

Abbott's introduce once daily dosing of Kaletra tablet



nongovernmental organisations and patient groups to expand access to HIV treatments around the world. Abbott has also made significant investments in expanding manufacturing capacity to meet the growing demand for HIV treatment in developing countries.

Abbott's lopinavir/ritonavir formulations are among the lowest-priced protease inhibitors in the developing world. Abbott has been providing its HIV medicines at a price of US\$500 per adult patient per year in all African and least developed countries since 2002, making these medicines more affordable than any generic copies.

The Kaletra® (lopinavir/ritonavir) tablet has been approved by Medsafe for once-daily dosing for HIV treatment-naïve adult patients. Kaletra is now approved for once-daily as well as twice-daily use in this patient population in combination with other antiretroviral agents, giving physicians another option when deciding on the most appropriate dosing regimen.

Kaletra, a leading HIV protease inhibitor, has seven years of clinical data demonstrating that a standard regimen provides durable, effective antiviral response (as measured by HIV RNA less than 50 copies per millilitre) to HIV in treatment-naïve patients.

"Most patients prefer to take pills fewer times a day if possible. Depending on the patient's current treatment plan, the move to a once-a-day treatment can mean an increase in the reliability of pill-taking, which is extremely important for effective treatment," said Dr. Mark Thomas, Infectious Disease Specialist, Auckland. "Ease of adherence for the patient improves treatment and also affects quality of life."

Bruce Kilmister, Chief Executive Officer of Body Positive, also welcomed the Medsafe approval. "The once-a-day dosing regimen has been long-awaited because the biggest fear of anyone with HIV is missing doses and

return of viral load," said Mr. Kilmister. "This makes life easier, particularly during this busy time of year, because compliance with HIV medicine and adherence must be extremely high for patients to be well."

The Kaletra tablet can be taken with or without food and does not require refrigeration — two important advances in delivering HIV medicine.

In New Zealand, nearly 2,000 people have been diagnosed with the HIV virus and that number continues to grow. In 2008, 184 New Zealanders were diagnosed with HIV infection — the highest number of diagnoses ever in New Zealand.

Abbott's Commitment to Fighting HIV/AIDS

HIV/AIDS is a global problem that demands shared commitment and shared responsibility. Abbott is committed to working with governments, multilateral organisations,

Abbott and the Abbott Fund have invested more than US\$125 million in the fight against HIV/AIDS in Africa and the developing world. Abbott Fund-supported programs have served more than 700,000 children and families. In addition, more than 250,000 patients have been tested through Abbott Fund-supported voluntary counselling and testing programs, with thousands being referred to treatment programs. Abbott also has donated more than 10 million rapid HIV tests to help prevent mother-to-child HIV transmission.

About Kaletra®

Kaletra is indicated for the treatment of HIV-1 infection, in combination with other antiretroviral agents in adults and children aged 2 years and older. Kaletra does not cure HIV infection or AIDS and does not reduce the risk of passing HIV to others. For the full Data Sheet or Consumer Medicine Information (CMI) for Kaletra, please visit: <http://www.medsafe.govt.nz>.

This Article was sponsored by Abbott Laboratories (NZ) Ltd.



Abbott
A Promise for Life

Would you like to help reduce Body Positive's printing/postal bill and save a few trees as well??

To receive the Positively Positive Newsletter via e-mail instead of in the post, simply e-mail your name & current e-mail address to: office@bodypositive.org.nz or call us to update your details.

positively POSITIVE

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

Website:

www.bodypositive.org.nz

Street Address:

Body Positive House
1/3 Poynton Terrace
Newton
Auckland 1011

Postal Address:

PO Box 68-766
Newton
Auckland 1045

Opening Hours:

10am-5pm, Mon-Fri

E: office@bodypositive.org.nz

Fax: 09 309 3981



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Volunteers needed for Hospital Research Project



The Auckland City Hospital Infectious Disease department in the next few weeks

will start looking for patients to recruit into a trial comparing two different treatment regimens following failure of the patient's first HIV treatment regimen. Such patients will have been treated with two nucleoside drugs (eg AZT plus 3TC or tenofovir plus emtricitabine) plus efavirenz or nevirapine, and will have failure of this first line treatment as demonstrated by an HIV viral load greater than 500 (2.7).

