

**M**en who have sex with men (MSM) are at a heightened risk of sexual transmission of hepatitis C virus (HCV) according to three studies presented Monday, February 9, at the 16th Conference on Retroviruses and Opportunistic Infections (CROI) in Montreal. Two further studies suggest that HIV-positive MSM are not being adequately screened for hepatitis and that when they do become infected with HCV they are more likely to experience rapid liver damage than HIV-negative people.

In recent years, more reports coming out of Europe and the United States explore the possibility that HCV is sexually transmitted among HIV-positive MSM. Experts once thought that HCV was almost exclusively transmitted by direct blood-to-blood contact as would occur when having a blood transfusion or sharing needles, but experts now concede that sexual transmission is possible.

**Trends in HCV Transmission**

In a study of HIV-positive MSM in France, Jade Gohsn, MD, PhD, from the Bicêtre Hospital in Kremlin-Bicêtre, and her colleagues conducted a national survey in 2006 and 2007. They found 94 patients who'd been diagnosed with acute HCV infection, of whom 32 had complete records of tests for liver function, HCV antibodies and HCV genetic type. The average age of the men at the time of HCV infection diagnosis was 40. The average time between becoming infected with HIV and HCV was 10 years.

Sarah Fishman, PhD, and her colleagues from the Mount Sinai School of Medicine in New York City compared outbreaks of HCV infection among MSM in New York City and the United Kingdom. There were 81 cases of acute HCV infection reported,



21 in New York and 60 in the United Kingdom. In New York, the average age of the men was 40 and they had been infected with HIV for an average of eight years. The U.K. men were younger—36 on average—and had only been infected with HIV for an average of four years.

Fishman's team found that risk factors differed significantly between the two groups. Men in New York were seven times more likely to have injected drugs but were about half as likely to have tattoos or piercings. They were also about half as likely to have engaged in fisting. In the New York group, 76 percent reported engaging in unprotected receptive anal intercourse in a group, compared with 94 percent of the men in the United Kingdom.

In a third study, from the Netherlands, Guido van den Berk, MD, and his colleagues from the Onze Lieve Vrouwe Gasthuis (OLVG) Hospital in Amsterdam reported that the rate of acute HCV infection among HIV-positive MSM has increased from zero cases between 2000 and 2002 to 14 cases in 2008. Cases began escalating in 2003. None of the patients had non-sexual risk factors, such as a history of injection drug use or blood transfusion.

**Liver Damage Progresses Quickly After HCV Infection**

Another poster from the Mount Sinai group, this time by Daniel Fierer, MD, characterized what happens in HIV-

positive MSM who become infected with HCV. Among the 31 men studied, four managed to clear their HCV infection spontaneously. Twenty-one of the men initiated HCV treatment. Among the 10 men who started treatment during acute infection, eight continued to have undetectable HCV levels after completing therapy. Twenty of the men agreed to have a liver biopsy about four months after their HCV infection was first suspected.

Fierer's team found that 85 percent of the men who received a liver biopsy had already progressed to a moderate amount of liver damage, which is far quicker and more serious than what typically occurs when HIV-negative people are infected with HCV. Because having unprotected anal intercourse, having sex while on drugs and the sharing sex toys were highly correlated with HCV infection, Fierer is encouraging health care providers to work on risk-reduction strategies with their MSM patients.

**Hepatitis Screening Alarmingly Low**

Given the increasing rates of HCV transmission among HIV-positive MSM, one recommendation has been to more carefully screen for hepatitis in clinics. Hepatitis screening is also recommended as part of a first visit with a health care provider after an HIV diagnosis, according to treatment guidelines published by the U.S. Department of Health and Human Services (DHHS).

For more information contact us in complete confidence.

Call toll free from anywhere in New Zealand

**Contact**  
0800 HIV LINE  
(0800 448 5463)  
or 09 309 3989

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## positively **POSITIVE**➔

is a newspaper for all people living with HIV/ AIDS in New Zealand. Contributions are welcomed, but inclusion is subject to editorial discretion and is not automatic. The deadline is 14 days before publication date. Receipt of manuscripts, letters, photographs or other materials will be understood to be permission to publish, unless the contrary is clearly indicated.



