

THE ROLE OF THE NSW HIV PARTNERSHIP NETWORK IN OUR RESPONSE TO MPOX



How the existing HIV partnership network enabled us to work together to respond to mpox (monkeypox) rapidly and effectively in NSW.

Since May 2022, there has been a global increase in mpox (monkeypox) infections in multiple countries where the illness is not usually seen. The 2022-23 outbreak has been unique in that infections were almost exclusively diagnosed among gay, bisexual and other men who have sex with men, and transmitted through sexual contact and other similarly close contact.

The outbreak reached Australia on 20 May 2022, with the first cases reported in NSW and Victoria.¹ To date there have been over 140 confirmed cases in Australia, with 59 confirmed cases in NSW.²

While the number of mpox cases has remained relatively low, when the first cases were initially identified in Australia, there was concern that there could be similar increases among gay and bisexual men in NSW as were being observed in North America and Europe. On 28 July 2022, the Australian Government Chief Medical Officer declared mpox a Communicable Disease Incident of National Significance.³

This paper will show that the network of existing partnerships between HIV community organisations such as ACON, governments, health professionals, researchers, and HIV-affected communities – formed and strengthened over many years – enabled us to work together to respond to mpox rapidly and effectively in NSW. As we now know, the substantial increases in mpox cases did not eventuate in NSW and this is testament to the strength of our public health infrastructure in NSW and the well-established HIV partnership network.

This paper will highlight:

- the strength of our existing HIV partnership network in NSW.
- the importance of a strong HIV partnership network in responding to emerging public health issues impacting HIV-affected communities, such as mpox.
- the key elements and features of community-based responses to HIV which were adopted to effectively respond to mpox.
- the role of community organisations in quickly and effectively mobilising communities to take control of their health, and the specific activities undertaken by ACON and our partners.

The NSW HIV Partnership

The response to HIV in NSW has been characterised by a partnership model, which is credited with NSW's success in responding effectively to the epidemic. This response, which was pioneered in Australia and has been lauded internationally, has been characterised by innovation, agility and partnership between governments, clinicians, epidemiological and social researchers, and community organisations, working together to understand and respond to HIV.^{4,5} It has been a key feature of the response since the early days of the HIV epidemic in NSW and continues to this day.

Very soon after the emergence of HIV in NSW, links between governments, community organisations, affected communities, clinicians and researchers were established.⁶ The federal and NSW Governments invested in peer education and community development programs for gay and bisexual men, people who inject drugs and sex workers, including the distribution of condoms and injecting equipment. The early success of the response to HIV in NSW is widely attributed to these investments. Many jurisdictions overseas did not leverage partnerships in the same way that we did in Australia and as a result were far less successful in responding to HIV.^{7,8}

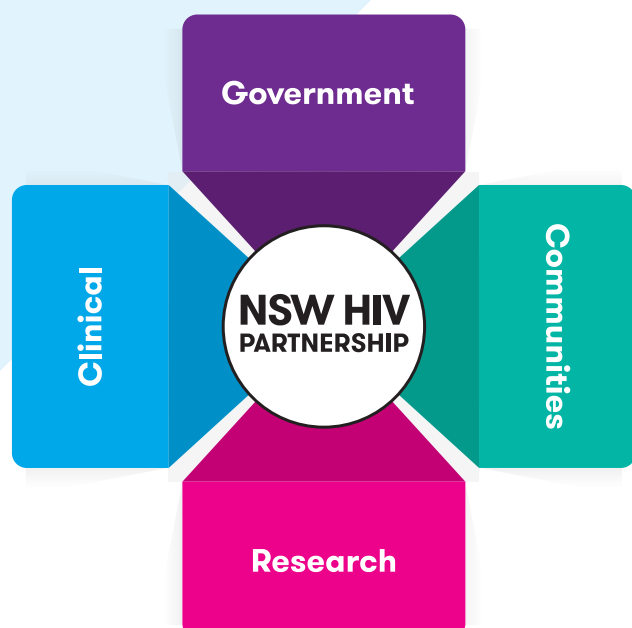


Figure 1: The NSW HIV Partnership



The strong partnership in NSW meant key stakeholders were engaged with the community, informed about epidemiological trends and behaviours and provided with the right tools and resources, with all players in the partnership having a critical role in effectively responding to HIV.⁹

While all partners in the HIV response play a critical and unique role, community organisations such as ACON play a distinct role in the overall response because they provide the link into communities affected by HIV. ACON's links to, and embeddedness within affected communities, means that other partners can remain informed about behavioural trends, community attitudes, and the acceptability of initiatives and programs.^{10,11}

The emergence of mpox in 2022 and the subsequent response highlights the importance of the HIV partnership network and previous investments in communities in mobilising to respond to an outbreak primarily impacting HIV-affected communities, and the role of community organisations within that response.