If you would like to volunteer for this please contact Bruce at Body Positive.

Review of services in New Zealand

The Ministry of Health is undertaking a Review of services for HIV positive persons in New Zealand.

The Review aims to assess the present coverage of services for people living with HIV in New Zealand and to identify any gaps that may require further public health investment. As such, it is an appreciative enquiry into services being delivered to HIV positive persons in New Zealand, and the results will hopefully strengthen the public health investment for the benefit of populations covered.

Body Positive has been contacted by the person leading this review, Dr David Miller, and we will

shortly call for "focus groups" to enter into discussion on this subject.

David says "I would greatly appreciate the opportunity to meet with service users in a focus group setting to gain their perceptions of how the service meets their needs, and what additional activities they would wish to see. Any such meetings would be voluntary and completely confidential.

The aim is simply to ensure that the voices of people living with HIV are heard comprehensively in the Review.

Bruce Kilmister from Body Positive says this review is most welcome and we look forward to working with David on this important project.

Community Rallies Support for Body Positive

The GLBT Community has been providing much needed support towards Body Positive in recent months with many organisations and festivals contributing financially towards the work of Body Positive:

Auckland BIG GAY DAY to be held on Sunday 4th April 2010 at Beresford Square will be donating funds raised from the days event to Body Positive.

Ourfest Festival will be donating any profits raised during the week long festival to both Body Positive and Genderbridge.

Centurian Sauna customers continue to be very generous in their spare coin donations made in the collection box at the sauna entrance.

Lateshift collected \$300 through a gold coin donation in December which was then matched by the owner of the venue to make a final donation of \$600 towards Body Positive.



GayNZ.com have published articles highlighting the important work that Body Positive continues to provide for those living with HIV in New Zealand which has prompted several members of the public to make online donations through our website: www.bodypositive.org.nz

The **Aroha Festival** which is being held in Auckland between 12-20 March has listed Body Positive as one of the charities which will benefit from the festival.

Changes in sexual behaviour and HIV risk

While HAART has had a profound impact on the health and lives of HIV-positive people, it may have had an inadvertent impact on HIV-negative people.

The widespread availability of highly active antiretroviral therapy (HAART) in high-income countries has had a profound impact—deaths from AIDS-related infections are uncommon, at least among people who are engaged in their care and treatment. By suppressing HIV levels, HAART increases CD4+ cell counts and allows the immune system to begin repairing itself. The partial rebuilding of the immune system that occurs because of HAART generally results in renewed energy and, in some cases, the possibility of a return to work or volunteer activities. What's more, researchers expect that HIV-positive people who are engaged in their care and treatment and who have minimal co-existing health conditions can live near-normal life spans, at least in high-income countries with social-welfare systems.

While HAART has had a profound impact on the health and lives of HIV-positive people, it may have had an inadvertent impact on HIV-negative people, as researchers have found these trends occurring in high-income countries:

- AIDS is now perceived as a less serious illness than it was before the availability of HAART.
- Some HIV-negative men believe that their personal risk of getting HIV has now been reduced.
- Increased and sustained outbreaks of sexually transmitted infections among gay and bisexual men are occurring.
- Among these men, there has been an increase in unprotected anal intercourse.

An international team of researchers recently found that while HIV infections decreased between 1996 and 2000, they began to increase in 2001 and after in Australia, Canada, France, Germany, the Netherlands, the United Kingdom and the United States.

As there is no cure or effective vaccine for HIV in the short term, the use of condoms remains a



vital part of HIV prevention for sexually active people.

Serosorting

In theory, another way to possibly reduce the risk of exposure to HIV is for people to serosort—have sex with other people of the same HIV status.

