Queensland has seen a dramatic spike in HIV notifications, with 93 people diagnosed this year, up 34 per cent on the same period 12 months ago.

Dr Andrew Redmond from HIV Foundation Queensland says the statistics are alarming.
"It's only provisional figures at this stage and we will have more reliable data by the end of the year," he said.

"Why we're getting more positives now it's hard to know.
"We're really trying to test people who are of high risk of HIV, and it's certainly possible that if we're going to test people of high risk, we're going to get more positive tests or it might be the rates are just really going up.
"It's very difficult to know."

Last year, Queensland was the first state to roll out free rapid HIV tests, where a person knows their HIV status within 30 minutes.

Dr Redmond says the vast majority of new HIV notifications are among Australian-born men who have sex with other men.

The Queensland AIDS Council is also concerned about the latest hike in notifications and says it could be the result of increased testing.

But spokesman John Mikelsons says the safe sex message is no longer effective.
"Gay men have been bombarded with the stay safe message about condoms and safe sex for years," he said.
"The message and the way it's delivered needs constant refreshing so it's meaningful to them in a way that doesn't blame gay men for the increase.
"It also needs to talk in a way which is going to resonate with gay men."
Testing and early treatment considered crucial
Nine per cent of all gay men in Queensland are HIV positive.
Queensland's HIV rate has doubled in the past decade, with three quarters of those
diagnosed being men who sleep with other men.
Mr Mikelsons says an increasing number of men are reporting not using condoms with
casual partners.
Testing and early treatment are considered crucial as treatments can ensure better health
outcomes and dramatically reduce the risk of passing on the virus.
"There's trials in Australia of a treatment which is already available in the US. It's a pre-
exposure prophylaxis," Mr Mikelsons said.
"It’s a once-a-day pill that significantly reduces your risk of contracting HIV down to almost
zero. It should be available in Australia soon."
The HIV foundation says $1.69 million has been budgeted for the END HIV campaign in
Queensland this year.
It is a three-year project focused on HIV education, awareness, stigma, testing treatment
and prevention.
1. Vocab

<table>
<thead>
<tr>
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<tr>
<td>spike</td>
<td>up 34 per cent</td>
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<td>provisional</td>
<td>to roll out</td>
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<tr>
<td>vast majority</td>
<td>hike in</td>
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<td>bombarded with (messages about)</td>
<td>resonate with</td>
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<tr>
<td>pre-exposure</td>
<td>once-a-day pill</td>
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<td>stigma</td>
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Notice this
"There's trials... Should be 'There are trials' - this is common but incorrect.

<table>
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<th>Did you notice?</th>
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<tbody>
<tr>
<td>There are a few expressions in Text 1 which mean 'increase in'</td>
</tr>
<tr>
<td>spike, hike in, up (34%)</td>
</tr>
<tr>
<td>Others are:</td>
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<tr>
<td>rise in, surge in, increase in, ballooning of</td>
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2. Summarise the article. What are the main points?

1. dramatic

2. unsure

3. Qld

4. safe sex message

5. testing and early treatment

Text 2: HypeWatch: CDC Not Swapping Condoms for Pills

By Michael Smith, North American Correspondent, MedPage Today
Published: May 15, 2014
from http://www.medpagetoday.com/HIVAIDS/HIVAIDS/45794

The notion of using anti-HIV drugs, specifically Truvada, to prevent people from catching the virus - so-called pre-exposure prophylaxis, or PrEP - has been around and under study for several years.

Evidence has slowly mounted that the idea works and as the various studies have reported, the CDC has routinely issued guidance on the issue.
In fact, the CDC has been recommending PrEP - admittedly in a piecemeal fashion - since the first positive trial results started coming out. "There's nothing really new here," according to Joel Gallant, MD, chair of the HIV Medicine Association and a physician at the Southwest CARE Center in Santa Fe.

What's important about the guidelines is that they codify all of that past advice and might help overcome any lingering reluctance to prescribe PrEP, Gallant told MedPage Today. Many doctors, he said, might have been reluctant to prescribe PrEP because they fear it would be as complicated as full-scale HIV treatment.

In fact, he said, "once you've decided to start PrEP, the process is far easier than it is to treat someone with HIV ... you follow the steps they talk about in the guidelines, and there's not a lot of areas where you need great deal of expertise."

