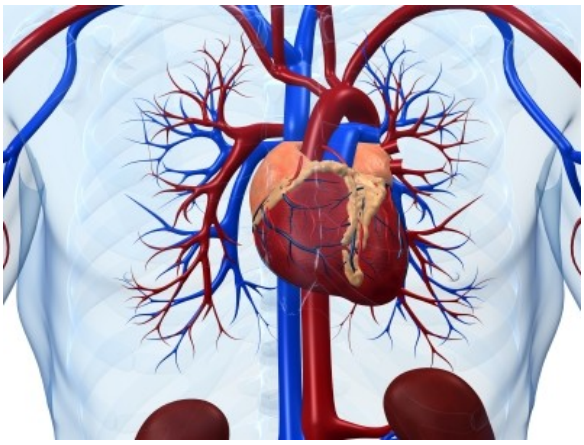
BODY POSITIVE
• NEW ZEALAND •

positively POSITIVE

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

June 2011

HIV IS AN INFLAMMATORY DISEASE



'HIV disease is characterised by a mixture of immune suppression and immune activation. So far we have focused only on fixing the suppressive side of the disease.'

For many years the focus of HIV management has rightly moved from opportunistic infection treatment and prevention to control of viraemia, as advances in new drug development and clinical trials have brought a number of new drugs, and new drug classes, to the clinic. While our patients are predominantly controlling HIV replication and have heartening recoveries in CD4 cell counts, we might think that the battle is over. However, we have succeeded in only one part of a dual-faceted disease.

Our immune response to pathogens represents a two-edged sword in many respects; able to generate vigorous responses to protect us from infections, but in doing so, can also damage our body. With regard to HIV infection, the immune response has always been considered suboptimal as the majority of people are unable to clear the virus and suffer from progressive declines in CD4 cell numbers. It was recognised from the earliest reports of AIDS that the CD4 cell depletion was also accompanied by a CD8 cell increase (with a resulting inversion of the normal CD4/CD8 ratio). We have tended to ignore this CD8 evaluation, as the immune suppression is the key process that affects patient mortality. Once viral load testing became routine, the efforts of most clinicians have focused on using combination antiretroviral therapy (ART) to control replication. This we can now do effectively; with 94% of ART-treated patients at our clinic having a viral load below 50 copies/ml.

With cessation of HIV-induced immune deficiency, more attention should now be focused on the long-term effects of chronic immune stimulation. The articles in this issue focus on some of these aspects.

CARDIOVASCULAR DISEASE RISK WITH CHRONIC INFLAMMATION

Perhaps the most immediate concern with chronic inflammation is its effect on accelerating cardiovascular disease (CVD). As mortality associated with opportunistic infections has virtually disappeared, we are now facing patients whose HIV is suppressed, whose CD4 cell counts are normal or near normal; but yet who are ageing and accumulating cardiovascular risk factors. The majority of the patients are males over 45, 44% of whom are smokers, with antiretroviral therapy-related increases in cholesterol, declining renal function and increasing blood pressure. In addition, many have evidence of chronic inflammation, as evidenced by high CRP levels. Inflammation is bad for the cardiovascular system. The results of a recent cross-sectional study suggest that the impact of HIV infection on thickening of carotid arteries is of the same magnitude as being diabetic or a smoker. Similar findings are reported by Hsue et al., who found that narrower carotid arteries were seen in HIV-infected patients compared with non-HIV-infected patients, even when viral loads were very low (either through the strength of the immune response or treatment). These data suggest that the inflammation associated with HIV disease accelerates cardiovascular disease. As inflammation is not considered in most of the traditional CVD risk calculators, for example the Framingham score, the true risk for HIV patients is probably significantly underestimated, as suggested by a recent exploratory analysis within the DAD cohort.