For HIV-positive people, having sex only with other HIV-positive people may remove the burden of worry about infecting someone else. For HIV-negative people, serosorting may reduce the worry about getting HIV.

In reality, serosorting carries risks, particularly when condoms are not used for intercourse:

- For HIV-positive people, unprotected anal intercourse can transmit germs such as hepatitis-causing viruses (hepatitis B and hepatitis C viruses), LGV (Lymphogranuloma venereum), syphilis and HPV (human papillomavirus), among others. It can also allow for the transmission of new, perhaps drug-resistant strains of HIV. In the setting of HIV co-infection, hepatitis B and C viruses can cause accelerated liver damage and hepatitis recovery rates are generally lower than in HIV-negative people.
- For HIV-negative people, unprotected intercourse also carries the risk of transmitting many of the same germs and also HIV. What's more, HIV antibody testing may provide a false sense of security among people who regularly engage in unprotected intercourse. This is because the immune system takes several weeks to pro-

duce antibodies after infection. Testing done during this period may not find any antibodies, even though infection has taken place.

Serosorting — study casts light on risks

Researchers in Seattle conducted a study with gay and bisexual men between 2001 and 2007. They found that serosorting increased over time. Troublingly, they also found that during serosorting some men had unprotected anal intercourse. Although serosorting reduced the men's risk for getting HIV, their risk for getting this infection was higher than if condoms had been used. What's more, the study team noted that "from both a personal and public health perspective, the limits of serosorting seem to be profound." Perhaps they reached this conclusion because serosorting only conferred partial protection from becoming HIV positive. They also found that 32% of all men who were newly diagnosed with HIV reported that unprotected anal intercourse with "a partner they believed to be HIV negative was their most risky sexual behaviour."

The study team was concerned that serosorting without condoms was such a risky behaviour for HIV negative men. Their findings need to be confirmed by other research teams. The Seattle researchers stated: "We did not routinely collect data on how [participants] knew a partner's HIV status and some infections attributed to serosorting failure may reflect [participants'] assumptions about partners' HIV status rather than inaccurate explicit discussions between men before sex."

Serosorting or Seroguessing?

Researchers termed the behaviour of making assumptions about a person's HIV status "seroguessing." This behaviour can place people at risk for HIV infection.

Some sexually active adults serosort—they have sex with people of the same HIV serostatus. In theory, serosorting should reduce the transmission of HIV. However, some people who serosort do so to avoid the use of condoms during insertive sex.

Researchers in Australia have been studying the sexual behaviour of HIV-positive and HIV-negative men over the past several years. They have found that some men, rather than having explicit conversation about serostatus with casual sex partners, were making assumptions or guesses about whether or not their partners were HIV positive. Based on these guesses, the men would then proceed to have unprotected anal sex with men they assumed to be of the same HIV status. The Australian researchers termed the behaviour of making assumptions about a person's HIV status "seroguessing." This behaviour can place people at risk for HIV infection. Seroguessing has also been described

by researchers in Canada and the United States.

The Australian researchers recruited men in two groups as follows:

- Positive Health group – recruited 729 HIV-positive gay men
- Health in Men (HIM) group – recruited 1,427 HIV-negative gay men

Men in both groups were mainly of Anglo-Australian descent and were interviewed by researchers about their sexual and social behaviour. Participants in the HIM study were regularly tested for HIV and their average age

(Continued on page 4)

Body Positive Inc.
invites you to join us for
the launch of its
**'TAKE CONTROL TAKE
THE TEST' Campaign.**



23 February, 6pm-8pm
Dots Bar, 223 Symonds St,
Eden Terrace, Auckland

Complimentary Drinks & Nibbles on Arrival



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was 36 years. The average age of HIV-positive participants was 46 years.

Results—trends in time

Over time, both HIV-positive and HIV-negative men increasingly disclosed that they had unprotected anal sex with casual sex partners who had the same HIV status.

