BODY POSITIVE
NEW ZEALAND

positively POSITIVE

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

May 2011

Doctor Anton Pozniak visits Body Positive

On Wednesday 27th April, Dr Anton Pozniak visited the premises of Body Pozitive for a free and frank discussion about the state of HIV/AIDS in the world today. Dr Pozniak comes well qualified to speak on a global scale, as his experience has covered much of the globe during his working career. He studied HIV and TB during his doctorate whilst working in Zimbabwe and has also worked in another third world country with a large HIV positive population – India.

Currently he works at the Chelsea and Westminster Hospital in London as the service director for HIV services. We put some interesting questions to Dr Pozniak.

Question: **When should an HIV positive person start antiretroviral medication? Is it a financial consideration to hold people back to a 350 CD4 cell count before starting therapy? The Americans are recommending a start of medication at 500 CD4 cell count?**

Answer: No I don't think it is a financial consideration at all. If there were treatments that were non-toxic, easy to take and would not cause resistance, then I would treat everybody. The problem is the downside of treatment in the long term is still unknown.

The best time to start treatment is still unknown. There is a trial running at the moment called the START Trial where they are giving people treatment. They are randomising people to above 500 or below (at) 350.

Where does the information come from that drives the American guidelines (to start at 500)? It comes from a very large cohort of patients from the USA and Canada and they have said if you start treatment at above 500 CD4 cell count there is an advantage in terms of mortality and the (slower) progression to AIDS. One of the problems is the statistical analyses they have used came out of Harvard - their statisticians are saying they have misused their statistics. They have come out with a conclusion using a statistical method that was never designed to do what they have done with it. There is an argument going on at the moment between the people who developed the statistical technique, which showed in their cohort that there was an advantage to start medication above 500, and the people who invented the technique saying they have misused it, so therefore their results aren't valid. There is uncertainty about the US data in some people's minds.

Then there is a big European/Australasian cohort, including people from the States and Canada, where they used a mathematical model. I don't believe in any mathematical model. I don't think any of them have ever shown anything but they have used it and they have shown there is a benefit to starting antiretroviral. The benefit of stating antiretroviral to the progression of AIDS and death is between 350 and 370. Anything above that doesn't give you an advantage and anything below that does give you a big advantage. So these are the two big pieces of data. There are other bits of data around it. So does money come in to it? NO because as I have said if there was a drug available which was non toxic etc etc we would be treating everyone tomorrow. Now the big problem, of course, with using antiretroviral is the unknown of what will happen in the long term. What harm might me do? And is the harm going to be greatest in people who start early, compared with the obvious benefit of people who start late because they are going to get AIDS or die if you don't treat them? We don't know the answer to that question, we have only really being treating people with triple therapy for 14 – 15 years and with the drugs they are on today, probably 10 years. Truvada is only

Dr Anton Pozniak

about 10 years old, so we have to wait and see, in terms of toxicity and long term complications, whether or not the drugs we have been giving to people who have got very high CD4 cell counts and are very well have actually caused more harm than them starting later. The only way we are going to answer part of that question is with the **START Trial**. I am happy to wait four or five years to get the answer. You may not be as a community. But I think even the community might think as I think in the end - if you think of it logically, we had to wait a long time for various trials and studies to come through. It's good we did SMART where we did the **Treatment Interruption Trial** because it was just the vogue – a big fashion to interrupt (treatment) based on very little data. We did a big clinical trial and certainly found it was bad for you. So I think sometimes it is worth the wait. Unfortunately, the only way we get close to the truth is to do big, big studies, like this one, and look at the results. And we might be sitting here in four or five years saying, "My goodness, START has said everyone should start early and why didn't we do that before?" Because the answer is that START could show that we shouldn't be starting early. I couldn't second guess the answer, so I follow scientific principle and not the

(Continued on page 3)

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positively POSITIVE

For more information contact us in complete confidence.

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BODY POSITIVE
NEW ZEALAND

A WORKSHOP ON
'THINKING ABOUT GETTING BACK INTO WORK'

- How to prepare for this?
- How to build confidence?
- How to begin?
- Part time or full time?