Community-based Responses

Research has shown that HIV community organisations, such as ACON, have been critical to the success of Australia's HIV response.¹² Through the strong partnership network, community organisations such as ours are uniquely placed to communicate important health messages in ways that are culturally appropriate and community-embedded.

The emergence of mpox in NSW and our response showcases both the ability of the HIV partnership network to shift focus to mpox as required, as well as ACON's expertise in communicating important and sensitive health messages to our communities in a culturally tailored and relevant way.

Throughout the mpox outbreak we witnessed how the specific elements that characterised the community-based HIV responses were apparent in our response to mpox too, including:

- responsiveness to the evolving needs of the community.
- responses initiated, designed, and implemented by the community.
- enacted through partnership with mainstream organisations.
- and dependent on community for authority.¹³

ACON is well placed to undertake this work because we possess unique features that allow us to deliver trusted, relevant, and effective services and programs to our communities. These unique features, shared with other HIV community-based organisations, include:

- being embedded within our communities, facilitating a deep understanding of contemporary issues and effective solutions.
- the ability to identify and address behavioural changes ahead of other health organisations.
- the possession of highly specialised knowledge of our communities, which informs successful service delivery.
- high credibility with mainstream service providers, government agencies, researchers, and other stakeholders due to our authority within affected communities.
- having existing peer-led and community-based clinical services, that have built trust with HIV-affected communities over many years.^{14,15}

Importantly, we also actively engage the community in the development, implementation, and evaluation of public health responses. This collaborative approach ensures that campaigns and services remain relevant, effective, and acceptable to the targeted communities.¹⁶

ACON's existing clinical services, such as a[TEST], have been shown to be extremely effective in engaging gay and bisexual men in HIV and STI testing and demonstrate that, where services use peers, an immediate sense of trust is established, enabling the ability to ask questions and convey concerns.¹⁷ Embedding peers in clinical services has added considerable value in our response to HIV.

Deep community engagement and co-design is a cornerstone of ACON's work. With the emergence of the mpox, these same approaches were used in our response.



Response to Mpox

Significant outbreaks of mpox were successfully prevented through the prompt actions of the NSW Ministry of Health, ACON and the HIV partnership, including through community messaging, the vaccine rollout and research.

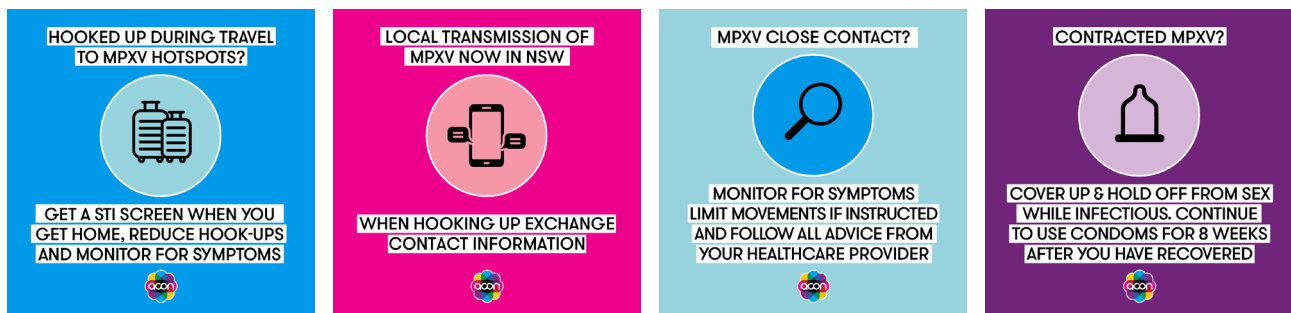


Figure 2: ACON Mpox Community Messaging

Community Messaging

Initially, the Ministry of Health and ACON worked together to ensure that gay and bisexual men understood the significance of the emerging situation and responded by adapting their behaviour to protect themselves, their partners and the community. These risk reduction strategies included reducing numbers of sexual partners and exchanging contact information with sexual partners (strategies that were also encouraged by ACON and partners during COVID-19 outbreaks in NSW).

Because we are part of the communities we serve, ACON has built trust and credibility with our communities, placing us in a position where crisis communication may be received and acted upon. Effective crisis communication empowers community members to understand, trust and act upon health and other advice. It is founded on trust, confidence, and credibility built long before, during and after crises occur.¹⁸ The way in which NSW has embedded community organisations in the response to HIV with great success meant this trust was already established and could be leveraged with the emergence of mpox.

When mpox first reached NSW in May 2022, ACON, in consultation with the Ministry of Health and other HIV sector partners, delivered a suite of communication activities designed to inform affected communities about mpox. These activities included:

- Digital campaigns delivered through culturally relevant platforms including social media, dating and hook-up apps and LGBTQ online news and media outlets.

