

positively POSITIVE →

The official publication of **Body Positive Inc.** A peer support organisation for people living with HIV/AIDS

“ HIV+ Man Sentenced to 18 Years Imprisonment..... ”



A Melbourne man described by a judge as a “grim reaper” has been sentenced to more than 18 years’ jail for deliberately trying to infect others with HIV, following the first prosecution of its type in Victoria, Australia.

Michael John Neal, 50, pursued his “deviant sexual practices” despite a series of warnings from Victoria’s Health Department over five years that he practise safe sex, Country Court judge David Parsons said yesterday.

He said Neal, who was diagnosed HIV positive in 2000, was motivated to infect others with the virus to create a larger pool of sexual partners with whom he could have unprotected sex. Judge Parsons said Neal has shown no remorse and had failed to apologise to his victims for the great hurt he has inflicted upon them. “You sought to become your own version of the grim reaper,” he said.

He said Neal needed to accept his obligation to provide “full, proper and timely notification” of his HIV status. “Until such time the community, and particularly the gay community, needs protection from you.”

A jury found Neal guilty of 15 charges related to 11 victims, after a two-month trial last year. They included

eight of attempting to infect a person with HIV.

Neal pleaded guilty to 11 other counts, including producing and possessing child pornography, and trafficking methylamphetamine.

He met his victims on the internet or at gay beats or sex venues, and either denied or failed to disclose his HIV status.

The case shone a spotlight on the State Government’s approach to monitoring and containing the spread of HIV and ultimately led to the sacking of Victoria’s chief health officer, Dr. Robert Hall.

Judge Parsons said Neal continued offending until his arrest in 2006 and had made no effort since to grapple with his “aberrant sexual proclivities”, particularly with relation to child pornography.

Neal has been isolated within the prison system. He told a psychiatrist in 2004 there was a dark side to him that enjoyed infecting people with HIV, and his sex life was none of the Health Department’s business.

He continued to have unprotected sex despite the department serving him with three letters and four

orders under the Health Act between November 2001 and April 2006.

Restrictions the Health Department had placed on Neal’s movements were relaxed after he wrote to the chief health officer, Robert Hall, in 2005 telling him that his viral loads were undetectable and he was not able to pass on HIV.

Then health minister Bronwyn Pike stood down Dr Hall after it emerged he had not acted despite knowing Neal posed a serious risk to public health, and had ignored advice from an expert advisory panel.

Outside court, Detective Sergeant Eric Harbis, of the sexual crimes squad, said Neal had played a game of Russian roulette with his victims, whom he commended for their courage in coming forward.

Judge Parsons sentenced Neal to 18 years and nine months’ jail, and ordered him to serve 13 years and nine months before being eligible for parole.

**For more information
contact us in complete
confidence.**

**Call toll free from
anywhere in New
Zealand**

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0800 HIV LINE
(0800 448 5463)
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+BODY POSITIVE
• NEW ZEALAND •

Farewell Aaron...



HIV+ 'Collective Thinking' editor dies

Aaron McDonald, editor of the NZ AIDS Foundation's Collective Thinking magazine for HIV+ people, has died of an HIV-related illness at his family home in Ashburton.

McDonald was the founding member of the original peer support organisation for positive people in the South Island, and also gave his time to assist at various community events, gave several talks to aspiring health care professionals and in colleges and schools, and was a familiar face within the gay community in Christchurch.

"To say that Aaron's health has not been the best in the past year would be something of an understatement," wrote Chris Banks in the latest issue of Collective Thinking. "And yet during that time, Aaron's commitment to ensuring that HIV positive people have a voice through Collective Thinking has been unshakeable."

In one of his last issues as editor of the magazine, McDonald said: "HIV isn't me. It dominated my thoughts for a long time and it doesn't now... I'd like, in some small way if I can, to help other positive people and other gay men to have an easier time of it than I did."

"As many of the HIV positive people reading this magazine will know, not everyone will respond to HIV and AIDS treatments. This is a reality that needs to be heard in our communities."

McDonald died at his home on Friday 16 January, surrounded by his family and friends. His memorial was held the following Thursday.

