TIMOR-LESTE: FIGHTING TUBERCULOSIS

HIV IN THE BRAIN

THANK YOU: YOUR GIFTS ARE MAKING A BIG IMPACT
DIRECTOR’S REPORT

Welcome to the summer issue of IMPACT. Between the ages of 15–24 is a remarkably risky time of life. Because of this, an important area of our work is focused on communicating health promotion messages to young people; especially in the areas of HIV prevention, sexual health, alcohol use, and the prevention of harm relating to drug use. How best to get these messages across to the tech-savy youth of today in an era of communications clutter is no easy task. Our Centre for Population Health has implemented a number of world-first studies using SMS technology to engage with young people and has revealed some interesting data on how to achieve cut through in communication and resultant behaviour change. This fascinating work shows that we need to be creative in our approach to health prevention, ensuring we use relevant and effective methods of communication for the target groups most at risk.

Tuberculosis (TB) continues to be of major concern to health professionals and researchers alike. A rise in the numbers of cases globally and the development of multiple drug-resistant strains means more than ever we need to make sure we have the tools necessary to combat this re-emerging infectious disease. Our end-of-year appeal is focused on this major global health challenge, and we hope with your support, to be able to progress our research and public health activity in helping to reduce its impact. As with TB, malaria is also fast becoming resistant to the last of the drugs available on the market. The development of new treatment and prevention strategies are a major focus of the Institute’s work and we highlight some of this work on both these major health challenges in this issue.

I would like to express my sincere thanks to many of you who have supported the Institute’s research and public health programs during the year. Your support has been instrumental in the purchase of our new super resolution microscope, the roll out of our HIV VISITECT® CD4 rapid point-of-care test for measuring the immune system of people living with HIV, and the support of many of our research programs. Without this support we are unable to undertake many of these new initiatives. Your continued support is really critical to the Institute’s future.

On behalf of the board, staff and students of the Institute, I would like to take this opportunity to wish you and your family a happy, healthy and safe festive season and I look forward to providing you with further updates in the New Year.

Best wishes,

Professor Brendan Crabb,
Director and CEO

Burnet Institute is an Australian not-for-profit, unaligned and independent organisation whose purpose is to improve the health of disadvantaged, poor or otherwise vulnerable people throughout the world.
THANK YOU!
TECHNOLOGY TO CHANGE THE WORLD APPEAL

We’re thrilled to report that we have reached our target of $240,000 from more than 600 kind supporters. This is all thanks to the incredible generosity of people like you! Together we’re making a real difference in the lives of people living with HIV.

Your donations allow us to put our groundbreaking HIV VISITECT® CD4 point-of-care test through its paces by conducting clinical trials in Papua New Guinea. This is an essential step that opens the way to supply the test to communities across the developing world and save millions of lives. Thank you!

The support you have given to our Healthy Mothers, Healthy Babies program has been magnificent!

When we told you the compelling story of maternal health in Papua New Guinea you responded with compassion. Because of you we are able to reduce the numbers of women and children who die during or after childbirth.

Thanks to your big-hearted gifts, our work has begun.

Currently, women in PNG have an 80-100 times greater chance of dying during childbirth than a woman in Australia. Our Healthy Mothers, Healthy Babies program aims to identify the most effective ways of improving survival rates.

Since launching in December last year, we have received over $1 million but there is still so much more to be done to reach our $5 million target.

We need you. We welcome your support. To discuss any aspect of this program please call Paul Rathbone on +61 3 9282 2113.
PHILANTHROPY IN ACTION

CELEBRATING MILESTONES IN HIV RESEARCH

It was fantastic to see so many of you at our recent Towards a Cure for HIV events. It’s important to us to share with you the progress of our work and keep you up-to-date with how your gifts are being spent.

Our research into HIV and AIDS is recognised internationally as innovative and progressive and accounts for almost 60 per cent of our research and public health activities.

Keynote speaker Professor Sharon Lewin, Co-Head of Burnet Institute’s Centre for Biomedical Research, spoke of the significant progress being made on finding a cure for HIV.