When asked how they knew about their casual partner's HIV status, some men assumed or guessed their partner's status, as follows:

HIV-positive men – 27% guessed the HIV status of casual sex partners

HIV-negative men – 34% guessed the HIV status of casual sex partners

According to the researchers, their study "exposes the fact that currently a high proportion of both HIV-positive and HIV-negative men are indeed seroguessing...[and then having unprotected anal sex]." In a strange finding, the study team found that whether the men in the study directly discussed HIV status or serogessed "did not seem to affect the men's decision to engage in unprotected anal intercourse."

Sexual and risk context

HIV-negative men who engage in serosorting are already at risk for HIV infection because of the following factors:

- There is a delay between HIV exposure and the immune system's ability to produce antibodies in the blood. This delay is sometimes called the "window period" and is variable, lasting several weeks. During this time, because antibodies are not yet present, it is possible that HIV tests that rely on the detection of antibodies may not produce a positive test result, even though infection might have occurred.
- Therefore, men who engage in unprotected anal intercourse or other high-risk activities after their last negative HIV test may become infected and, at least initially, test negative if the test was performed during the window period when antibodies were not produced.
- Seroguessing adds to the uncertainty about

HIV risk.

Taking all of these points into account, the researchers note that "some of the risk reduction afforded by HIV-negative serosorting may be reversed by a high degree of seroguessing."

Non-disclosure and guesses

Based on the results of the current and past studies, the Australian researchers found that HIV-positive men are increasingly disclosing their status to potential casual sex partners. However, also based on the current and past research, the team found that "a substantial proportion of men do not disclose serostatus to casual sex partners or do it occasionally depending on the particular circumstances of each encounter." The research team also stated: "While many HIV-positive men are not disclosing their status, many HIV-negative men are making frequent and therefore often incorrect assumptions about the serostatus of their partners."

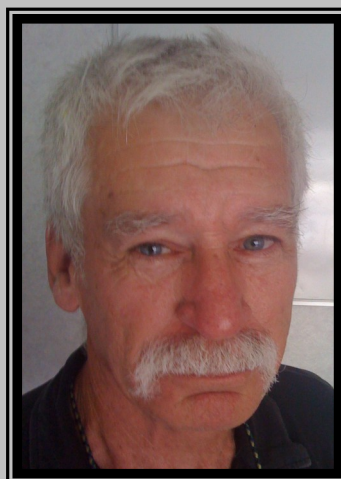
Enhancing prevention education

HIV infections are increasing in gay communities in high-income countries, very likely due to unprotected anal sex and seroguessing. The Australian researchers encourage organizations that develop HIV prevention programs to take into account "contemporary changes in atti-

tudes and behaviours of gay men." Such programs, they add, "should encourage active risk reduction as opposed to seroguessing and passive risk taking." Moreover, the research team notes that policies and programs should "address stigma and discrimination due to HIV serostatus and build skills in HIV discussion among both HIV-positive and HIV-negative people." Perhaps the most important recommendation of the Australian researchers is this: HIV education should "address the fact that HIV-negative men who engage in unprotected anal intercourse due to assumptions of seroconcordance may be at high risk of HIV infection."

Related Canadian research

Ontario professor Barry Adam, working with a team from the AIDS Committee of Toronto, conducted detailed interviews with gay and bisexual men who engaged in unprotected anal intercourse most or all of the time. They found that different men—depending on HIV status and social and sexual networks—formed different assumptions about their casual sex partners and what behaviours they considered normal. The Ontario researchers also found that because of seroguessing and assumptions of which they may not be aware, HIV-negative men who engage in serosorting and unprotected anal sex may be at high risk for HIV infection.



Patrick Church sadly passed away in his sleep last Friday 29th January 2010.

We understand his family will hold a private ceremony, however if members express an interest Body Positive will hold a ceremony for him.

Please contact Body Positive on 09 309 3989 to indicate your interest in this.