**Do you know anyone who is HIV+ and could benefit
from the services we provide at Body Positive.
Tell them they are welcome to call anytime,
drop in for a chat, meet with specialists
and access any of the clinics we operate.
(Most are free)**

Gilead is developing elvitegravir, an investigational integrase inhibitor for use in HIV-infected, treatment-experienced patients; GS 9350, a novel pharmacoenhancer (or “booster”); and a “four-in-one” fixed-dose regimen (FDR) for HIV-infected, treatment-naïve patients that combines elvitegravir, GS 9350, tenofovir disoproxil

fumarate and emtricitabine. Currently, the only available complete single tablet regimen is Atripla(R) (efavirenz 600 mg/emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg), which is jointly marketed in the United States, Canada and Europe by Gilead and Bristol-Myers Squibb Company and distributed by Merck & Co., Inc. in 94

resource-limited countries. Atripla is the most-prescribed HIV treatment regimen in the United States. Gilead’s once-daily formulation of Truvada also contains emtricitabine (200 mg) and tenofovir disoproxil fumarate (300 mg) and must be taken with at least one other antiretroviral.



Regular Oral Sex Can Neutralise HIV

Some HIV-negative men in long term relationships with HIV-positive men have an antibody response in saliva which may inhibit HIV infection, report Swedish researchers in an article published online ahead of print in AIDS. This is the first time that such a response has been described in saliva, and may help explain why infection through oral sex is somewhat infrequently reported even in serodiscordant couples.

While it is well established that while HIV infection during fellatio and other types of oral sex can and does happen, the number of infections that can be

Some HIV-negative men in long term relationships with HIV-positive men have an antibody response in saliva which may inhibit HIV infection.

attributed to oral sex is relatively small in comparison with the number of times that unprotected oral sex is practiced. One reason is that saliva contains enzymes which partially inhibit HIV infection.

Moreover, a number of studies, most famously among commercial sex workers in Kenya, have identified individu-

als who have had unprotected vaginal sex on many occasions and are likely to have been repeatedly exposed to HIV, but who have not been infected. It is thought that, through repeated exposure, these individuals have acquired a stronger immune response which makes HIV infection less likely. Different researchers have investigated a number of different markers of this immune response, including the presence of specific antibodies (IgA1) which may neutralise HIV, and HIV-specific CD4 cell responses.



Businessman donates US\$100 million to AIDS research

An American businessman has donated US\$100 million to fund research into the development of an AIDS vaccine, according to Massachusetts General Hospital, which received the gift.

Phillip T. Ragon, provider of the gift, is the chief executive of a Cambridge, Massachusetts-based software company called InterSystems Corp. The money will establish the Phillip T. and Susan M. Ragon Institute, to be based at MGH.

The gift, which will flow through MGH, will be shared with Massachusetts Institute of Technology and Harvard University.

“By providing flexible funding and by connecting science and engineering at MIT and Harvard with the research and clinical resources of MGH, we intend to empower many of the world’s best researchers to focus on what they view as the most promising research,” Ragon said in a statement.

HIV - Associated Opportunistic Infections—Going, Going, But Not Gone

In the United States, the incidence of HIV-associated opportunistic infections (OIs) has decreased dramatically. The trend observed in the Centers for Disease Control and Prevention (CDC)-sponsored HIV outpatient Study—a prospective, observational cohort study involving >8500 HIV-infected persons in 9 US cities who has received routine outpatient care—is typical of trends seen in many

other clinical and research cohorts and medical practices. These reductions have resulted, in part, from improvements in and the diffusion of effective OI prophylaxis, but most importantly, they have resulted from the advent of combination antiretroviral therapy. It is not uncommon now for some medical residents and infectious diseases fellows to have never seen a case of cytomegalovirus retinitis or

cryptosporidial diarrhea in an HIV-infected patient. As antiretroviral therapy becomes simpler, more potent, and less toxic, and as our clinical concerns focus increasingly on the growing number of non-HIV-associated complications of HIV infection, we might be falsely reassured that OIs are soon to become a thing of the past.

Change of Face: Should Government Pay for Lipoatrophy Treatment?

The Centers for Medicare and Medicaid Services is accepting public comments until February 16 to help it decide whether to cover treatments for facial wasting. Sharing your story, or the story of a loved one, could help secure coverage of these therapies for HIV-positive people who need them.

Study after study shows that HIV-related facial fat loss has a profound effect on a person's life, ranging from isolation and depression to HIV treatment adherence problems. While the condition, called lipoatrophy, also affects the arms, legs and buttocks, it's facial wasting that is often most visible and, as a result, the most stigmatizing. "Facial wasting is like the scarlet letter of HIV. It takes away your anonymity and declares to the world that you're HIV positive," says Nelson Vergel, a Houston AIDS activist.