Professor Lewin said that this year marks 30 years since HIV was actually discovered. Over this time we’ve made huge progress in understanding the virus and in the development of treatments that keep people living longer and healthier lives.

Now we’re very much focused on finding a cure and making significant headway in this area. Burnet HIV Ambassador, elite athlete and mother of two, Deanna Blegg, who is living with HIV, inspired us as she spoke about her life journey. Spokesperson John Manwaring, who is also living with HIV, also passionately told us of the impact HIV has had on his life.

While the response to the HIV epidemic has been swift in Australia, we still have a long way to go! There is an amazing amount of progress being made, much of this as a result of your support.

You can join us in the quest to find a cure. For more information on how you can support our HIV programs please contact Jason Smith on +61 3 8506 2401.

Travel awards benefit young researchers

We’d like to give our sincere thanks to The Ian Potter Foundation, CASS Foundation, the Hon Geoffrey Conard Foundation and the Harold Mitchell Foundation for generously providing travel support to some of our young up and coming researchers.

Providing opportunities for young researchers to present their research findings at international conferences is a critical component in the transfer of knowledge and the ongoing advancement of our research programs.

Regrettably, funding is an issue far too often. Many young researchers miss out on this opportunity for career development.

Fortunately, we have the benefit of a number of donors who see the value of providing funds for travel fellowships.

Travel fellowships range in value, but assistance of $1,500 to $5,000 can make a huge difference in progressing research programs and the careers of our younger scientists.

You can get involved. For more information on how to fund a travel fellowship and possible naming rights, please contact Paul Rathbone on +61 3 9282 2113.

< One of our many talented young scientists, Sushama Telwatte.
PHILANTHROPY IN ACTION

An extraordinary legacy keeps on giving

For much of his life Jim Beever was a committed supporter of Burnet Institute. In a loving tribute to his wife, Jim generously left an extraordinary legacy to Burnet – a gift in his Will.

Through his bequest, the Jim and Margaret Beever Fellowship was established. The fellowship will be awarded in perpetuity to outstanding early career researchers at Burnet Institute and will help retain and develop the talents of our most brilliant young scientists.

Dr Emma McBryde has been awarded the inaugural fellowship. Dr McBryde is Head of Modelling and Biostatistics at Burnet and is based in the Centre for Population Health. Her work focuses on hepatitis C transmission in social networks of injecting drug users.

Dr McBryde is also involved with epidemiology work on tuberculosis (TB) in the Asia and Pacific region, and has recently undertaken research into the incidence of multidrug-resistant TB in Papua New Guinea’s Western Province.

The award has created an extraordinary opportunity for Dr McBryde.

“This award has allowed me to focus my research on hepatitis C. I am collaborating with international researchers to tackle hepatitis in countries with higher incidence and lower resources. By understanding disease transmission we can maximise the impact of treatment,” she said.

Just like Jim, you too can leave a lasting legacy to medical research and public health by including a gift to Burnet in your Will.

For further information please call our Planned Giving Manager, Merrilyn Julian, for a confidential discussion on +61 3 8506 2338 or email mjulian@burnet.edu.au

TUBERCULOSIS IS PREVENTABLE, TREATABLE AND CURABLE AND SHOULD NEVER TAKE THE LIFE OF A CHILD.

To support Burnet’s TB program or learn more about the issue:

› Complete the enclosed donation coupon
› Visit burnet.edu.au/support
› Contact Jason Smith on +61 3 8506 2401

THANK YOU!

A DAY IN THE LIFE OF BABY STAN

DIARY NOTES FROM BURNET INSTITUTE’S DR JACK RICHARDS AND DR SUMAN MAJUMDAR

LOCATION: Dili, Timor-Leste
DATE: 15 August 2013
AGE: 10 months old

Baby Stan’s short life has already been filled with medical tests and hospital stays.

Stan’s mum Maria sought medical help when she noticed his tiny neck was swollen and he wasn’t gaining weight.