10AM, TUESDAY 28TH JUNE 2011
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To register your interest, phone Body Positive on 09 309 3989

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Get the Facts, Learn when to start and how to achieve stopping

Group discussion at Body Positive
5.30pm Wednesday 18th May

(Continued from page 1)

money. Of course the money is a huge issue in developing countries. And the developing countries have moved to the 350 cut-off. My challenge to them is they can't even get enough people with under 200 on to meds and if you're sitting there in a clinic in Africa and two patients come in – one with 349 CD4 cell count and one with 199 – who are you going to give the antiviral to? They both should have it according to the rules but if you have only got a certain amount you have to give it to the person with only 199.

Question: **So you say if it wasn't for toxicity you would start people on drugs earlier – why?**

Answer: There are several reasons;

1. It might decrease transmission.
2. It may decrease all the long term problems of having HIV for a long time. It is causing low grade inflammation and this may be of a lesser concern than the toxicity long term.
3. But if the drugs caused absolutely nothing, no side effects, no problems then I would treat people. Mainly on the fact it would probably decrease transmission.

Question: **So where would you draw the line in people having to start medication?**

Answer: I'll use an analogy – It's like walking on the edge of a cliff on a beautiful summer's day, the tide is in, the beach looks lovely, you're looking down and it is all looking great. But you have only got to walk a few inches one way and you have fallen off. That's what it is like to be asymptomatic with a CD4 count of 201 - You're almost there.

At 350 you could slip and slide and bump and hurt yourself but at that level you really are feeling great and then suddenly one day – this is usually the pattern of what happens to people - they are feeling well and then they get PCP, start to lose weight a bit, get a bit of fever, start to cough and think they have got the flu and two weeks later they are in hospital.

Question: **So what about people at the other end of the scale? People who are HIV negative but want to start medication to prevent the transmission of HIV when they have unsafe sex? Is resistance an issue? What's wrong with using antiretroviral as a prevention method?**

Answer: The problem is with the word "wrong" in my mind. What's the good thing about it? It is that they prevent themselves from getting infected so that's a great thing. What's the alternative to that? Circumcision – the data shows circumcision for gay men is not very useful. Condoms – we know they have their problems too. Abstinence – why should people abstain; then you're running out of other things. I mean microbicides aren't really for gay men and rectal microbicides have not been well considered, although Tenofivir gel is being looked at. Then you're left with taking pills to protect yourself.

(iPrEx Trial - Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men)

If you took all your pills everyday in the iPrEx trial – and that's the problem with it - you have to take them regularly and then it has a very high protection rate up to 90%. If you only took them now and then, the protection rate goes down to 40%. But that's still 40%. There were some people who didn't take them at all. So you will always get that mix of people. If you're negative, the motivation to take them is only to have sex; it isn't to keep you alive. Once you do have HIV, there is a secondary motive, which is, "If I don't take these I am going to die", whereas to take them to prevent you catching HIV the death bit or the illness bit is a bit disassociated. That's what I believe.

There is a recent study in women done in Africa using the same thing, with women taking pills every day, which failed and didn't show protection. It is interesting that more women taking the so-called protection got pregnant - they were supposed to also (and in the iPrEx trial) use condoms as well but it seems they weren't taking their protection in terms of tablets, not using condoms and still getting pregnant. There are a whole load of adherence problems and not the full package. I don't think there is anything wrong with using antiretrovials as prevention, the data on gay men so far has not shown any resistance from the gay men who took it. The big problem is what is going to happen to bones, because it did show some bone mineral density loss and the problem is not everybody took all their pills. So I would like to know what the bone mineral density loss was from the guys who took all their pills everyday, compared with the whole group; some of them did and some of them didn't.

What else is wrong with it? Well, not much if people decide they are going to take their pills every time and especially those people who are not in a regular relationship. For those who are in a regular relationship, it is probably better for the positive person to take their pills every day. However, whilst you can be undetectable in the blood you can still be detectable in the semen, so you still have to be a little bit careful. Actually, there are so many issues to be talked about. I don't think we have debated this data enough - on a societal level or in the community, although there has been plenty in the press. I don't think there has been enough on a scientific level and the trials in Africa, with women failing to keep negative and gay men successfully keeping negative, are going to cause a lot more discussion.