The face is also the part of the body that's easiest to restore with temporary or permanent filling agents, at least for those with the cash or credit to pay several thousand dollars to a trained plastic surgeon or dermatologist. Until now, the government has considered HIV-related facial reconstruction a cosmetic procedure and therefore not coverable by Medicaid, Medicare or private health insurance. All of that could change very soon—with your help.

Only rarely does the average person living with HIV receive an open invitation to help the federal government shape its health policy. Between now and February 16, the Centers for Medicare and Medicaid Services (CMS), a branch of the federal Department of Health and Human Services, is accepting public comment on reconstructive treatments for HIV-related facial wast-

ing. AIDS activists who've long advocated for the government and private insurance to cover such treatments say that a groundswell of comments from individuals and organizations could finally make this hope a reality. Of course, it will be critical that such comments make the strongest case for coverage of this vital treatment. Following is a primer on the causes of facial wasting, the impact it has on people's well-being, and the rationale for ensuring that everyone with the condition has access to reconstructive treatment.

Please send your comments to Body Positive via our website www.bodypositive.org.nz or email to office@bodypositive.org.nz





Treatments Information Update seminar

Body Positive here initiated negotiations to conduct a seminar for HIV treatments information update. Planned for May the seminar will host HIV+ people to update their information on all aspects of HIV. Dr Mark Thomas (an infection disease physician) will lead discussion on a range of HIV information. Watch for more announcements.



Lateshift Fundraiser for Body Positive

16th February

Included in the Pride Festival is a free evening at Lateshift - 25 Dundonald Street. Entry is by way of a gold coin donation to Body Positive. Thank you Lateshift!

HUI Whakapākari Māori me Pasifika HIV/AIDS 2009/ HIV+ Conference of Māori, Indigenous and Pasifika

The First HIV+ Māori, Indigenous and Pasifika Conference, was held at Mātakotako Marae, Whaingaroa/Raglan - Waikato 28 Jan – 01 Feb 2009

Maori were encouraged to discuss the impact of HIV/AIDS on Māori, Indigenous and Pasifika people at the Hui Whakapākari HIV/AIDS 2009: HIV+ Conference in Raglan.

Men, women, Takatāpui (gay, lesbian) Kaumātua, Māori Researchers, Mental Health & Health Professionals, Youth activists, HIV+ people with their whānau/families, Mātakotako Marae and INA (Māori, Indigenous & South Pacific) HIV/AIDS Foundation, attended the event. On the agenda was; Human Rights, stigma, and discrimination for Māori living with HIV in New Zealand, Te Tiriti o Waitangi, cultural appropriate HIV education campaigns for Māori and Pasifika communities, HIV+ people's active involvement and the collection



of data that contributes to marginalisation of this community.

Marama Pala, a Māori woman living with HIV – and Executive Director of INA (Māori, Indigenous & South Pacific) HIV/AIDS Foundation met to discuss the HIV related issues facing Māori people.

“The Hui Whakapākari Conference on HIV has provided a safe forum on a Marae, for Māori, indigenous & Pacific people from around New Zealand to combine ideas and strategies to address HIV in our communities, by

sharing our experiences and information,” said Marama Pala.

“We expect the conference, will ‘take’ us to the next level of addressing the HIV/AIDS epidemic in our country,” she stated

“Around the world, HIV infection rates continue to rise dramatically with indigenous people being adversely affected by the epidemic. Māori are no exception, with infection rates reaching the highest ever recorded in New Zealand’s history”

More than 30 people infected and affected by HIV attended the Hui/Conference for 5 days.

“This epidemic is a wakening giant,” says Marama Pala. “We know now that HIV+ people and whanau/families are now ready to face this epidemic as a integral part of the strategy.”

Janssen-Cilag makes new recommendation for their new drug PREZISTA (darunavir)



PREZISTA now indicated for adults living with HIV at all phases of treatment.

Tibotec Pharmaceuticals announced today that the European Commission approved once-daily dosing of 800 mg PREZISTA® (darunavir), a protease inhibitor, with low-dose ritonavir as part of combination therapy in treatment-naïve adults (those who have never taken HIV medication before). This approval broadens the previous indication of darunavir for treatment-experienced HIV-1 patients. Darunavir was developed by Tibotec Pharmaceuticals and is marketed in Europe by Janssen-Cilag.

“We welcome PREZISTA’s availability as an effective, once-daily option for adults who have never taken HIV medication before. It has made a

significant contribution in the care of treatment-experienced adults with HIV for the last two years, and this is an important treatment development for patients,” said Mark Nelson, M.D., HIV Service Director, Deputy Director of HIV Research, and Lead Clinician for HIV inpatients at Chelsea and Westminster Hospital, London, United Kingdom.