His doctors are confident that this is tuberculosis (TB) of the lymph glands but do not have a definitive test available in Timor-Leste to confirm the diagnosis.

Stan has been started on TB treatment, and will receive four medicines everyday for the next six months. His prognosis is good.

Join with us to STOP TUBERCULOSIS

Sadly, not every infected child is as lucky as Stan.

Stan is just one of 500,000 children who will become ill with TB this year. The World Health Organization has declared TB a global health emergency. Shockingly, it kills one child every five minutes.

But it doesn’t have to be this way. If we can make diagnosis available and improve treatment we can help stop TB in our lifetime. The human cost of inaction is too great to ignore.

Please support Burnet Institute today.
HIV AND THE BRAIN
Why understanding HIV in the brain will help in the quest for a cure.

HIV, as well as infecting the blood, can invade the brain causing anything from a mild neurocognitive disorder to more severe HIV-associated dementia.

This can mean memory loss, the inability to walk or carry out normal day-to-day functions – life-altering conditions which are difficult enough to manage without the effects of HIV as well.

Since the introduction of antiretroviral therapy, the incidence and severity of HIV-associated dementia and HIV-associated neurocognitive disorders (HAND) have reduced, but the prevalence has risen. Before the availability of antiretrovirals and in countries where the therapy isn’t available, 40 per cent of HIV-positive patients suffered from dementia or HAND.

A recent University of California study showed that 52 per cent of HIV patients on treatment had neuropsychological impairment, 33 per cent had asymptomatic neurocognitive impairment and 14 per cent had more severe dementia or HAND.

Burnet Institute’s Associate Professor Melissa Churchill said even the comparatively milder form of these neurological disorders predict an increased death rate, loss of employment, poor medication adherence and eventual progression to more severe neurological impairment.

“These patients can become confused, forgetful, their behaviour can change, they may experience headaches, trouble with movement and sometimes pain due to nerve damage in the central nervous system (CNS),” Associate Professor Churchill said.

“Neurological complications remain a significant and debilitating clinical issue for HIV-infected patients, whether or not they have access to treatment.”

HIV INFECTION OF THE BRAIN
Associate Professor Churchill and her team, Dr Lachlan Gray and Wan Jung Chen, along with collaborators Professor Paul Gorry and Professor Steve Wesselingh, are determining the way in which HIV enters, replicates and persists in the brain.

Understanding these mechanisms will inform strategies aimed at preventing and treating central nervous system infection and improving patients’ long-term outcomes.

Macrophages and astrocytes are the cells that HIV targets in the brain – while the virus replicates only in macrophages, infection of astrocytes has a significant effect on brain function. Astrocytes are the most abundant cell type in the brain and are responsible for maintaining a regulated environment in the brain (known as homeostasis) and supporting neuronal function.
The infection of these astrocytes was initially thought to be rare, around one to two per cent, but an important finding by the Churchill Laboratory in 2009 showed that up to 20 per cent of astrocytes could be infected.

“This has a significant impact on the brain homeostasis. Dysfunction of astrocytes by HIV is linked to neuronal cell death which can lead to dementia,” Associate Professor Churchill explained.

Work in the Churchill Laboratory has identified an alternative mode of entry by which HIV can enter the astrocytes via vesicles or pits that form on the cell’s surface. The virus can then infect the cell or be passed on via these vesicles to surrounding cells, potentially facilitating the spread of the virus across the central nervous system (see image).

Associate Professor Churchill believes further research of this process may facilitate the development of strategies aimed at preventing infection of the central nervous system.

The Churchill Laboratory has shown that the way the virus infects the central nervous system is distinctly different from how it infects the blood, which suggests the regulation of replication and virus production will also be different in the central nervous system.

“In a study funded by the NHMRC, we found that the regulatory systems that control HIV in the brain differ substantially to those controlling replication in the lymphoid and other tissues,” she said.

“This finding has important implications for strategies designed at controlling and eliminating HIV infection in the CNS.”