The problem lies with developing countries - where will the money come from to pay for it? It looks like it is not going to work. In developed countries, there would be a black market, where you will just buy it from the internet because in the UK, nobody is providing it in terms of paying for it.

Question: **How are things going with the vaccination?**

Answer: In 1984, if you asked those people developing a vaccination, they would say five years. If you ask them today how long; they will say five years. I can't be optimistic but I can't be pessimistic. I think it will happen by some chance thing. I just hope it will happen sooner than later. It would have a handle on the epidemic. You could have sex without condoms.

Question: **What is the risk of transmission for gay men who have had an undetectable viral load for at least six months? We have heard of the Swiss report impacting on heterosexual couples but what is the real risk for gay men?**

Answer: The risk is not absolute zero because there have been some cases of transmission, even with undetectable viral loads. The real risk is when you have a rectal inflammation or urethal inflammation. In other words, problems in the genital tract with an STD that is undiagnosed or some other inflammation going on. Not everybody who is undetectable in the blood is undetectable in the semen. I think what you have to say if you embark on this course is, the chances of infection are approaching zero but they are not zero. There is more likely a one in ten thousand chance I will infect you.

Editors note:

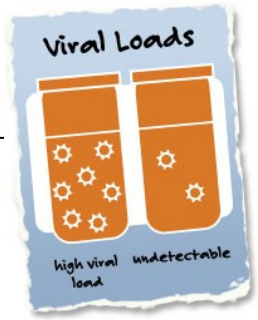
New Zealand criminal legislation requires HIV+ people to ensure a condom is used for penetrative sex if you do not want to disclose your HIV+ status.

If you declare your status, your partner agrees to have sex without a condom and transmission takes place, and your partner then makes a police complaint, we are unsure if a prosecution would take place. We are further unsure if this would attract a court conviction. It's our (Body Positive's) opinion there would not be, but at this stage no such case has gone to court.

A full recording and transcript of Dr Pozniak's talk is available on to the Body Positive website - www.bodypositive.org.nz

By Bruce Kilmister

Nevirapine more likely than Efavirenz to suppress HIV viral load to zero



The goal of HIV treatment is to reduce the amount of HIV in your blood to 'undetectable', thus enabling your CD4 count to increase and your immune system to return to optimal function. An undetectable result does not necessarily mean that there is no HIV in your blood, or other parts of your body, rather the test used cannot detect (find) any HIV in your blood.

Most tests used in pathology labs have a 'sensitivity' or ability to detect HIV at 40 or 50 'copies' 1 per ml or drop of blood. This means such tests cannot detect HIV below these levels, so someone with an undetectable result could still have active HIV in their blood below these levels. In recent years, new and more highly sensitive HIV viral load tests have been developed that can detect a viral load below one copy/ml. Although being undetectable at less than 1 copy/ml could be considered to be zero in plasma, or the liquid part of blood, HIV can still 'hide out' in parts of the body called reservoirs. Examples of these reservoirs include the brain, gut and the lymph nodes.

A team of French investigators has found that people who are taking an HIV treatment combination that includes Nevirapine (Viramune) are more likely to achieve a viral load of zero than people taking a combination that includes Efavirenz (Sustiva, also in the combination pill Atripla).

The researchers designed a retrospective study involving 75 patients treated with Nevirapine and 90 individuals taking Efavirenz-based combinations who had an undetectable viral load below 50 copies per ml of blood for at least six months using a test capable of detecting virus below one copy/ml. The results showed that 81% of people taking Nevirapine had a viral load of zero compared to 56% of individuals treated with Efavirenz.

Previous research has suggested that treatment combinations that include a drug from the NNRTI (non-nucleoside reverse transcriptase inhibitor) group of HIV drugs are more likely to suppress viral load to extremely low levels than treatment based on a protease inhibitor (PI), a different class of drug. There is also some evidence that Nevirapine is more effective at reducing viral load to lower levels than Efavirenz. The investigators believe that research demonstrates "the stronger ability of Nevirapine than Efavirenz to better control residual (HIV), in patients with (undetectable viral load)." They suggest that this is because Nevirapine is better able to penetrate "reservoirs", or places in the body that HIV can 'hide' and treatments are unable to get to.

"The clinical relevance of having a viral load below 1 copy/ml has yet to be shown," conclude the researchers, who call for studies "to explore, for example, the relationship between the level of (HIV) and systemic inflammatory or immune activation markers 2."