- Dedicated webpages with information about mpox including transmission, risk reduction and important information about vaccinations.
- Media releases and updates from trusted ACON leaders.
- Public community forums to provide information on mpox, allowing for targeted messaging to community based on local epidemiology and build confidence in the vaccine and testing.
- Forums for target populations, including bi+ community members in collaboration with Sydney Bi+ Network.
- Partnership work with sex on-premises venues (SOPVs), providing critical information, education, and support.
- In the lead up to Sydney World Pride, ACON developed targeted campaigns encouraging revellers to get vaccinated and to stay at home if they contract mpox.

ACON also received funding from the Australian Government Department of Health to deliver messaging nationally through our Emen8 platform. Emen8 is an established and well-recognised sexual health promotion initiative for gay and bisexual men across Australia. The Emen8 mpox campaign was delivered through social media platforms and online hook up apps and included information about mpox symptoms, vaccination, and risk reduction strategies. The campaign resulted in over 250,000 visits to the Emen8 website, where gay and bisexual men received accurate and up-to-date information about mpox.

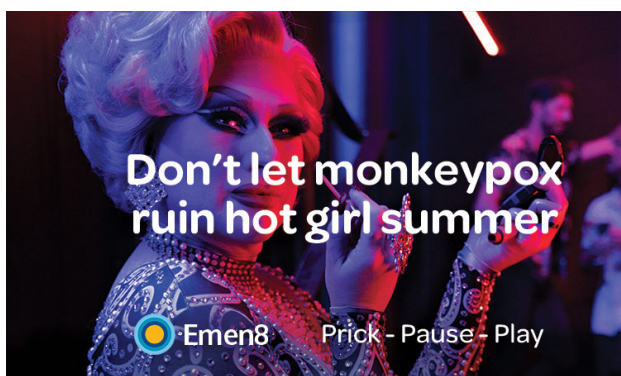
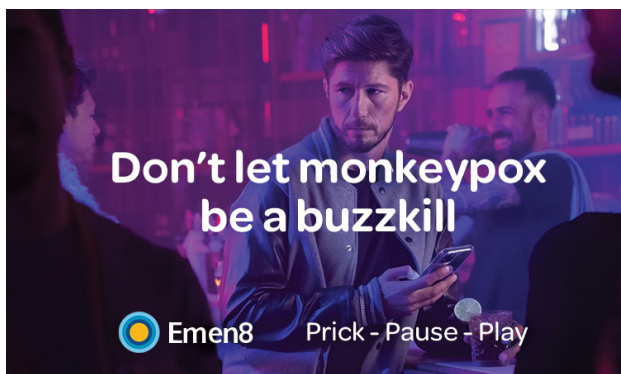
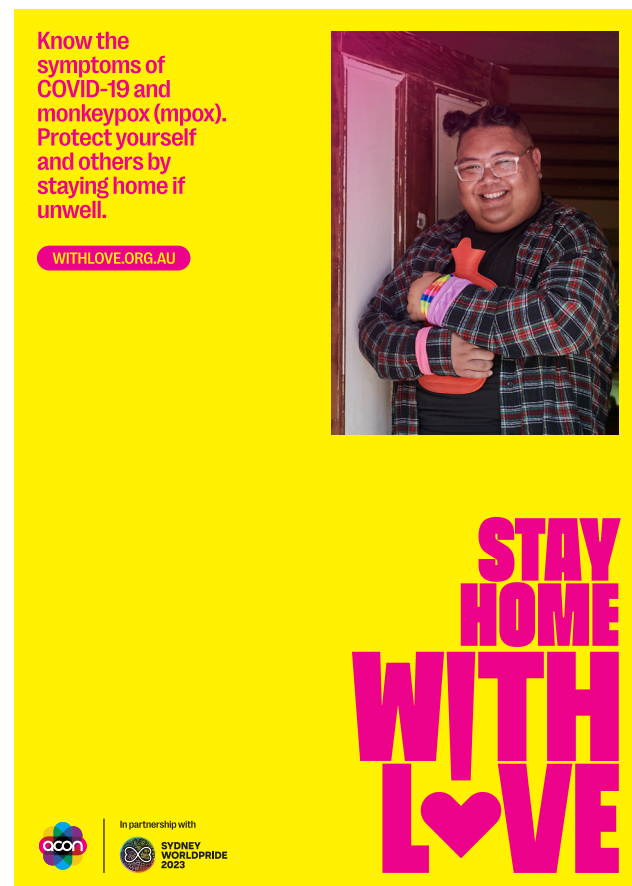


Figure 3: (Above) Emen8 Community Messaging

Figure 4: (Right) ACON World Pride COVID-19 and Mpox Messaging



The situation was further complicated by the Sydney World Pride (SWP) festival, in which hundreds of thousands of international visitors were expected to attend festivities. ACON and our partners responded by ramping up mpox health promotion communications in the lead up to SWP; expanding vaccination eligibility regardless of Medicare status; making vaccines available to international visitors; creating vaccination pop ups at SWP events such as Fair Day and at locations frequented by gay and bisexual men; and continuing to push out messaging throughout the festival to remind people to stay at home if they felt unwell or developed symptoms.