HIV IN THE BRAIN: IMPACT ON ERADICATION AND CURE STRATEGIES

The central nervous system represents a significant potential reservoir of HIV because the infection can be extensive and hidden. Little is known about the penetration of antiretrovirals and the immune system doesn’t play a significant role in the brain like in the rest of the body.

“As the well-justified optimism surrounding the possibility of a cure grows around the world, the impact of HIV infection in the CNS on eradication strategies is becoming more and more significant,” Associate Professor Churchill said.

Infection of the central nervous system was identified as a significant barrier to the eradication of HIV as part of the International AIDS Society’s (IAS) Global Strategy on HIV Cure (published in Nature Reviews Immunology 2012), developed by the IAS Global Strategy Committee which included Associate Professor Churchill and Burnet’s Centre for Biomedical Research Co-Head, Professor Sharon Lewin.

In response, the National Institutes of Health (NIH) in the USA have dedicated funds to research aimed at elucidating the infection of the central nervous system impacting eradication and cure.

In April 2013, Associate Professor Churchill, along with Professor Paul Gorry and Professor Lewin, were awarded some of that funding to further investigate the unique regulatory mechanisms that exist within the central nervous system and the impact of these on current cure strategies.

This further complements a Burnet-led NHMRC-funded study aimed at identifying the impact of altered regulatory mechanisms on the effectiveness of HDAC inhibitors, a type of drug used to activate dormant HIV in T cells so the immune system or antiretroviral drugs can eliminate the exposed virus.

“While infection of the CNS impacts the search for a cure for HIV, it must be remembered that a significant number of HIV-positive patients still suffer from debilitating neurological disorders, which although considered milder than it was before antiretroviral treatment, have a significant impact on everyday life,” Associate Professor Churchill reflected.

“It is hoped that a better understanding of HIV infection in the brain will significantly improve outcomes for patients long-term and help in the search for a cure.”

For more information or to support Burnet’s research into HIV in the brain please contact Paul Rathbone on +61 3 9282 2113.
Since Timor-Leste gained independence in 2002, improving the health of the Timorese people has become a priority – but challenges remain, managing tuberculosis (TB) is one of them. According to the World Health Organization, Timor-Leste has the second-highest rate of TB cases in the Asia and Pacific region.

Burnet Institute researcher and infectious diseases physician Dr Jack Richards says across South East Asia the rate is thought to be 189 new cases of TB per 100,000 people each year. “The rate in Timor-Leste is 498 per 100,000 and these numbers are probably underestimates, so there is an urgent need to address the problem,” Dr Richards said.

A further challenge in fighting TB and multidrug-resistant TB (MDR-TB) in Timor-Leste is that there is no capacity for local diagnostic laboratories to grow the TB bacteria. This is an important test for confirming the diagnosis of TB and essential in determining exactly which antibiotics are required for treatment.

“Even in Australia, with all the resources that we have at our fingertips, TB can be extremely difficult to diagnose and often takes weeks to obtain a confirmatory diagnosis from the growth of the TB bacteria,” Dr Richards said.

“Place this problem into remote communities with limited human resources and limited diagnostic facilities, and these problems are amplified. One of the activities we are engaged with is figuring out the best way to use and expand the limited diagnostics in Timor-Leste, in particular, by introducing new technology.”

Limited diagnostic capacity leads to a cascade of problems for patients. Most importantly, slow diagnosis leads to a delay in treatment. Untreated patients lead to ongoing transmission of TB in their communities.

Where to start?

Burnet has recently brought together a team of collaborators to develop a project focusing on preventing TB in Timorese children. These collaborators include the National TB Program in Timor-Leste, the Baro Pite Clinic, the National University, and the Supranational TB Reference Laboratory in Adelaide.

Children often suffer more severe manifestations of TB and can be very difficult to diagnose because they usually can’t cough up a sample that can be used for diagnosis. They may suffer from more widespread TB disease, including TB meningitis, which is difficult to cure.