It's currently unclear what the benefits are of having a viral load of zero. However, it's known that even low levels of HIV can cause inflammation 3 and that this can increase the risk of some serious illnesses, for example cardiovascular disease and some cancers. Therefore including Nevirapine in your combination could in theory reduce the risk of developing these health issues. It is also theorised that the lower someone's viral load the less chance they have of passing on HIV during unprotected sex, in the absence of another STI or lesion (cut or sore) to the genitals.

So . . . is Nevirapine for me?

For people starting treatment for the first time with a combination that includes Nevirapine there is a risk of liver toxicity depending on your CD4 count. The risk is different for men and women. Men with a CD4 count above 400 per ml, and women with CD4s above 250 per ml, are at higher risk of experiencing liver related side effects if starting Nevirapine.

However people who have been taking other HIV treatments, have an undetectable viral load and do not have resistance to Nevirapine can switch to Nevirapine quite safely. If you think you would benefit from taking Nevirapine, or would like to include it into your combination, you should discuss your options with your HIV doctor.

Source: Positive Life NSW

Body Positive launches new 'Positive Healthcare' scheme for people living with HIV

Positive Health

Over 50% of people living with HIV in New Zealand currently live on a Work and Income (WINZ) benefit. The impact of living on a benefit long term can be devastating to an individuals health, self esteem and mental health. Without the funds to see a doctor when needed can result in the person ending up in hospital with a much more serious concern or issue to be dealt with. "Keeping people healthy has to be a priority," says Bruce Kilmister, CEO of Body Positive.

"With this is mind, we strategised the best way to assist HIV+ people living on reduced income was to enable them to seek medical services when they needed to and not put it off until next week's benefit came in."

The new 'Positive Health' scheme was trialled partly through the latter half of 2010, and whilst it has never officially been launched, it has by word of mouth increased in popularity with over 50 people using the scheme. The scheme does have an annual fee of $150 per year. For those living on a benefit with a Community Services Card, this can often be paid through the 'Wellness Fund'.

The scheme covers the full cost of the following:

- Doctors consultation fees

It also provides Partial or Limited Cover of the following:

- Pharmacy dispensing fees
- Podiatrist treatment
- Counselling sessions
- Massage treatment
- Dental work
- St Johns Ambulance fees
- Naturopathy consultation
- Gymnasium membership

Most of the services reflect a medical cost to clients and primarily reflect doctors consultation fees. However there are other issues that impact on people living with HIV, such as poor dental and podiatry health. We even saw last year a seriously sick man refuse to go to hospital in an ambulance because of the $75 fee. Almost 80% of people living with HIV today in New Zealand are on treatment with expensive antiretroviral medication and they are prepared to put all this at risk because of a small fee for an ambulance – however $75 might as well be $750 if you don't have it.

The scheme is currently available to members living in Auckland and Northland and it is intended to be rolled out across the country throughout 2011 and 2012 but it relies primarily on the generosity of those providing services. The $150 annual fee to join the scheme would not cover the costs unless health providers agreed to seriously reduce their fees as well. So, with this combination, Body Positive hopes to take the scheme nationwide.

One of the most significant points in the Ministry of Health sponsored review of all HIV services within New Zealand today identified the cost of primary health care was a burning issue for people living with HIV. Body Positive wasn't surprised by this as for years we have been assisting people to access doctors at a local level.

"The scheme works both ways", says Bruce Kilmister as we recognise that referring HIV+ people to local doctors we need those doctors to up skill in the HIV medicine. An annual HIV Treatments Update Seminar is held and these local GPs are invited to up skill their information.

For more information on the Positive Health Scheme or for details on how you can join please call Body Positive on 0800 HIV LINE

When to start treatment?

Our front cover story reflects on when an HIV+ person should start taking anti-retrovial therapy (medication) and there is a lot of diverging opinion. Dr Anton Pozniak suggests he would start people immediately if there were no issues around toxicity and side effects mainly he says because it would decrease transmission. I decided to have a look at this issue of using medication to reduce transmission. Already we know if an HIV+ person has a fully suppressed viral load and has been so for the preceding six months then the risk is significantly reduced. Not zero according to Dr Pozniak but approaching zero. What would this mean if everyone diagnosed with HIV regardless of how healthy their immune system was would impact on the transmission of the virus?