Vaccine Rollout

The JYNNEOS vaccine was also rapidly distributed, benefiting from the established partnership between agile clinical and community partners. Although vaccine supply was limited, we drew upon our experience from implementing the EPIC-NSW trial, which prescribed PrEP to participants at high risk of contracting HIV, to implement a targeted approach that prioritised and concentrated on vaccinating those most vulnerable to mpox infection.

The first doses of JYNNEOS arrived in early August 2022. Initially, selected clinics in South East Sydney Local Health District, Sydney Local Health District and general practitioners (GPs) with high caseloads of gay and bisexual patients were provided with a limited number of vaccine doses. Additionally, sexual health clinics in regional and remote NSW were allocated a small amount of vaccine.



Subsequently, the Crown Street Mpox Vaccination Hub was established at the Albion Centre in Surry Hills with operational support provided by ACON. This was followed by mpox vaccination hubs at Mallet Street, Camperdown, Blacktown and St Vincent's Hospital, Darlinghurst, and Wallsend in Newcastle with ACON also providing operational support to these sites.

Due to the global shortages in the JYNNEOS vaccine, ACON was also engaged to ensure a highly targeted enrolment for vaccination with eligibility identified by NSW Health. The target groups included gay and bisexual men who were: living with HIV and who were immunocompromised (CD4 less than 200); travelling to areas of Europe or North America with known mpox outbreaks; sex workers; trans; experiencing homelessness; Aboriginal or Torres Strait Islander; using drugs; identified by s100 prescribers and other sexual health physicians; or contacts of confirmed cases.

The Ministry of Health and ACON drew on our collective experience recruiting for the EPIC-NSW trial. During the rollout of PrEP through EPIC-NSW there was a need to identify those most likely to benefit from PrEP, and a similar approach was taken here, whereby an expression of interest form was developed and promoted across community channels. As more vaccine supply became available and vaccination hubs/locations came online, people on the expression of interest list were contacted. Within the first 48 hours, thousands signed up to express their interest in the vaccine.

As the vaccine rollout progressed, the decision was made to switch to intradermal vaccination in the context of continued limited global vaccine supply, allowing for a greater number of vaccinations to be administered. This required additional training and community messaging to explain these changes.

ACON provided trained peers from our a[TEST] service to ensure that those receiving the vaccine felt comfortable accessing services. There was an acknowledgement early on that mpox presented the potential to further stigmatise gay and bisexual men and it was important that those receiving the vaccine felt safe doing so.

As well as this, affected communities were providing highly sensitive information relating to their HIV status, sexual practices and partner numbers. It was important that this information was handled sensitively to ensure communities were not further stigmatised or discriminated against. ACON peers ensured that those attending were supported, were able to disclose relevant information and that questions could be answered accurately and sensitively.

Research

When mpox first arrived in Australia, there was uncertainty about modes of transmission as well as the impact that the outbreak would have on affected communities both in terms of their physical health, as well as the impact of stigma and discrimination due to a mpox diagnoses.

Researchers working within the HIV partnership network recognised that there was a need to better understand the impact of the outbreak on affected communities.

Key research partners in the HIV response from the Kirby Institute and the Centre for Social Research in Health developed research projects relating to mpox, or amended existing research projects to better understand the impact of mpox on HIV-affected communities.

ACON provided support with recruitment as well as ethical guidance to ensure that mpox research projects are of the greatest benefit to our communities. ACON's Research Ethics Review Committee was involved with reviewing projects in relation to language, indicators and research questions, and the potential benefits and risks to participants. This ensured that HIV affected communities were mobilised and empowered to participate in research that improves knowledge and understanding of mpox.

The findings of these projects are yet to be published, however the insights they have generated will assist with better responding to future outbreaks of mpox or similar infections.

Conclusion

The response to HIV in NSW has been characterised by a partnership model between community organisations such as ACON, governments, health professionals, researchers and HIV affected communities. This model has been credited with NSW's success in responding effectively to the epidemic.

The response to the mpox outbreak demonstrates the strong relationship between these partners, the ability to pivot to address emerging health issues impacting HIV affected communities, and our success in communicating effectively to our communities.



We would like to thank the NSW Ministry of Health for providing additional resources to allow ACON to respond to mpox, and to the Commonwealth Department of Health for allowing community messaging on mpox to be developed through Emne8.

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