

PositiveLifeNSW

the voice of people with HIV since 1988

Stephanie McLean
Senior Project Officer (Professional Education Division)
ASHM

Friday, 20 May 2011

Dear Stephanie,

I am writing to provide feedback from Positive Life NSW on the draft 2011 National HIV Testing Policy and Support Document. Positive Life has provided feedback on the previous draft.

We strongly support the submissions and views of AFAO and NAPWA to this process.

We support option 2, an option which allows for the provision of point of care HIV testing by appropriately trained non clinical workers, with the support of clinicians and accredited pathology providers.

Option 2 recognises that, in vulnerable communities including IDU, Aboriginal and gay men, access to testing in non traditional settings or using non traditional methods, may be the trigger to encourage those who do not test or do not test enough, to take the steps that may lead to a more timely diagnosis. There are strong health benefits for these people with HIV, for their partners and the broader community.

Our final point relates to the importance of an improved, more responsive HIV testing policy in reducing barriers to testing, and the implications of this for people with undiagnosed HIV. We suggest that this objective is sufficiently significant to be a principle of the policy.

Increasing research evidence strengthens the need to reduce the time between seroconversion and diagnosis. The long term health impacts of late diagnosis continue to emerge in greater detail. CD4 levels considered "late" are changing on the basis of this. Additionally, it seems clear from epidemiology that late diagnosis is as much of a concern for Australian born gay men as it is for CALD and Aboriginal gay men and heterosexual men and women.

Addressing these factors means making HIV testing more convenient and less confronting. It also means ensuring that skilled and empathetic staff provide a negative or a positive result sensitively and carefully. Point of care testing, community based settings and support for lower diagnosing GPs all play a part in this, as does targeted HIV testing promotion to address the full range of risk factors.

Thank you for the opportunity to comment. Congratulations on both the process of development and of consultation.

Yours sincerely,

Rob Lake

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