First of all Pharmac the governments drug funding agency would not consider funding drugs for everyone diagnosed with HIV until their CD4 cell count drops to around 350. This is in my opinion a very significant decision based exclusively on financial considerations. However in this country according to the AIDS Epidemiology reports from Otago University over 80% of people living with HIV in New Zealand today are on medication anyway so for not too much more what would the impact be if everyone went on to medication?

To find the answer we look as always to overseas models and yes we found one in San Francisco where like New Zealand the greatest risk of transmission is in the 'gay' or what we now call the 'Men who have sex with Men' (MSM) community.

Like New Zealand over 75% of people living with HIV in San Francisco are gay men (MSM) The results of their study are printed in the April 15th issue of Clinical Infectious Diseases.

Early last year, the UCSF Division of HIV/AIDS at San Francisco General became the first clinical practice in the country to recommend treatment upon diagnosis to all of its HIV-infected patients. The San Francisco Department of Public Health followed suit shortly thereafter. The two programs combined to treat about a third of the HIV-infected patient population in San Francisco.

"San Francisco has been successful in promoting HIV testing for individuals at risk and in getting infected persons into care and effective treatment" said study lead investigator, Edwin D. Charlebois, MPH, PhD, associate professor of medicine at the UCSF Center for AIDS Prevention Studies. "In this study, we sought to estimate what the outcomes of different strategies including immediate and universal treatment would be on the rate of new infections -- the community level HIV prevention effect."

"Recent evidence suggests that, in addition to benefiting the individual, HIV treatment can reduce the likelihood of HIV transmission to other persons. We found that, just by changing the strategy of when to start treatment in individuals already in care, our model predicts significant reductions in new HIV infections among men who have sex with men in San Francisco."

In addition, the study found that adding annual HIV testing for men who have sex with men in the city to universal treatment could bring the reduction in new infections down by 75 percent, the researchers report in their paper. "Our findings show that we can obtain even greater reductions in new HIV infections if we do a better job of encouraging people to get tested, continue to improve our linkages to care and offer treatment to all HIV patients," said study co-author, Diane V. Havlir, MD, chief of the UCSF Division of HIV/AIDS at San Francisco General Hospital.

Researchers modeled three expanded antiretroviral treatment scenarios in San Francisco: one being the current standard of care where treatment is offered to HIV-infected patients with CD4 cell counts below 500, the second offering treatment to all HIV patients receiving care and the third strategy combining intensified annual HIV testing for men who have

sex with men with treatment for all HIV-infected patients.

The model predicts that the implementation of the third strategy -- a full "test and treat" approach -- in San Francisco would cut in half the percentage of men who have sex with men living with HIV in the city from its current level of about one in four to one in eight in twenty years.

"Our clinicians recommended initiating antiretroviral therapy to all of our HIV positive patients based on our assessment that delaying treatment allows the virus to do damage to major organs systems and would lead to poorer outcomes for patients. It is too early to tell if this shift in treatment strategy last year by our clinic and the Department of Public Health has had any impact in preventing HIV infections," said Havlir.

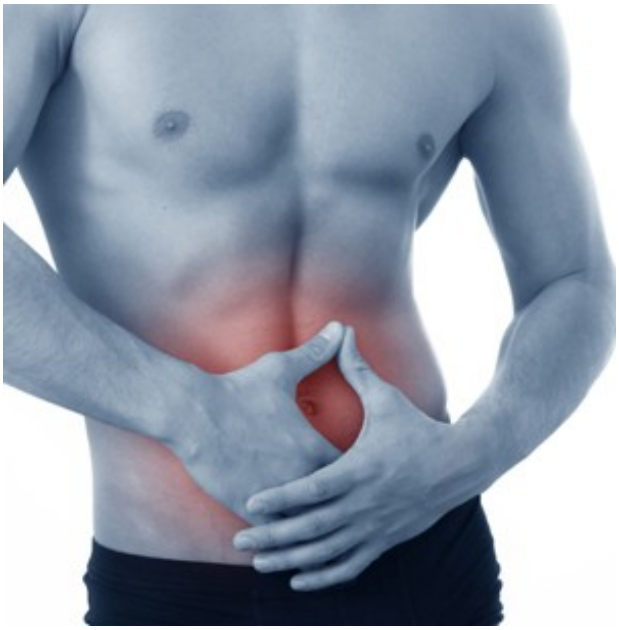
"Notwithstanding the community benefit from reduced rates of new infections -- which we view as an added gain -- we strongly believe that the primary reason HIV patients should start antiretroviral therapy upon diagnosis is so that they will experience better health and will have a longer life span than if they had waited," she added.....