“They may be left with long-term neurological problems, as if they’d had a stroke. Children are also susceptible to disseminated TB, where it spreads from their lungs to their whole body, which can kill them,” Dr Richards said.
Burnet Institute Deputy-Director and Head of the Diagnostics Development Laboratory, Associate Professor David Anderson and his team are working on an innovative diagnostic test that could diagnose TB with just a drop of blood.

“By continuing to exploit our skills and novel methods with the great TB resources now available through the efforts of FIND (Foundation for Innovative New Diagnostics), the Bill & Melinda Gates Foundation, and the NIH/BEI Resources for biological reagents, we will be able to develop lab-based tests for extensive clinical evaluation over the next couple of years,” Associate Professor Anderson said.

“Our approach for TB is novel, and if this project is successful, it could have a big impact because we are developing a relatively simple biomarker that could form the basis of an inexpensive test, suitable for low-resources countries.”

For more information or to support Burnet’s work on tuberculosis please contact Paul Rathbone on +61 3 9282 2113.

Working together to tackle TB

Dr Suman Majumdar, with Burnet Institute’s Centre for International Health, is an infectious diseases physician with experience in managing drug-resistant TB in high burden areas such as the former Soviet Union, Swaziland and China. He has worked in Timor-Leste and is leading Burnet’s fight against the challenges of TB in the region.

He was part of the organising committee of a successful TB Symposium hosted by Burnet in June 2013, where leading TB experts shared their concerns in a bid to tackle the high burden of TB across Asia and the Pacific.

The symposium addressed the urgent need for a more collaborative response to research and increased donor funding into programs, research and development.

Burnet Institute Director and CEO Professor Brendan Crabb described the event “as close to a watershed of TB awareness in the country as I could imagine”.

“The symposium created a critical mass for discussions regarding Australia’s role in providing strategic assistance to our neighbours’ TB programs. Bringing colleagues together from the region has also resulted in some clear outcomes for future collaboration,” Professor Crabb said.

An effective control measure is to treat children in close contact with adult family members who have the disease and so the team is looking at a preventative antibiotic treatment program for children.

For more information or to support Burnet’s work on tuberculosis please contact Paul Rathbone on +61 3 9282 2113.

Maria with her 10-month-old son Stan. Stan has suspected tuberculosis.

Top: The TB diagnostics laboratory in the National Reference Laboratory in Dili, Timor-Leste.
Above: Laboratory staff in a clinic in Dili with the only GeneXpert machine in Timor-Leste.
ELIMINATING MALARIA

Advancing efforts in reducing malaria with vaccines, treatment and prevention

Almost one million mothers a day face the stark reality that malaria has gripped their family.

For many it can lead to a devastating outcome, as malaria remains one of the biggest killers in the world. Malaria is an infectious disease caused by a parasite called Plasmodium, which is transmitted via the bite of infected mosquitos. The parasites multiply in the liver and then infect red blood cells.

Pregnant women and children are the most affected, but more than three billion people are at risk of contracting the disease and more than 600,000 people die from it each year.

Low birth weight, a major issue for malaria-infected pregnant women, is responsible for about 800,000 infant deaths a year. It’s estimated about 125 million women living in malaria endemic areas become pregnant every year, further highlighting the urgent need for a vaccine.

MALARIA IN PREGNANCY
Head of the Malaria and Epidemiology Group, Dr Freya Fowkes, with colleagues at Burnet made a major discovery in finding out how the immune system of pregnant women responds to malaria, which may help the development of long-lasting vaccines to protect pregnant women against malaria.

The research showed immune responses to different malaria proteins in pregnancy wane relatively quickly, so they may not be effective in providing long-term protection against the disease.

“There is hope though – we also found that the immune response to one pregnancy-specific protein lasts for many years, which can help fight-off malaria infections in the placenta during pregnancy,” Dr Fowkes said. “These findings suggest that a long-lasting, pregnancy-specific vaccine could be developed to protect pregnant women and their babies against the devastating consequences of malaria.”

VACCINE RESEARCH
Co-Head of Burnet’s Centre for Biomedical Research, Professor James Beeson and his team, with collaborators at the Papua New Guinea Institute of Medical Research, have also made progress in vaccine development by looking at particular malaria proteins and the role they play in the body’s immune response to malaria.