**+BODY POSITIVE+**  
• NEW ZEALAND •

## Every Bit Helps

Body Positive is the recipient of funds raised through the Hero events held at Lateshift and the Hero party coatcheck.



☒ Lateshift opened their doors for a free entry night with a gold coin at the door to be donated to Body Positive. A generous \$250.00 was raised.



☒ The Hero Party invited Body Positive to manage the coat check at the party. As it was a hot night, the coat check was not in heavy demand, we nevertheless made \$81.40.



☒ The Heroic Gardens are being held over the weekend of 7th and 8th March. Although no proceeds from this event are being donated to us this year we have been invited by the owners of the Kelleher Estate to be the beneficiaries of their coffee shop which will be trading on the day.

## WINZ Clinic - A Real Bonus

Body Positive holds a WINZ clinic once a month at which members on a benefit can chat in a comfortable situation at Body Positive with a staff member from the Auckland WINZ office. Information is updated and benefits checked to ensure members are receiving the correct amount they are entitled to receive. The general response to this clinic has been positive and the feed back is that Members are benefiting from this service.



Picture: WINZ officer Natalie chatting with one of our members.



## When To Start Medication

Clinicians have long debated the question of when to start antiretroviral therapy (ART) in HIV-infected, asymptomatic patients. Although no definitive answer has emerged, data presented in 2008 provide support for earlier treatment initiation.

Current guidelines from the U.S. Department of Health and Human Services recommend ART for all patients who have CD4 counts <350 cells/mm<sup>3</sup> or AIDS-associated morbidity (AIDS Clin Care Dec 2008). They

also recommend ART, regardless of CD4 cell count, in three select groups of patients: HIV-infected pregnant women, patients with HIV-associated nephropathy, and patients with HIV and hepatitis B virus (HBV) coinfection in whom HBV treatment is indicated. For HIV-infected patients with CD4 counts >350 cells/mm<sup>3</sup> who do not meet any of these criteria, the recommendation is to consider treatment on an individual basis, factoring in the patient's interest in the therapy and commitment to high level adherence.

Guidelines from other organizations are similar, except that they identify additional patients for whom treatment should be considered at CD4 counts > 350 cells/mm<sup>3</sup>. The international AIDS Society-USA specifically mentions patients with high viral loads (>100,000 copies/mL), rapidly declining CD4 counts (> 100 cells/mm<sup>3</sup> peryear), active hepatitis C virus infection, or high cardiovascular risk (AIDS Clin Care Oct 2008). The European AIDS Clinical Society mentions those older than 55.

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## Caribbean should decriminalize homosexuality to help fight spread of HIV, Lewis says

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**The MSM community, "often disparaged, abused and certainly discriminated against, in order to seize legitimacy has sex with women," thus spreading the virus further into the general population.**

The Caribbean will not make significant gains in the fight against HIV/AIDS if governments in the region do not act to decriminalize homosexuality, Stephen Lewis, director of AIDS-Free World, said recently while visiting the

region, the Caribbean Media Corporation reports. According to Lewis, the MSM community, "often disparaged, abused and certainly discriminated against, in order to seize legitimacy has sex with women," thus spreading the virus further into the general population. Lewis, the former United Nations special envoy for HIV/AIDS in Africa, said that it is a "profound error in judgment not to understand that if you are going to deal with the pandemic and subdue it, you have to deal with" MSM and decriminalize homosexuality. Lewis said that cur-

rent laws in the region "give legitimacy and authenticity to the stigma and discrimination which so harasses the gay community." Legislation aimed at ending discrimination against people living with HIV/AIDS will be ineffective if homosexuality continues to be illegal, he said (Caribbean Media Corporation, 2/23).