Inflammatory markers are elevated with HIV infection and reduce as viraemia falls. Treatment interruption allows reactivation of virus, increasing these markers, and presumably accounts for the increased risk of thrombotic events seen in the SMART study. Although certain drugs, for example indinavir, lopinavir, abacavir and possibly didanosine, are associated with an increased risk of cardiovascular events, the event rates are still lower than that seen in untreated patients and should not be a valid reason for deferring ART.

However, the relative impact of individual antiretroviral drugs in exacerbating CVD is unclear. Although DAD cohort data suggested an association between abacavir and myocardial infarction, with an increase in inflammatory markers postulated from the SMART dataset, randomised trials have failed to show this effect. In fact, the HEAT study, which compared Kivexa and Truvada found no deleterious effects from abacavir in a range of factors: highly specific C-reactive protein (hsCRP), interleukin-6 (IL-6) and soluble vascular cellular adhesion molecule-1 (sVCAM-1). Indeed, all of these markers improved with control of viraemia. It is feasible that some channelling has occurred towards using more potent (protease inhibitors) or less mitochondrially toxic drugs (abacavir) in more heavily treated patients, thus associating these drugs with the worst CVD outcomes.

In a more recent study, carotid intima thickness was also found to be significantly associated with increased levels of CD8 activation, as expressed by elevated CD38+ subsets.

So, simply put, HIV seems to induce inflammation, thus increasing levels of pro-inflammatory cytokines circulating around the body, which in turn increase the risk of platelet adhesion and acute myocardial infarction. It is intriguing to see the impact of statins in reducing CVD mortality in the general population, even those with apparently acceptable cholesterol levels but who have increased levels of inflammation (as measured by hsCRP). Treating HIV reduces these inflammatory markers; however, individual drugs, particularly those that increase lipids, accelerate cholesterol deposition in arteries. At present, the role of more traditional anti-inflammatory drugs in this equation is not so clearly defined. Unfortunately, among HIV specialists currently, there seems to be a great enthusiasm for hunting for evidence to blame certain drugs, and this risks detracting from the greater evidence that untreated HIV is far more dangerous to the cardiovascular system than treated disease.

CONCLUSION

HIV, and the immune responses it generates, causes long-term deleterious effects. Controlling viral replication is clearly better than leaving it unchecked, not solely to avoid immune suppression and opportunistic infections, but also to reduce the effects of chronic immune activation. It is this control of immune activation that presents a compelling argument for early initiation of therapy, perhaps even as soon as HIV is diagnosed, regardless of surrogate markers of immune deficiency. Future research should focus on identifying markers for those at greatest risk of immune activation disease and incorporating these markers into management guidelines.

Source: thefreelibrary.com

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For more information contact us in complete confidence.

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Letter from Paul Mitchseon

My Journey with HIV

The year of 1996 was a huge turning point in my life. My previous 18 year relationship was coming to an end, couldn't cope with the lies and put downs anymore. Mental cruelty can be as bad as physical. One April night out on my own in a London club called The Fridge, something I rarely did, was want some fun, dance to the best music around with some of the sexiest men and then head home. On the dance floor met the man who is now my current partner, a smile, dance, kiss and knew this was someone very special. Was honest with him from the start, me already in a relationship (he was single), got a great job, nice house, family and friends, about 30 miles from London, could only meet for the occasional weekend. David was happy with that, said it was better than not seeing me at all. My time with him was the happiest I could remember, was falling in love with him but wouldn't admit it, even to myself. After 3 months finally told him how I felt, he said he'd loved me from our first kiss. Being so insecure this was a huge step for me. What to do next? He asked me to move in with him in London, this meant me giving up everything, scared me to death. My ex, friends, family had know idea what was going on but I knew in my heart it was the right thing to do. Six tough weeks later my new life started in London with the most wonderful man ever. We went on holiday, almost straight away, my first trip to the USA, Miami. Once back, time to look for work, didn't take too long before I was working in the city at the Crown Prosecution Centre....everything was wonderful.

That same year lost some friends to HIV/AIDS, quite a few the previous years, even a member of my own family who committed suicide because he got AIDS, tough times, so many young lives lost. Thought my new relationship and life was the turning point. Things would only get better....yeah right!