Published in the Journal of Immunology, the study systematically evaluated dozens of malaria proteins that could be important targets of human immunity.

“We started with over 90 proteins initially, then narrowed the focus to 46. We then performed detailed studies of immune responses to all of these proteins in 200 Papua New Guinean school children,” Professor Beeson explained. “We identified several proteins that appear to be major targets of protective immunity and are strong candidates for vaccine development.

“These ‘new’ vaccine candidates were much more strongly associated with protective immunity than vaccines currently in clinical trials.”

Professor Beeson pointed out that these identified proteins may advance the development of effective vaccines and help develop tools to monitor immunity, identify populations at high risk, and track changes over time in communities with malaria.
NEW DRUGS URGENTLY NEEDED

There is an urgent need for new anti-malarial drugs as the malaria parasite has developed resistance to all but one, artemisinin. Parts of South East Asia are now starting to show resistance to this frontline drug.

Dr Paul Gilson, alongside Burnet Director and CEO, Professor Brendan Crabb, is investigating how malaria parasites infect human red blood cells, where they grow and multiply, and how the parasite-infected red blood cells avoid the immune system.

“We are specifically trying to discover how the malaria parasite reads the red blood cell surface and then makes the decision to invade it. Once inside, the malaria parasite synthesises sticky, Velcro-like proteins and sends them out to the surface of the red blood cell causing the cell to bind to the walls of blood vessels,” Dr Gilson explained.

“This keeps the infected blood cells away from the spleen, a blood-filtering organ that can destroy the infected cells.”

Over the next few years, Dr Gilson hopes to develop drugs that block the parasite’s capacity to invade red blood cells and to export the Velcro-like proteins.

HOME-BASED DIAGNOSIS IN PAPUA NEW GUINEA

International health specialist Lisa Davidson trained 200 community-based volunteers for the Home-Based Malaria Management project in Kokopo, East New Britain, a province on an island east of the PNG mainland.

The project, is exploring the viability of village-based volunteers to be the first point of contact for diagnosis and treatment of malaria in pregnant women and children under five.

“Early diagnosis and treatment of malaria significantly reduces the morbidity and mortality of the disease, particularly in children and pregnant women,” Ms Davidson explained.

Professor Beeson has seen first-hand the devastation of malaria on pregnant women and their babies when working as a physician in the 1990s in a clinic on the Thai-Burma border.

“There have been many successes in the fight against malaria, but there is still a way to go. It’s important to have a long-term goal of malaria eradication, but equally remain realistic about the many challenges we face,” Professor Beeson said.

“Eradication of an infectious disease on a large scale has only been achieved once before with smallpox, and eradication of others, such as polio, is in sight. Those achievements continue to be a source of inspiration for malaria elimination.”

These projects are funded by the National Health and Medical Research Council (NHMRC), the Australian Research Council (ARC), the Victorian State Government, the Wellcome Trust, the Bill & Melinda Gates Foundation, the Australia-India Strategic Fund, the Global Fund and PSI.

For more information or to support Burnet’s malaria work please contact Paul Rathbone on +61 3 9282 2113.
Smartphones and social media have infiltrated our daily lives but there is growing concern among researchers about the quality of applications and social media being used for health advice, information and medical care.

Researchers at Burnet Institute’s Centre for Population Health believe that evidence-based health promotion is at risk of being left behind in this constantly changing age of technology.

They have pioneered research into the use of new technologies such as SMS and social networking sites for health promotion.

New communication technologies are a focus of work being undertaken by Co-Head of Burnet’s Sexual Health Research Group, Dr Megan Lim. In 2006, in a world-first Australian Health Minister’s Advisory Council-funded study, Dr Lim investigated the impact that SMS (text messages) and email could have on young people’s sexual health knowledge and behaviour.

“We wanted to explore this area because of the increase of sexually transmitted infections in young people aged between 16 and 29,” Dr Lim said.