But do the guidelines signal a shift?
In particular, as the Times article suggests, do they signal a change in the long-time emphasis on safe sex, especially condom use?
Well, the guidelines are pretty clear on the issue. PrEP is one option, to be delivered in conjunction with counseling on safe sex and advice to use other prevention methods and only for people at "substantial risk" of acquiring HIV.
All of the studies, in fact, used PrEP along with condoms, counseling, and STD treatment. It's in that context that the guidelines recommend PrEP.

David Hardy, MD, clinical professor of medicine, David Geffen School of Medicine, UCLA, says flatly that PrEP is not a substitute for condoms. It should be used, he told me, in addition to condoms and other prevention methods.
"In none of the studies," he said, "was PrEP the only factor."
On the other hand, many people - especially in the PrEP target groups - don't like to or can't use condoms. And in that case, Hardy said, PrEP would be better than nothing.

Both he and Gallant noted that PrEP is mainly aimed at people with what might be delicately called disordered lifestyles. They are young inner-city black men who have sex with men.
They are injection drug users. They are heterosexuals with multiple partners who can't or won't insist on using condoms.

Most rarely see a doctor and are not being reached by all the current public health messages about safer sex. Indeed, many have never heard of PrEP.

"Let's face it, people are already not using condoms," Gallant said, but would like a way to have protected sex, and from the HIV standpoint "PrEP is protected sex." (It's nothing of the sort, of course, from the standpoint of other STDs.)

PrEP isn't likely to change the behavior of people who are using condoms now, Gallant said, but it might help prevent infections among those who aren't - assuming they hear about it and get into care.

In that case, Hardy noted, they'd be showing up every 3 months, being counseled about safer sex, offered condoms, having STDs treated. "That would be a good thing."

The "shift" -- if there is one -- would be to get more of those people into care.

* CDC = Centers for Disease Control and Prevention (US organisation)

Questions:

1. PrEP means

2. Dr Joel Gallant suggests that the CDC guidelines have the effect of....

3. Is PrEP the same as HIV treatment? Why or Why not?

4. What are the recommended ways to tackle HIV?
   (a) PrEP - medical prophylaxis
   (b)
   (c)
   (d)

5. Who are the 'disordered lifestyles' group of HIV patients who would especially benefit from PrEP?
   (a)
   (b)
6. What does condom use help protect men from?
(a)
(b)

Take notes about this text in the box after the text.

Text 3: Truvada

This product is used with other HIV medications to help control HIV infection. It helps to decrease the amount of HIV in your body so your immune system can work better. This lowers your chance of getting HIV complications (such as new infections, cancer) and improves your quality of life. This product is a combination of two different drugs: emtricitabine and tenofovir. Emtricitabine is called a nucleoside reverse transcriptase inhibitor, while tenofovir is called a nucleotide reverse transcriptase inhibitor. They are often called NRTIs.

This product should not be used by itself to help control HIV infection. Doing so can make your treatment less effective. Combination treatment with at least one other HIV medication should be used.

This product is also approved in the US to help prevent HIV infection in people who have a high risk for infection. Some things that increase risk include having a partner infected with HIV, having unprotected sex, having multiple sex partners, infection with a sexually transmitted disease-STD, or use/abuse of drugs or alcohol.

Emtricitabine/tenofovir is not a cure for HIV infection. Also, it will not always prevent HIV infection.

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<td>Used</td>
<td>* in combination with</td>
</tr>
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<td></td>
<td>*</td>
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<td></td>
<td>* improve qual. of life</td>
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An alarming increase in HIV diagnoses has neither been confirmed nor explained. It is possible that increased testing of people at a high risk of HIV using free, rapid HIV tests may have resulted in more positive results.

The majority of HIV diagnoses are in men who sleep with other men. Of great concern are reports that few use condoms during casual encounters. There is also concern that the safe sex message is no longer effective and that gay men view the health warnings as irrelevant.

The therapeutic model for HIV therapy is testing and early treatment. The latest pharmacological therapy is the use of PrEP or pre-exposure prophylaxis treatment. The treatment consists of taking a single tablet containing two HIV medications. It is essential that drug therapy is prescribed in conjunction with safe sex counselling, advice on prevention methods and treatment for sexually transmitted diseases (STDs).