Crystal meth accelerates HIV reproduction

Crystal methamphetamine speeds up HIV replication in both test tube studies and in specially bred HIV-infected mice.

Crystal methamphetamine (crystal meth) speeds up HIV replication in both test tube studies and in specially bred HIV-infected mice, according to a study published in *AIDS Research and Human Retroviruses*.

The connection between crystal meth use and HIV transmission has been well established by researchers—people using the drug are more likely to become infected with the virus, or transmit it onward. Studies have also documented more substantial brain damage and cognitive impairment among HIV-positive meth

users, compared with people living with HIV not using the drug.

Whether crystal meth speeds up HIV replication—higher viral loads and more rapid CD4 cell loss—in people infected with the virus has not been determined, though some test tube data suggest that it might.

To look at crystal meth's potential to accelerate HIV disease progression, Aviva Joseph, PhD, at the Albert Einstein College of Medicine, in Bronx, New York, and her colleagues looked at HIV reproduction both in a test tube model and in mice bred to carry human immune systems that can be infected with HIV.

In the test tube studies, Joseph's team found that adding crystal meth to immune cells significantly increased HIV replication, particu-

larly in CD4 cells and in a type of cell known as a monocyte. These findings are synonymous with those of other research teams.

Joseph and her colleagues also saw increased HIV replication in the mouse model. Specifically, when crystal meth was given to HIV-infected mice, it activated a portion of the HIV genetic code known as the long terminal repeat (LPR), which prompted the cells to release a protein that can stimulate tumor necrosis factor alpha, a protein tied to more rapid HIV disease progression.

The authors concede that further studies are necessary. However, they also conclude that these data support the theory that regular crystal meth use might hasten the progression of HIV disease

Aging and HIV independently affect blood flow to brain

Both aging and HIV independently affect blood flow to the brain, but the two together don't have an additive effect.

Both aging and HIV independently affect blood flow to the brain, but the two together don't have an additive effect, according to a study published online January 4 in *The Journal of Infectious Diseases*.

Rates of brain damage were once considerable in people with advanced HIV disease, particularly AIDS dementia complex. Though the reason(s) for brain damage in people living with HIV has not been fully explained, two possible factors have been described: a direct effect of HIV or the immune response in the brain, or decreased blood flow to the brain because of HIV's effect on the cardiovascular system.

Powerful combination antiretroviral (ARV) treatment, introduced in 1996, not only cut the death rate in people with HIV, but also significantly reduced the incidence of many of these brain-related illnesses over time. As people are now living longer, however, there are more concerns about decline in brain function as people age into their 50s and 60s.

To determine the affect of both aging and HIV on brain function, Beau Ances, MD, PhD, from the Department of Neurology at Washington University in St. Louis, and his colleagues conducted functional magnetic resonance imaging (fMRI) on 26 HIV-positive and 25 HIV-negative people. While fMRI can't measure the exact functioning of different parts of the brain, it does detect the amount of blood flow to various brain areas. Scientists have been able to extrapolate how blood flow, or lack of it, affects brain and motor function.

The average age in both groups was about 40,

and more than half were male. The average CD4 count of the HIV-positive group was 486, and 60 percent were taking ARV treatment.

It turned out that age, in both groups, was associated with a decline in cerebral blood flow. With each 15 year increase in age, there was a 22 percent reduction in blood flow. HIV infection was also associated with a roughly 22 percent reduction in blood flow.

There was no synergistic effect of age and HIV status, however. If there were an interaction, for instance, a 55-year-old HIV-positive person would have greater than a 22 percent reduction in cerebral blood flow compared with a 55-year-old HIV-negative person—but this was not the case.

The authors aren't recommending people with HIV routinely undergo fMRI tests of brain function. They do, however, indicate fMRI could be a useful tool to further study HIV's impact on the brain.

Herbal Health Clinic

If you have ever considered using complementary therapies such as herbal medicine or nutritional supplements, there is a new service available at Body Positive offering professional advice and consultation to help ease the side-effects of antiretroviral medication.