“We sent periodic email and text messages to young people recruited from our annual Big Day Out surveys about safe sex.

“We found that this strategy improved the sexual health knowledge of the recipients and encouraged them to get tested for chlamydia.”

Chlamydia is a common sexually transmitted infection, which often doesn’t show symptoms.

With funding from an Australian National Preventive Health Agency (ANPHA) Research Fellowship Dr Lim and her team will be trialling the use of text messages to try and reduce alcohol consumption and the harms associated with risky drinking in young people.

“It’s well-documented that drinking among young Australians is a big problem, we need novel ways to tackle risky drinking,” Dr Lim said.

Another project will look at the ways alcohol companies advertise on social media, including Facebook, Twitter and smartphone applications.

“There has been a proven link between exposure to alcohol advertising and excessive drinking in young people,” Dr Lim explained.

“There are no guidelines or laws restricting alcohol advertising on social media. Our project will scan social media sites to see what companies are doing and hold focus groups to determine what impact this is having on young people.”

A Burnet project funded by the Australian Rechabites Foundation has identified hundreds of smartphone apps that promote excessive alcohol consumption.

Can smartphones and social media help us make good health decisions?
Currently, if you are caught with a sexually explicit photo of someone under 18 on your phone, even if it is of yourself, you can be charged under the child pornography laws and even be placed on the sex offender register which can obviously have serious life consequences,” Dr Lim said.

In 2012, recognising this growing issue, Burnet Institute included a question in its annual Big Day Out music festival survey about sexting, ‘Have you ever sent or received sexually explicit photos, video or text by phone or online or Facebook?’

“A massive 40 per cent of people surveyed aged between 16 and 29 said yes. Sexting was particularly common among males,” Dr Lim revealed.

“We want to find out more, such as what do young people know about the legal and social consequences of sexting? What motivates them?”

““The negative aspects of sexting are highlighted in media reports, but what about the positive side; exploring sexuality, improving relationships and having fun.” Young researcher Timothy Yeung has undertaken an honours project at Burnet, SEXT ME UR (.), that investigates the prevalence and practice of sexting among young Australians, the first study of its kind in Australia.

With many ‘mHealth’ (mobile health) projects underway around the world, Dr Lim suggests now is the time to exercise caution.

“There is very little scientific evaluation going on so we don’t know how effective these are and what impact they are having on public health,” she said.

For more information or to support Burnet’s new communications work please contact Paul Rathbone on +61 3 9282 2113.

Burnet Institute evaluated the project at the end of season three and found that Being Brendo is among the most successful sexual health promotion initiatives on social media in the world. It reached a huge number of fans over a sustained period and continued to increase reach and user engagement and interaction.

• More than 100 webisodes were posted on Facebook and YouTube
• The Facebook page attracted 7,691 Likes
• 89 per cent of Being Brendo’s fans were male
• Guest stars included actor Geoffrey Rush and performers Denise Scott, Judith Lucy and Adam Richard
NEWS IN BRIEF

RAPID HIV TEST CLINIC OPEN

Australia’s first shop front rapid HIV testing clinic, PRONTO!, is open for business after being officially launched by Victorian Minister for Health, the Hon. David Davis MP.

PRONTO! is a collaboration between Burnet Institute and the Victorian AIDS Council/Gay Men’s Health Centre (VAC/GMHC). It provides a quick HIV test with a simple pin-prick blood test with results back in 20 minutes.

Burnet’s Head of HIV Research Dr Mark Stoové said this service would reduce a range of barriers to frequent HIV testing among gay men in Melbourne.

“This clinic provides a wonderful example of how government, researchers and community can work in partnership to deliver innovative public health and disease prevention initiatives,” Dr Stoové said. “Accessible and convenient rapid HIV testing through a community-based service such as this will help reduce the number of gay men with undiagnosed HIV.

“We hope this will be an enduring part of the HIV prevention landscape in Victoria.”

Mr Davis congratulated everyone involved in making PRONTO! a reality saying the clinic will provide an alternative option to test for HIV, making it easier for people to test without fear or judgement.