By Bruce Kilmister

Alexander Mudie 1980 - 2010

Born 8th January 1980 - Died 10th November 2010

Go with your Gut Feeling



From our earliest days in the womb until the day we pass from this mortal coil, the ability of our digestive tract to maintain a stable relationship with the trillions of bacteria it houses is astounding.

When we are born, we inherit healthy gut bacteria, or probiotics (literally "for life"), from our mother as we pass through the birth canal. Breastfeeding provides us with more immune enhancing bacteria which help our gut lining to mature properly and establish a suitable anchor for probiotics.

Probiotics are important because they play a vital role in digesting our food and they live in the lining of our digestive tract, along with more than 80% of our immune system.

Within the digestive tract, different areas are home to different bacteria. The stomach and small intestine are home to *Lactobacillus acidophilus,* which plays a part in regulating acidity. The large intestine and bowel contain *Bifidobacterium lactis*, which aids protein digestion.

Probiotics compete for space on the wall of the digestive tract, protecting the delicate membrane and eliminating space for bad bacteria. They help regulate the acidity of the gut and control the growth of the fungus Candida albicans, preventing yeast infections.

Medication, stress, illness and a poor diet can kill friendly gut bacteria allowing the overgrowth of bad bacteria, toxins and other pathogens. And, despite what the adverts say, even a good helping of natural yoghurt, although beneficial in supporting overall health, does not contain sufficient amounts of good bacteria to replace those lost.

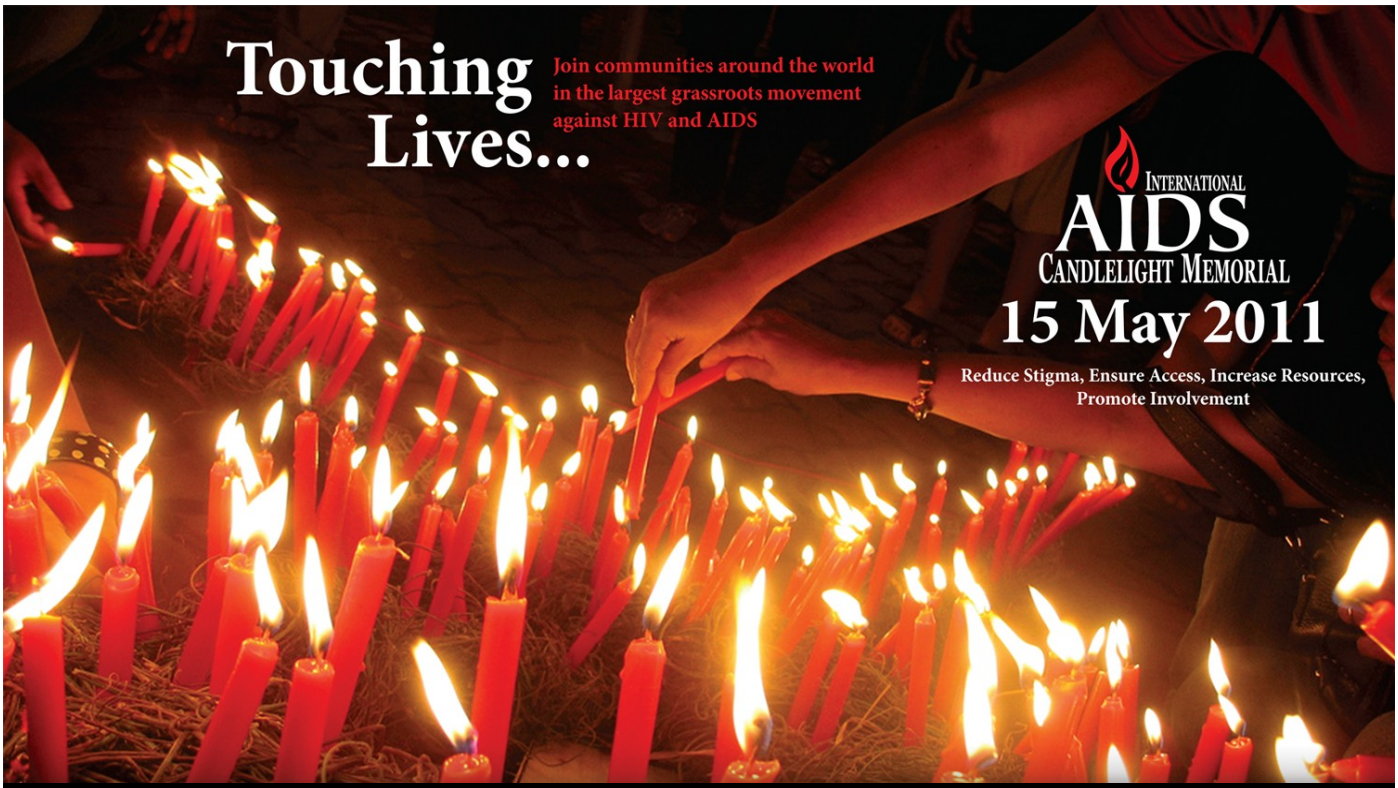
Probiotic supplements can help digestive problems such as chronic diarrhea and irritable bowel syndrome and their use is associated with a lower incidence of allergies such as eczema and hayfever by boosting the body's immunity.

