful of that and increase participation of them in clinical trials. I think this also would have helped by increasing the number of women in every research. So at the IAS we make every effort to get geographical representation from all of our speakers as well as gender equality. I think if we looked at the numbers there would be many more men presenting at this session than women. And participation of women in leadership positions in research will hopefully benefit the participation of women in the clinical trials.

JILL BRADEN BALDERAS: You're certainly representing women well in that arena so thank you. Also in the opening session you said that no aspect of HIV management should be without research and out of this conference there's been a call to strengthen and funding for research through this Sydney Declaration. Why was it important to issue this declaration?

SHARON LEWIN, M.D., PH.D.: Because the Sydney Declaration was issued from the organizers of this conference.

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It was published in the *Lancet*, one of the lead medical journals based in the UK. And what it calls for is research in the setting of increasing access to treatment globally. So we're seeing a tremendous increase in a number of individuals globally that can now access antiretroviral treatment and many, many countries that are doing that very, very well. But what we believe is that implementation of antiretroviral in developing countries needs evaluation and we need to make sure that it's working in that setting in the same ways that it may have worked in a developed country setting. Therefore we need to evaluate what we're doing. When we say research although we our claim to build capacity research in all areas throughout the world we really primarily mean operational research which means evaluating what we're doing, making sure it works, and making sure there aren't specific needs in that country that should change the way we do things. If we don't do that then we may be investing a lot of money in programs that we don't even know work well. That was the precipitant.

JILL BRADEN BALDERAS: And last question in your view what would make this conference a success. Well we think just the representation of so many countries here the visibility of Australian research has been really important for us, increasing collaborations and networks between researchers, but

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also particularly between countries that are resource poor and resource rich, that would really make it a success.

JILL BRADEN BALDERAS: Sharon Lewin thank you so much for joining us today.

SHARON LEWIN, M.D., PH.D.: Thank you.

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