“This site is an important step in our HIV prevention strategy. If we are to reduce incidence of infection in Victoria we need to get more gay men testing – and testing more frequently,” Mr Davis said.

REFLECTING ON 30 YEARS OF HIV AND AIDS RESEARCH

It’s 30 years since HIV was discovered. What followed was one of the deadliest and most frightening epidemics the world has ever known. Despite the devastation, there has been great success in controlling HIV, particularly in Australia.

The Institute reflected on the global response to HIV and AIDS at a special function held at Parliament House in Canberra in May.

Guest speakers included the then Federal Minister for Health, the Hon. Tanya Plibersek MP, then Leader of the Opposition the Hon. Tony Abbott MP, Federal Leader of The Greens Senator the Hon. Christine Milne and long time Burnet supporter and leading Australian philanthropist Mr Harold Mitchell AC.

All four praised Burnet’s contribution to health and medical research as well as highlighting the significance of the International AIDS Society’s conference in Melbourne next year, AIDS 2014.

Australian Liberal Party Leader, the Hon. Tony Abbott speaking at Burnet’s Parliament House event.
Outstanding HIV researcher Dr Mark Stoové was presented the 2013 Gust-McKenzie Medal for his work on improving understanding of how best to prevent HIV, other sexually transmitted infections (STIs) and blood borne viruses.

The medal is presented to a mid-career Burnet Institute staff member in recognition of excellence in research and/or public health.

As well as being Head of Burnet’s HIV Research within the Centre for Population Health he is also Head of Justice Health Research, where he works towards achieving positive health and social outcomes of those incarcerated and recently released from prison.

Dr Stoové said being awarded the Gust-McKenzie Medal was a great acknowledgement of the public health and prevention work of the Centre for Population Health.

“And personally it’s nice to be recognised for the hard work towards achieving positive outcomes for the populations we work with,” Dr Stoové said.

“It’s also a privilege to be in the company of the highly respected Burnet researchers who have won in the past.”

Burnet Institute Director and CEO, Professor Brendan Crabb said that Dr Stoové is a remarkable researcher who seamlessly integrates the rigors of science with the compassion and sensitivity that is needed in community-focused research.

“The Gust-McKenzie Medal is named in honour of the founding Directors of the Burnet and Austin Research Institutes, Professor Ian Gust AO and Emeritus Professor Ian McKenzie AM.

Dr Mark Stoové is presented with the Gust-McKenzie Medal by Professor Ian Gust AO.

OUTSTANDING RESEARCHER PRESENTS FENNER LECTURE

Head of Burnet’s Alcohol and Other Drugs Group, Professor Paul Dietze’s contribution to public health has been recognised with the Institute’s prestigious Fenner Award.

The Fenner Award acknowledges significant contribution to the vision and mission of Burnet Institute in the areas of medical research and public health and is named after great Australian virologist, the late Professor Frank Fenner AC.

Professor Dietze has more than 10 years experience in the alcohol and other drugs research field, and has a particular interest in changing patterns of drug use in Australia.

“It’s a great honour to receive the Fenner Award, it represents a real recognition within the Institute of the hard work and dedication of my team and the impact we have on improving the health of vulnerable populations,” he said.

Professor Brendan Crabb and the Centre for Population Health’s Elizabeth Nicol present Professor Dietze with the award.
Your bequest will help transform lives.

At Burnet, we’re passionate in our commitment to a healthier world.

Whether it's researching and developing new approaches to the prevention and treatment of infectious diseases such as HIV, hepatitis, malaria or tuberculosis, understanding the factors underlying cancer, or building capacity and strengthening health services in the developing world, everything we do is focused on making a sustainable difference to people’s health in Australia and overseas.

For further information about including Burnet in your Will, please call our Planned Giving Manager for a confidential discussion.

Merrilyn Julian  
Planned Giving Manager  
Tel: +61 3 8506 2338  
Email: mjulian@burnet.edu.au

A gift in your Will may lead to the next breakthrough.

burnet.edu.au