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## Slower Diminished CD4-Cell Recovery in Older Patients Despite Good Adherence

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**A Small retrospective study highlights the importance of detecting HIV early in older individuals.**

The number of older adults with HIV infection is steadily increasing, partly because of improved long-term survival with antiretroviral therapy (ART) but also because increasing numbers of older people are engaging in high-risk behaviors. To better understand the treatment responses of older HIV-infected patients, investigators reviewed the medical records of 112 patients in Madrid, Spain, who were 55 or older at the time of ART

initiation. Eighty-two were aged 55 to 64 (mean age, 58; median CD4 count, 266 cells/mm<sup>3</sup>), and 30 were 65 or older (mean age, 70; median CD4 count, 186 cells/mm<sup>3</sup>). Median follow-up was 41 months.

By Month 6 of ART, more than 60% of patients had achieved undetectable viral loads on a variety of ART regimens. Rates of virologic response and survival during follow-up did not differ significantly between the older patients (age, ≥65) and the younger ones (age range, 55-64). The older group tended to have slower CD4-cell recovery, despite having a higher proportion of patients with adherence

≥95% (71% vs. 58%), but these differences were not statistically significant.

Comment: This modest study demonstrates that our oldest patients can adhere well to ART but that CD4-cell recovery might be attenuated. A recent analysis from the FIRST study also showed an association between older age and suboptimal immune recovery (*AIDS Clin Care Oct 2008, and J Acquire Immune Defit Syndr 2008*) Together, these findings highlight the importance of earlier identification of HIV-positivity in older individuals. – **Keith Henry, MD**



## **RISK REDUCTION STRATEGIES** are safer for Sydney gay men than other unprotected sex practices - but less safe than *consistent condom use*

### **We asked NZAF to comment:**

- When all these risk reduction approaches are grouped there is still a 3 times more likely chance to acquire HIV than men who have no unprotected anal intercourse.
- Since 1987 we have had one single safe sex recommendation for MSM - always use condoms for anal sex.
- HIV prevalence among NZ MSM remains very low and is the envy of most countries.

– Tony Hughes  
Research Director  
N.Z.AIDS FOUNDATION

**G**ay men in Sydney who only have unprotected anal intercourse as part of a risk reduction strategy such as serosorting or negotiated safety have a considerably lower risk of acquiring HIV than men who have unprotected sex in other ways, report Australian researchers in the January 14th issue of AIDS.

Men who have unprotected anal intercourse only as the insertive partner, and those who ensure that their partner withdraws before ejaculation, also had a lower risk of acquiring HIV than men who don't employ any form of risk reduction strategy when they have unprotected anal intercourse.

Taken together, men using any of these practices were three times more likely to acquire HIV than men who had no unprotected anal intercourse (UAI). However men who practiced UAI without any of these safeguards were almost eleven times more likely than men having no UAI to acquire HIV.

Moreover, withdrawal before ejaculation was the riskiest practice studied. It was associated with a five fold increase in the risk of infection (compared to no UAI).

These strategies have been used by gay men for many years and some scientists consider them to be biologically plausible, but until now there has been limited evidence on their effectiveness in the real world. One important study came in 2007 when Fengyi Jin reported that a third of Australian gay seroconverters had tried to employ a risk reduction strategy.

#### **The study**

The new research has once again been conducted by Fengyi Jin and his colleagues at the University of South Wales. The methods are different however – for this prospective study, 1,427 HIV negative homosexually active men in Sydney were recruited to the HIM (Health in Men) cohort. Participants were interviewed twice a year and were tested for HIV infection once a year. The average time men stayed in the study was just under four years.

At each interview men were asked to recall their sexual behaviour since the last interview. Rather than use terms such as 'negotiated safety' or describe intentions, the participants were asked detailed questions about their sexual practice.

The researchers used this information to put men into groups according to their recent behaviour.

- ♦ *Serosorting* - reporting that any unprotected sex during the study period was with partners that the study participant believed to be HIV-negative. The sex could be with casual or regular partners. This behaviour was reported by men at 38% of interviews.