Life was great, started to enjoy London and working in the city. David & myself would travel the same way to work each day, he started to let me become the person I always should have been, never demanded or expected anything from me. He introduced me to all his friends, social life was awesome.

One day October I noticed a patch of dry skin on my penis. At this stage I hadn't registered with a GP. David suggested I went to his local clinic, made an appointment, off I went. They gave me some cream for the dry skin, then asked to do some blood tests, would I mind having an HIV test. Fine with me. Asked to make an appointment for 10 days later. The cream worked, rash gone. Left work on a cold rainy 4th November headed for the clinic expecting to be given the all clear. Went into see the doctor, sat down, she looked very serious. Told me the rash was just a rash but the blood test had come back showing I was diagnosed HIV+! Numbness that's all I could feel, how could this be. Had been tested 12 months before, nothing. In that time I'd only had sex with three or four guys and as far as I knew it was all safe. The doctor told me to return the next day to retest but so far they had never made a mistake. Left the clinic in a complete daze. How was I going to tell David. We had only been living together for 6 weeks, he had lost a previous partner to AIDS, felt my life was crashing to the ground, fast! Took a taxi home convinced he would ask me to leave. He was cooking dinner, told him my news instantly, expecting the worse, far from it. He could not have been more supportive, don't think I'd ever cried so much, from shock and relief. He took the next day off, we went to the clinic together, he needed to be tested too. The doctor signed me off work for two weeks, David also took time off. Week later David's results came back, negative, what a relief, mine confirmed what I already knew. Then had to contact my ex-partner and tell him. We had still had sex during last year of my previous test. Because he had always been very promiscuous throughout our relationship I thought he might have given it to me. Anyway he tested, it was negative.

1996 was the start of the new combination therapy but nobody knew if it would be successful, my mind said I probably had two years to live at the most. The doctor advised me to give up work straight away (my job was very stressful) as my CD4 was very low, viral load high, the future wasn't looking good. Within a few days doctors had prescribed my meds, the regime was tough, over 30 pills at day at strict times, some with food, some on empty stomach. The side effects were very unpleasant for about 3 months, then things started to calm down. Within 6 months my CD4 count shot up and my viral load came down dramatically, they were working, for the first time I began to feel positive about being positive. After a year I realised my future looked good. Wasn't going to let this virus rule me, I would take charge and that's still the way I feel 15 years later. Decided to go back to work but didn't want to go back to the catering industry. Started a computer course at Body Positive in London, really enjoyed it, passed all exams. What next? Body Positive asked me to do a teacher training course and become a teacher at their centre in London for training other HIV+ people who wanted to go back into the workforce. Even won teacher of the year with the local University, my confidence had never been so great, could not have been happier. The side effects from the drugs still bother me from time to time but you cope with it. I've suffered from fat wasting (lypodostrophy) due to past meds. Luckily meds have changed & hopefully will continue too.

The dawning of the year 2000 would bring changes that David and I never expected. We came to visit friends in New Zealand. We instantly fell in love with this country, still find it hard to describe why, it felt like home. Once back in the UK we decided this is were we wanted to spend the rest of our life. The immigration process began, it was tough, we nearly gave up a couple of times, being HIV+ caused lots of problems but 18 months later we were excepted, thanks to Bruce Kilmister at Body Positive and Lianne Dalziel (Immigration Minister). We have now been here for 10 years and could not be happier.

The healthcare I get here from my GP & hospital is awesome. Being HIV+ and healthy can be hard work but you have to look after your mind and body. I try to eat a good healthy diet (most of the time!), NEVER fail to take my meds, train at the gym 4 times a week, and listen to my body. As I said before I'm in control of my HIV not the other way round, it will not beat me. For 15 years I've an undectable viral load and CD4 count of over 500. There are days when the drugs play up but you deal with it. At 56 I'm not doing so bad.