Helen Elscot is qualified medical herbalist and naturopath and a member of The New Zealand Association of Medical Herbalists. As a consulting health practitioner, Helen uses her experience and expertise to help families and individuals improve their health and well-being by using natural medicines.

Symptoms such as headache, diarrhea and lethargy and which are sometimes caused by antiretroviral medication can be easily treated using herbal medicine and supplements. One of the most effective herbs in treating headache pain is white willow bark. This is the plant which gave us salicylic acid, the basis for aspirin but unlike the pharmaceutical medicine, white willow bark is gentle on the stomach and

safe to use with other medication.

When energy levels are depleted, it can dramatically impact on your daily life. There are many herbs which can boost energy without the letdown that comes from caffeine and other stimulants. Rhodiola is a herb which has a proven track record in enhancing physical and mental energy and helps to relieve fatigue, poor appetite, irritability and depression.

For some people, diarrhea may be an issue and can lead to the increased risk of dehydration. Electrolytes – such as potassium, sodium and magnesium ions – are essential to health and are depleted by diarrhea. Ways of replacing electrolytes include oral rehydration liquids which do not contain sugar as this can worsen diarrhea. Good gut bacteria can also be affected in cases of prolonged diarrhea so a high quality strain of probiotics is essential in supporting the digestive and immune systems.

Body Positive is offering free 15 minute health



assessments with Helen at Body Positive House on Thursday February 18th. These assessments lead to a full naturopathic consultation with Helen which is built around listening to your health story and prescribing a treatment plan. It is important that the treatment plan reflects your goals, abilities and limitations and may include herbal medicine or nutritional supplements.

If you would like to book a free 15 minute health assessment, please phone Body Positive on 09 309 3989

It doesn't pay to be gay in Africa and worse if you are HIV+ as well!

More than two-thirds of African countries have laws criminalizing homosexual acts, and despite accounting for a significant percentage of new infections in many countries, men who have sex with men tend to be left out of the HIV response.

"They are going underground; they are hiding themselves and continuing to fuel the epidemic," UNAIDS executive director Michél Sidibé told IRIN/PlusNews recently. "We need to make sure these vulnerable groups have the same rights everyone enjoys: access to information, care and prevention for them and their families."

IRIN/PlusNews has compiled a short list of human rights violations against gay Africans:

Malawi - On 28 December 2009, soon after a traditional engagement ceremony, Steven Monjeza and Tiwonge Chimbalanga were arrested and charged with "unnatural offenses", which carries a maximum prison term of 14 years, and "indecent practices between males", which carries five years.

The men deny that they have had sexual relations, but the state prosecutor has applied for them to be sent to hospital to prove they have had sex, which rights activists and their lawyers say would violate their constitutional right to dignity. The trial has been postponed until 25 January 2010.

Uganda - In October 2009, David Bahati, parliamentary representative of the ruling party, tabled the Anti-homosexuality Bill (2009), a private member's Bill. It proposes, among other things, the death sentence for the crime of "aggravated homosexuality" when an HIV-positive person engages in homosexual sex with someone disabled or below the age of 18.

Homosexuality is illegal in Uganda and punishable by a maximum sentence of life in prison.

AIDS advocates and human rights groups have strongly criticized the Bill as violating the privacy of gay people, and after pressure from several international leaders, President Yoweri Museveni has distanced himself from it, reducing the likelihood that it will be passed in its current form.

Nevertheless, a local tabloid, The Red Pepper, routinely releases lists of alleged Ugandan homosexuals.

Tanzania - In May 2009, a local newspaper, Ijumaa, featured a photograph of two men in bed together with the headline, "Caught Live!" A

report by several gay rights groups noted that the accompanying article included derogatory and discriminatory language about men who have sex with men.

An Ijumaa reporter, accompanied by three policemen, had followed the men from the street into a private hotel, where they had invaded their room and taken the photographs that later appeared in the newspaper.