Reports that New Zealand hospitals are struggling with antibiotic-resistant superbugs capable of infecting immune-affected patients are worrying. It's important to keep antibiotics in our medical repertoire but with the knowledge that they can interfere with the natural immune system in our digestive tract. Creating optimum levels of balance in the complex community of microbes inside us allows our bodies to digest – and hence live – more healthily.

By Helen Elscot

Helen Elscot ND is a qualified naturopath, nutritionist and medical herbalist and runs Herbal Health Waiheke. She is available for consultation at Body Positive on the first Tuesday of every month.

For an appointment please call Body Positive on 09 309 3989



Auckland 6pm - *St Matthews in the City, Cnr Hobson & Wellesley St*
Wellington 7pm - *St Andrews on the Terrace, 30 The Terrace*
Christchurch 6pm - *St Alban's Park, Edward Ave*
New Plymouth 7pm - *Base Hospital Chapel, David St*
Whangarei 6pm - *Christ Church, 28 Kamo Rd*
Dunedin 7pm - *St Paul's Cathedral, The Octagon*
Invercargill 6pm - *Bluff Hill*

A new Board elected to govern Body Positive

At the 2011 HIV+ Men's Retreat Body Positive held the annual general meeting.

Over 30 Members attended and the following people were elected to the Board for the 2011/2012 year.

Due to confidentiality we are unable to print surnames but most Members will recognise the Board as all the entire previous years Board were returned with two additional people appointed.

Previously held a Board position and returned for the new year;

- Scott J. – *Chairman*
- Mark B. – *Deputy Chair*
- Jock S. – *Treasurer*
- Kurt P. – *Newly Appointed from Under 35's Group*
- Paul D-S.
- Roger P.
- Grant M. – *Christchurch Rep*
- Lance K. – *Wellington Rep*
- Jack D.
- David S.
- Michael R. – *Newly Appointed by Maori Members*
- Nigel H. – *Newly Appointed*

This reflects a full Board the first time for many years. The Board will meet for the first time on May 14th.

Wellington Group 'Absolutely Positively Positive' Closes

A report from Ben W Chairman of the HIV+ Wellington group has advised that the group will close.

To ensure Wellington Members are able to access support Body Positive is writing to each Member advising them they can contact us toll free on any issue or concern. The Body Positive resident Wellington Board Member will also make his contact details available for Members to contact him.

Investigating a history of the social treatment of, and behaviour towards HIV positive homosexual men in the Central North Island between 1983 and 1997

Body Positive has received a request from a student at the University of Waikato who is currently investigating the history of the social treatment of, and behaviour towards HIV positive homosexual men in the Central North Island between 1983 as part of her Masters Degree. Her aim is to uncover the experiences of the men who may have previously been silenced.