- ♦ *Negotiated safety* - a specific form of serosorting with a primary regular partner. Criteria included having a clear spoken agreement that unprotected sex was not permitted outside the relationship and mutual disclosure of the most recent HIV test results. Men described this practice at 25% of interviews.

- ♦ *Strategic positioning* - only having unprotected anal intercourse (UAI) as the insertive partner. This was described at 15% of interviews.

- ♦ *Withdrawal* - men reporting receptive UAI, but in each case their partner had not ejaculated inside them. Men reported this practice at 13% of interviews.

Only men who used a strategy consistently during the six month period would be assigned to that group - for example a man who almost always had insertive UAI but did have a single episode of receptive UAI would not be considered to practice 'strategic positioning'.

During the course of the study, 53 men seroconverted to HIV, an overall incidence of 0.78 per 100 person years.

It's important to note that because the number of infections was relatively small, some of the results do not reach statistical significance and the confidence intervals are often very wide.

(In other words, some results could be due to chance alone. The 95% confidence interval gives a range of figures, and it is thought that the 'true' result is likely to be within the range. For example, for someone practicing a particular behaviour, there may be five times the risk of acquiring HIV, with a confidence interval of 4.0-6.0. This means that the real figure could be anywhere between four times and six times the risk. However if the confidence interval was 0.5-24.0, the range

of possible results would be so wide as to be meaningless.)

## Results

Compared to men who reported no UAI at all, men practicing serosorting appear in the raw data to be twice as likely to acquire HIV (hazard ratio 2.2). However as the confidence interval is 0.9 - 5.4 and drops below 1, the result is not statistically significant: it could also be the case that serosorters were actually less likely to acquire HIV.

The results for negotiated safety and strategic positioning were broadly similar. The hazard ratios were 1.7 and 1.5 respectively, but the confidence intervals were wide and dropped below 1.

The results for withdrawal are more clear cut. Compared to men who had no unprotected sex, men using this strategy were five times as likely to acquire HIV (hazard ratio 5.0, confidence interval 1.9 - 12.9). Nonetheless, the authors note this increased risk may be partly attributed to men primarily employing the strategy when with HIV-positive partners.

However, when all risk reduction strategies were grouped together, men using them were three times as likely to acquire HIV as men who had no UAI (hazard ratio 3.0, confidence interval 1.3 - 6.9).

Nonetheless, the risk reduction practices were considerably safer than having UAI without those safeguards. Men with other patterns of UAI were almost eleven times likely to acquire HIV as men who had no UAI (hazard ratio 10.8, confidence interval 4.3 - 27.2). More specifically, those who had unprotected sex with men of unknown or positive status were more likely to seroconvert than those who serosorted. Similarly, men who had unprotected receptive sex were at greater risk than men who only had insertive sex.

The degree of protection can also be shown by looking specifically at men who reported some unprotected anal intercourse with HIV-positive partners. Once again compared to men who had no UAI at all, men only having insertive UAI were nine times more likely to acquire HIV, men whose partners practiced withdrawal were ten times more likely, but men whose partners ejaculated inside them were

sixty-five times more likely to be infected.

## Interpretation

Fengyi Jin and his colleagues state that "each of the risk reduction behaviours examined was associated with a HIV incidence that was intermediate between that in those who reported no UAI, and UAI without that form risk reduction behaviour". They argue that each risk reduction behaviour offers "substantial but incomplete protection against HIV infection".

They recommend that policy makers, educators and researchers "engage with the realities under which UAI is occurring".

They also note that Sydney is one of the few places in the developed world that has not had recent increases in HIV diagnoses in gay men, and that incidence was relatively low in this study, despite high overall levels of unprotected sex. They believe this suggests that "risk reduction behaviours can be associated with some success in containing HIV at the population level".