According to the International Gay and Lesbian Human Rights Commission, more than 40 gay and lesbian activists in Tanzania were arrested on charges of debauchery in 2009.

Burundi - In April 2009, President Pierre Nkurunziza signed into law a bill criminalizing homosexuality for the first time in Burundi's history. Anyone found guilty of engaging in homosexual activity faces imprisonment for two to three years and a fine of up to US\$80.

Paradoxically, other articles in the same legislation take steps to protect human rights, including abolition of the death penalty and the outlawing of torture, genocide, war crimes and crimes against humanity.

Senegal - In December 2008, the Senegalese government arrested nine men involved in providing HIV prevention, care and treatment services to the country's lesbian, gay, bisexual and transgender community.

The men were later sentenced to eight years in prison on charges of "membership of a criminal organization and engaging in acts against the order of nature", but in April 2009 an appeals court overturned this verdict.

Arrests for homosexual activity are not uncommon in Senegal; in August 2008 two men were arrested at their home in Dakar and charged with "homosexual marriage" and acts against the order of nature. According to rights groups, a total of 30 men were arrested on charges of homosexuality in 2009.

Egypt - In May 2008, a court in the Egyptian capital, Cairo, convicted five HIV-positive men of "habitual practice of debauchery", a phrase that encompasses consensual sexual acts between men.

The convictions were part of a crackdown on people living with HIV/AIDS, during which 12 men suspected of being HIV-positive were arrested; while in custody, they were subjected to HIV tests and anal examinations to determine whether they had had sex with other men. Earlier in the crackdown, in January 2008, four HIV-positive men sentenced to one-year prison terms for debauchery.

Gambia - In May 2008, Gambian President Yahya Jammeh gave gay people 24 hours' notice to leave the country. He promised stricter laws on homosexuality than in Iran, and threatened



to behead any gay people discovered in the country.

Jammeh's statements were thought to have been in response to a number of Senegalese gay men fleeing across the border into Gambia to escape persecution in their own country.

South Africa - In April 2008, Eudy Simelane, the openly gay star of South Africa's Banyana Banyana national female football squad, was found murdered in a park on the outskirts of Johannesburg. She had been gang-raped and brutally beaten before being stabbed to death.

Rights groups said the attack was likely to have been an incident of "corrective rape", in which men rape lesbian women on the pretext of trying to "cure" them of their sexual orientation.

Since then there has been a spate of similar attacks on lesbian women in the country, but few ever reach the courts. According to a 2009 report by the NGO, ActionAid, there have been 31 recorded murders of lesbian women since 1998, with just three cases reaching the courts, and only one conviction.

Cameroon - In January 2008, a Cameroonian court sentenced three men accused of homosexuality to six months' hard labour. Homosexual acts are punishable by up to five years in prison, and gay men are routinely imprisoned.

Although the penal code does not give the state the power to arraign someone unless the person was caught in flagrante delicto, rights groups say people suspected of being gay are often arrested in public restaurants and bars.

Nigeria - In August 2007, 18 men - all allegedly cross-dressers - were arrested in Bauchi State, a predominantly Muslim state in the north of the country; they were charged with sodomy, the charges were later changed to vagrancy or idleness. The men were eventually freed on bail, but in March 2009 the case was still pending.

HIV+ Men's 2010 Retreat

26th - 28th March | Vaughan Park
Long Bay, Auckland

For registration, please contact Body Positive at 0800 HIVLINE or visit our website www.bodypositive.org.nz for more details.