Complete confidentiality is assured: *"I have submitted an application to the ethics committee, and my entire research will be conducted in an ethically conscious manner. I will offer the men anonymity if they desire, in the form of a pseudonym, and I will ensure any information I use in my research will not reveal their identity, if they choose anonymity."*

If you are a HIV+ homosexual man who was diagnosed with HIV or AIDS between 1983 and 1997 in the Central North Island and would like to assist her with her research please contact **Body Positive on 0800 HIV LINE**

Diary Dates

May

Wed	11	Club Phoenix
Fri	13	Pot-Luck Lunch
Sun	15	International AIDS Candlelight Memorial
Tue	17	Massage Clinic
Wed	18	Quit Smoking
Wed	18	Club Phoenix
Fri	20	Pot-Luck Lunch
Tue	24	Massage Clinic
Wed	25	Club Phoenix
Fri	27	WINZ Clinic
Fri	27	Pot-Luck Lunch
Tue	31	Massage Clinic

June

Wed	1	Club Phoenix
Fri	3	Pot-Luck Lunch
Sun	5	Under 35's Group
Mon	6	BP House Closed Queens Birthday
Tue	7	Massage Clinic
Tue	7	Hairdresser at BP
Wed	8	Club Phoenix
Fri	10	Pot-Luck Lunch
Tue	14	Massage Clinic
Wed	15	Club Phoenix
Fri	17	Pot-Luck Lunch
Tue	21	Massage Clinic
Wed	22	Club Phoenix
Fri	24	WINZ Clinic
Fri	24	Pot-Luck Lunch
Tue	28	Setting Goals and How to Start Work
Tue	28	Massage Clinic
Wed	29	Club Phoenix

July

Fri	1	Pot-Luck Lunch
Sun	3	Under 35's Group

For detailed updates check out the new online calendar at www.bodypositive.org.nz

Under 35's Group

As a younger HIV+ person you may feel an added sense of isolation because of your age.

'Get Connected' is a monthly social group for HIV+ people aged 35 and under, giving younger people an opportunity to connect and socialise with other people around your own age.

Call 09 309 3989 for details or visit www.bodypositive.org.nz

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

WINZ Clinic

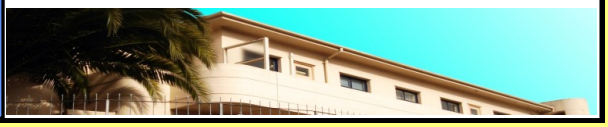
Remove the anxiety you experience in dealing with WINZ.

Body Positive operates a monthly WINZ Clinic for anyone at our premises with qualified, sensitive, understanding and supportive WINZ staff.

Work and Income
Te Hiranga Tangata
A service of the Ministry of Social Development

Friday Pot-Luck Lunch

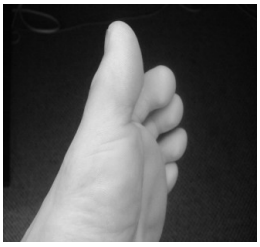
Members please note Body Positive will be hosting a drop-in lunch every Friday at mid-day. Members are welcomed to bring a pot-luck plate of food.



Foot Doctor

A professional podiatrist runs a clinic here at Body Positive House on a monthly basis.

Phone now for an appointment
09-309 3989



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.

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

Vitamins & Supplements

Body Positive has a fantastic Swisse brand Men's and Woman's Multi Vitamins available for members at the low cost of only $16 for 30 days supply (Usually over $30!)

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

An extensive range of other vitamins & supplements are also available, please see **www.bodypositive.org.nz** for full details.

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

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.

Club Phoenix

Weekly Drop In every Wednesday at Body Positive House from 6pm for people living with HIV/AIDS

Hot and cold non-alcoholic beverages are provided with some easy listening café style music to chill out to. Come and share your thoughts, experiences and sense of humour or just come in for a social chat in this relaxed and friendly environment.

Straight Arrows

A monthly get together for **Heterosexual Men and Women living with HIV** on the last Thursday of each month a Body Positive House from 6.30pm.

Contact Body Positive for further information