In an accompanying editorial, Fritz van Griensven of the Centers for Disease Control and Prevention suggests that some of the specific characteristics of the gay community in Sydney may have allowed for this success. Specifically, the rate of HIV testing is one of the highest in the world, allowing accurate knowledge of HIV status. Moreover, a strong gay community may have helped reduce stigma and discrimination, making disclosure of status more likely.

He notes that this is not the case in many other settings, and urges caution in generalising these findings for use in HIV prevention programmes elsewhere.

## References

Jin F et al. Unprotected anal intercourse, risk reduction behaviours, and subsequent HIV infection in a cohort of homosexual men. *AIDS* 23: 243-52, 2009.

Van Griensven F. Non-condom use risk-reduction behaviours: can they help to contain the spread of HIV infection among men who have sex with men? *AIDS* 23: 253-5, 2009.

# CROI 2009

MONTRÉAL  
FEBRUARY 8-11, 2009



the 16th Conference on Retroviruses and Opportunistic Infections—arguably the most important annual HIV research conference was held in Montreal, Feb 8<sup>th</sup> to 11<sup>th</sup>.

In this week's newsletter, we highlight several important research developments, including modifiable risk factors and survival, encouraging microbicide findings and the latest on abacavir and heart attack risk.

## HIV Itself Is a Major Heart Disease Risk Factor

HIV infection itself appears to increase the thickness of the carotid artery and is therefore a significant independent risk factor for developing cardiovascular disease (CVD)—ultimately increasing the risk of a heart attack or stroke—according to a new study presented Wednesday, February 11, at the 16th CROI in Montreal.

## D:A:D Study: Reduce Modifiable Risk Factors to Improve Survival

Despite the effectiveness of antiretroviral (ARV) therapy, people living with HIV face a higher risk of death than their age-matched HIV-negative peers. However, many risk factors that contribute to an increased risk of death are modifiable—they can often be amended with behavioral changes and proper medical care.

## Nerve Damage Is a Common Problem in People With HIV

Distal sensory polyneuropathy (DSPN)—a type of nerve damage that can lead to tingling and pain in the feet and hands—affects more than half of all people with HIV, according to several studies presented Monday, February 9, at 16th CROI in Montreal

## PIs, Abacavir and Cardiovascular Disease: What's the Risk?

Results from various studies at the 16th CROI in Montreal confirm earlier reports that lopinavir/ritonavir and abacavir are associated with an increased risk of heart attack independent of other factors associated with cardiovascular disease.

## Microbicides Make a Comeback

HIV microbicides—which incorporate HIV transmission-blocking molecules into gels and creams for the vagina and rectum—got a boost of confidence after two presentations Monday, February 9, at the 16th CROI in Montreal. An analysis of one study showed first signs of efficacy in humans, and another showed that a gel could completely block viral infection in monkeys.

## Antidepressants Improve Viral Load Response to Treatment Due to Better Adherence

Antidepressant medication treatment greatly improves the ability of HIV-positive people with depression to achieve and maintain undetectable viral loads, according to a study reported by Alexander Tsai, MD, of the Langlai Porter Psychiatric Institute in San Francisco on Tuesday, February 10, at the 16th CROI. Tsai and his group attribute this benefit to improved adherence to prescribed antiretroviral (ARV) therapy

## Smoking Cessation: Hispanics, Nicotine Patch Users Do Best

An addiction to cigarette smoking is truly difficult for HIV-positive people to break, according to a study comparing two smoking cessation strategies reported Wednesday, February 11, at the 16th CROI in Montreal. While no more than 10 percent of individuals participating in either strategy abstained from smoking for six months, study presenters Karen Tashima, MD, of Brown University in Providence, Rhode Island, and her colleagues found much higher success rates among Hispanics compared with other racial or ethnic groups

## Isentress Shows Long-Term Benefits in Treatment-Experienced Patients

Two-year follow-up data from two Phase III clinical trials of Isentress (raltegravir) were reported by Roy Steigbigel, PhD, of SUNY Stony Brook School of Medicine on Long Island, New York, on Monday, February 9, at the 16th CROI in Montreal. The studies, involving patients with multidrug-resistant HIV and advanced infection, indicate that Merck's integrase inhibitor offers long-lasting antiretroviral activity for treatment-experienced patients piecing together an effective antiretroviral (ARV) regimen.