Diary Dates

February

Wed 3 Message for Members

Fri 5 Pot-Luck Lunch

Tue 9 Podiatrist

Wed 10 Message for Members

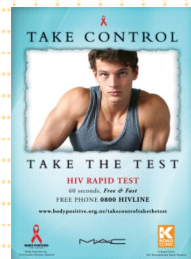
Pot-Luck Dinner

Fri 12 Pot-Luck Lunch

Wed 17 Message for Members

Fri 19 Pot-Luck Lunch

Tue 23 Take Control Take the Test Launch Party



Wed 24 Message for Members

Thur 25 Straight Arrows

Fri 26 WINZ Clinic



Pot-Luck Lunch

Sat 27 Open House

March

Wed 3 Message for Members

Fri 5 Pot-Luck Lunch

Wed 10 Message for Members

Pot-Luck Dinner

Fri 12 Pot-Luck Lunch

Sat 13 Lipodystrophy Clinic

Wed 17 Message for Members

Fri 19 Pot-Luck Lunch

Wed 24 Message for Members

Thur 25 Straight Arrows

Fri 26 HIV+ Men's Retreat



Sat 27 HIV+ Men's Retreat

Sun 28 HIV+ Men's Retreat

New Service

Herbal Health / Complimentary Medicine

Helen Elgot N.D. Has offered a free clinic for Body Positive members to assess how complimentary medicine can help combat side effects and improve general health.

For a **free assessment** phone: (09) 309 3989 to make an appointment

K'Road Clinic

For general medical consultation
Free for HIV+ people on a benefit



HIV Rapid Testing

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. Its always better to know your status early, so you can keep healthy, if you become HIV+

Call **0800 HIV LINE** to book a FREE no-hassle Rapid Test



WINZ Clinic

Remove the anxiety you experience in dealing with WINZ.
Body Positive operates a monthly WINZ Clinic for anyone at our premises with qualified, sensitive, understanding and supportive WINZ staff.

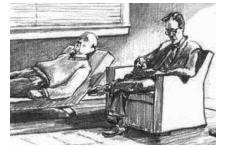


Psychiatrist

An experienced, qualified psychiatrist operates a clinic at Body Positive on a monthly basis.

Access is by medical referral

Contact Body Positive for more information.



Foot Doctor

A professional podiatrist runs a clinic here at Body Positive House on a monthly basis.
Next clinic date - **9th February 2010** (Monday) from 1pm-5pm

Phone now for an appointment
09-309 3989

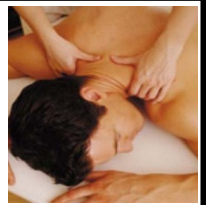


Massage

Massage Therapy is available for members at Body Positive every Wednesday.

A minimum koha of \$10 is requested from each client.

Phone 09-309 3989 to book an hour to pamper your body.



6 on 6

The next 6 on 6 will start soon. 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 both men and women.

If you would like to register your interest in attending or want more information call us on 09-309 3989



Friday Pot-Luck Lunch

Members please note Body Positive will be hosting a drop-in lunch every Friday at mid-day. Members are welcomed to bring a pot-luck plate of food.



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, just call 0800 HIV LINE



Budgeting Service

Need help with your money? Body Positive has developed a computer software programme that helps you to identify concerns and issues with your personal budget and recommend ways to help.

Contact us in complete confidence.



Recycled Medication

If you have unused medication or no longer need left over medication, please either return it to your prescribing physician or drop it into us or send it to: (We will pass it onto physicians.)

Body Positive Inc.
PO Box 68-766
Newton Auckland 1045



Vitamins

Body Positive has a fantastic Swisse brand Men's and Woman's Multi Vitamins available for members at the low cost of only \$15 for 30 days supply (Usually over \$30!) - Both with the highest quality ingredients that will give you a kick!

Drop by BP House or call **0800 HIV LINE**



Travel Insurance

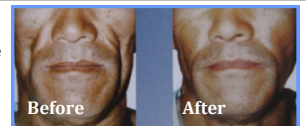
Buy your Travel Insurance from **Mike Henry** Agent Body Positive.

Whether you are Positive or negative, travelling to Syney 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!)



Facial Lipodystrophy Treatment

A fantastic facial filler treatment is available through Body Positive to reverse the effects caused by Lipodystrophy.



Please contact Body Positive on 0800 HIV LINE for more information.