The approval is based on 48-week analyses of plasma HIV RNA levels and CD4+ cell counts from ARTEMIS, an open-label phase III trial in antiretroviral treatment-naïve HIV-1-infected adults. ARTEMIS studied the efficacy and safety of darunavir/r vs. lopinavir/r in combination with other antiretrovirals. The data showed that darunavir was non-inferior to the comparator: more patients in the darunavir/r arm achieved undetectable viral load (less than 50 copies/mL)

compared to lopinavir/r (84 percent vs. 78 percent). The common adverse drug reactions (ADRs) reported of at least moderate intensity (\geq Grade 2) in the darunavir/r arm were hypertriglyceridaemia, hypercholesterolaemia, headache, diarrhoea, nausea, and increased alanine aminotransferase.

Darunavir 400 mg, co-administered with low dose ritonavir is indicated in combination with other antiretroviral (ARV) medicinal products for the treatment of human immunodeficiency virus (HIV-1) infection in antiretroviral therapy (ART) naïve adults.

Darunavir which is not yet subsidised in NZ is likely to only be funded for “salvage”.

“Salvage” is those who have failed therapy in one or more HIV treatments.

Simultaneous treatment of HIV and TB improves survival

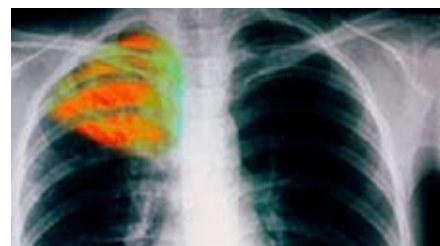
Starting treatment for both HIV and tuberculosis at the same time lowers the risk of death by around 65% in comparison with deferring HIV treatment for at least three months, report Spanish investigators in the February 1 edition of Journal of Acquired Immune Deficiency Syndromes. The finding adds evidence to the current debate around co-treatment of the two infections.

In people co-infected with HIV and active tuberculosis (TB), treatment of the TB infection is a priority. However,

Starting treatment for both HIV and tuberculosis at the same time lowers the risk of death by around 65% in comparison with deferring HIV treatment for at least three months.

questions remain as when to start HIV therapy. The main argument for early treatment is the risk of HIV disease progression. Arguments for delayed treatment include the risk of immune reconstitution syndrome, interactions between anti-HIV and anti-TB drugs

and the large number of pills people need to take when they are taking both treatments together. Current WHO guidelines recommend early treatment in people with low CD4 cell counts and delayed treatment for those with stronger immune systems.



TWO NEW DRUGS IN THE PIPELINE



Pharmac the Governments funding organisation for medicines has almost completed considerations around 2 new drugs. Isentress (Raltegravir) is a new class of drug manufactured by Merck Sharp & Dohme whilst the other drug Prezista (Duranavir) is manufactured by Jansen – Cilag. These two new drugs have been avail-

able in New Zealand under an early access programme from each manufacturer but these programmes are full and have ceased as the pharmaceutical companies wait for Pharmac to fund these drugs when prescribed by physicians. It is most likely that these drugs will only be made available to clients who are “treatment

experienced” and more likely failing their existing “cocktail” of drugs.

Body Positive has made representations to Pharmac to make these two new drugs available as soon as possible – within the next 6 to 9 months we hope.



Volunteers needed

Volunteers are required for the following events:-

House Volunteers

Due to a restructuring of BP staff we need house volunteers to undertake basic meet and greet activities, refreshment provision, condom pack filling and domestic chores on Mondays, Wednesdays and Fridays. Volunteers will receive a \$20.00 MTA voucher for a four hour shift.

Hero Party Coat Check

Once again this year Body Positive has been asked to staff the coat check for the Hero Party on Friday 20th February. We need a volunteer for the third shift, from 2.30am to 5.00am. Volunteers will each receive a ticket for the event, with a face value \$60.00.

Heroic Garden, Kelliher Estate, Puketutu Island, Sunday 8th March

Graham Dawson is opening his beautiful garden to the public. He has a cafe on site. He has offered the takings to Body Positive. He would like volunteers to assist with entrance checks and serving and clearing in the cafe. Volunteers will receive travel expenses and a meal voucher.