## First Data From Injectable PRO 140 Study

Delegates attending the 16th CROI in Montreal got a first look at data from a clinical trial testing injections of PRO 140, an experimental entry inhibitor. Two dosings were injected three weeks in a row; a third dose was injected every other week. The data, presented by Melanie Thompson, MD, of the AIDS Research Consortium of Atlanta on Monday, February 9, indicate that Progenics Pharmaceuticals, the drug's developer, can abandon its original intravenous formulation of the drug and continue focusing on the subcutaneously administered formulation.

\* Contact Body Positive for a full comprehensive report under each item reported from CROI

## Psychiatrist underway at Body Positive Inc.

In the February newsletter we reported to you that Sam Ritz has generously offered to facilitate a clinic here at Body Positive. To date the clinic has been held twice and already there is a waiting list for his attention. Psychiatric services in New Zealand are limited and often difficult to access. Auckland Hospital has a very good service but is generally only available for in-hospital patients.

Our Body Positive members who to date have utilised this service have reported their satisfaction at being able to access Sam here at Body Positive and are working well with Sam.

Access is by medical referral but in the first instance telephone Body Positive for information.



Picture: Sam Ritz

# HIV

## Treatments Update

Wednesday 27th May 2009  
University of Otago House  
385 Queen Street, Auckland

A one day seminar in HIV medicine and treatments information.

Invitations extended to:

- Health professionals
- Community support groups
- People living with HIV

For further information please contact  
Body Positive New Zealand  
(09) 309 3989  
0800 HIV LINE

[www.bodypositive.org.nz](http://www.bodypositive.org.nz)

SUPPORTED BY:

## MESSAGE

Got a few aches & pains?  
Or just feel like a good rub down to get rid of that build up of tension & stress?  
Remember Body Positive has two masseurs available one on Wednesday afternoons & one on Thursday afternoons.  
Ring 09-309 3989 to book a time.  
Koha appreciated.

## AUCKLAND CUP WEEK 2009 ✎

Mon	02	6-On-6 Group
Wed	04	Massage for members
Thurs	05	Massage for members
Fri	06	Smoking cessation
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Mon	09	6-On-6 Group
Wed	11	Massage for members Pot Luck Dinner
Thurs	12	Massage for members
Fri	13	Smoking cessation
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Mon	16	<b>6<sub>2</sub>8</b> Fornightly Drop-In
Wed	18	Massage for members
Thurs	19	Massage for members
Fri	20	Smoking cessation Podiatrist Clinic
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Wed	25	Massage for members Members' Luncheon
Thurs	26	Massage for members Psychiatrist Clinic Straight Arrows Dinner
Fri	27	Smoking cessation
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Mon	30	WINZ Clinic <b>6<sub>2</sub>8</b> Fornightly Drop-In
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<b>April</b>		
Wed	01	Massage for members
Thurs	02	Massage for members
Fri	03	Smoking cessation
-----		
Fri	10	
-----		
<b>May</b>		
Wed	27	HIV Treatments Update Seminar



## 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, 20<sup>th</sup> 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 - 20<sup>th</sup> March 2009 (Fri) from 1pm-5pm

Phone now for an appointment 09-309 3989

*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

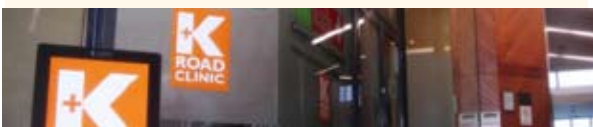


**The 60-second HIV Rapid Test** is now available at Body Positive House. A simple pin-prick is done, to test the blood with a 99.7% accuracy. It's always better to know your status early, so you can keep healthy, if you become HIV positive. Call **0800 HIV LINE** to book a **FREE** no-hassle Rapid Test.

## 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.