If you require any further information, please contact Jock Scott, 309 3989 ext 703 or email jock@bodypositive.org.nz

February Diary

Mon	02	6-On-6 Group	
Wed	04	Massage for members	
Thurs	05	Massage for members	
Fri	06	Smoking cessation	

Mon	09	6-On-6 Group	
Wed	11	Massage for members Pot Luck Dinner	
Thurs	12	Massage for members	
Fri	13	Smoking cessation	

Mon	16	6-On-6 Group	
Wed	18	Massage for members	
Thurs	19	Massage for members Podiatrist Clinic	
Fri	20	Smoking cessation	

Mon	23	6-On-6 Group WINZ Clinic	
Wed	25	Massage for members Members' Luncheon	
Thurs	26	Massage for members Psychiatrist Clinic Straight Arrows Dinner	
Fri	27	Smoking cessation	
Sat	28	Aquamid Clinic	

March			
Mon	02	6-On-6 Group	
Wed	04	Massage for members	
Thurs	05	Massage for members	
Fri	06	Smoking cessation	

New Clinic at Body Positive

Sam Ritz is a clinical psychiatrist currently employed with Waitemata District Health Board. He has very generously agreed to facilitate a monthly clinic here at Body Positive House. This allows clients to receive the highest professional support for issue concerning mental health.

Sam originally comes from South Africa and has a medical degree from the University of Pretoria. He has chosen the "Kiwi" lifestyle and we are delighted he is volunteering his time at Body Positive.

This brings an increasingly professional level of support for Body Positive members and the focus on clients will be those living in the Counties Manukau and Waitemata District Health Boards. Whilst there is a psychiatrist at Auckland hospital the service is generally available to hospital patients so Sam can help Aucklanders as well. Access is by way of medical referral.

In the first instance please contact Body Positive 09-309 3989.



Body Positive

Wishing you

Happy Valentine's Day!

➤ 14th February ➤



TRAVEL INSURANCE

Buy your Travel insurance from **Mike Henry** Agent Body Positive, whether you are Positive or Negative, travelling to Sydney or the Seychelles just call 0800 HIV LINE for a travel insurance quote. (When you buy from us you help support our work + you get a good deal!)



VITAMINS

Body Positive has fantastic *Swisse brand* vitamins available to members for only \$10.00! (Usually over \$20) *Swisse Women's Ultivite Multi vitamins & Swisse Men's Ultivite Multi vitamins*. Both with the highest quality ingredients that will give you a kick! Drop by BP House or call **0800 HIV LINE**

RECYCLED MEDICATION

If you have unused medication or no longer need left-over medication, please either return your unused medication to your prescribing physician or drop it into us or send it to:

Body Positive Inc
P.O. Box 68-766
Newton, Auckland



We will pass it on to physicians.

6 ON 6

The next **6 on 6 support Group** is due to start Monday, 20th April 2009 at Body Positive House. This facilitated peer support group is for anyone who has issues around their HIV status. It is particularly useful to recently diagnosed people and is open to men and women.

Phone **0800 HIV LINE** to join the group.



FOOT DOCTOR

A *talented podiatrist* runs a clinic here at Body Positive House on a monthly basis. Next clinic date - 20th March 2009 (Fri) from 1pm-5pm

Phone now for an appointment 09-309 3989

Fee: \$40.00 per consultation
WINZ Benefit by negotiation

MASSAGE



Both Swedish (Therapeutic) and Sports massage are available FREE at Body Positive on Wednesdays and Thursday. Phone 09-309 3989 and book an hour to pamper your body.

* *Koha appreciated*



QUIT SMOKING

Apart from adhering to your medication regime, quitting smoking is the next most significant improvement HIV+ people can take to improve their health and life expectancy. Smoking increases the risk of brain, heart and lung diseases, various cancers and opportunistic infections. If you would like to quit smoking, we can help. Phone 0800 HIV LINE.

HIV RAPID TEST for our whanau & friends

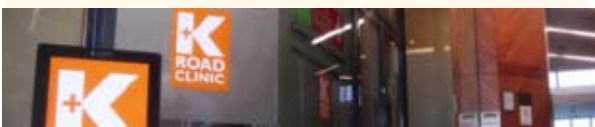


The **60-second HIV Rapid Test** is now available at Body Positive House. A simple pin-prick is done, to test the blood with a 99.7% accuracy. It's always better to know your status early, so you can keep healthy, if you become HIV positive. Call **0800 HIV LINE** to book a **FREE no-hassle Rapid Test**.

K'Road Clinic

For general medical consultation

Free for HIV+ people on a benefit



Drop-In Support Group

Every second Monday for anyone seeking support or just wanting to meet other HIV+ people. Phone 09-309 3989.