The reason I'm writing this....I'm fed up with all the negative attitude towards HIV+ people from organisations who can say nothing positive about being positive. The fear and stigma is driving many guys underground. Wish I wasn't, it's tough., but that is life. Some say nothing had changed since the 80' & 90's, it has, leaps and bounds. I never expected to still be alive! None of us know what the future holds. Live each day as it comes, even more important if you are HIV+....be positive about being positive.

Paul Mitchseon

Meet Tim.....

Tim was diagnosed with AIDS over 10 years ago in in 1995. Today Tim is cured - Yes Cured! - there is no trace of HIV in his blood.

Tim is a 45-year-old translator of German who lives in San Francisco. He is of medium height and very skinny, with thinning brown hair. He found out he had HIV in 1995. He had not been tested for the virus in half a decade, but that year a former partner turned up positive. "You've probably got only two years to live," the former partner told him when Tim got his results.

His partner was wrong - lifesaving anti-retrovirals were about to arrive - and Tim spent the next ten years living in Berlin, pursuing his career and enjoying the city by night. He was gregarious, a fast talker; when he went out, he'd always wind up the centre of a group. "I used to be quite a flirt," he tells me. "I would see someone in a café, bar, or disco and knew how to get what I wanted." In 2006, Tim was living in Berlin with his boyfriend, a man named Michael from the former East Germany. That year, on a trip to New York for a wedding, he began to feel miserable. He chalked it up to jet lag, but it didn't go away. Back in Berlin, his bike ride to work took so long that he got chewed out by his boss for lateness. Michael called his doctor, who saw Tim the next day.

The results came back: leukemia. A new, unrelated disease was now threatening his life. Michael cried. Tim was referred to Charité Medical University, where he was treated by Gero Hütter, a 37-year-old -specialist in blood cancers.

After chemo, the leukemia came back. Tim's last chance was a stem-cell transplant from a bone-marrow donor. Hütter had an idea. He knew little about HIV, but he remembered that people with a certain natural genetic mutation are very resistant to the virus. The mutation, called delta 32, disables CCR5, a receptor on the surface of immune-system cells that, in the vast majority of cases, is HIV's path inside. People with copies from both parents are almost completely protected from getting HIV, and they are relatively common in northern Europe - among Germans, the rate is about one in a hundred. Hütter resolved to see if he could use a stem-cell donor with the delta-32 -mutation to cure not just Tim's leukemia but also his HIV.

Hütter found 232 donors worldwide who were matches for Tim. If probabilities held, two would have double delta 32. Hütter persuaded the people at the registry to test the donors for the -mutation; his laboratory paid, at a cost of about $40 per sample. They worked through the list. Donor 61 was a hit.

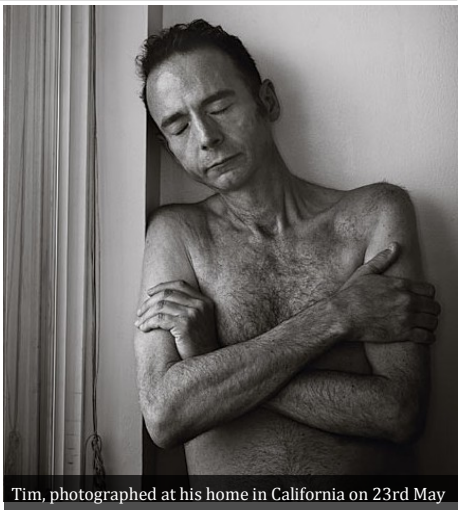
His colleagues and the chief of his unit were dubious. "The main problem was that I was just a normal physician - I had no leading position. It was not always easy to get what we needed," Hütter recalls. Tim himself was not pushing the idea. "At that point, I wasn't that concerned about HIV, because I could keep taking medication," he says.

Before Hütter asked the donor registry to begin testing, he'd searched the literature and contacted AIDS experts. It dawned on him that no one had ever done this before. "My first thought was, I'm wrong. There must be something I was missing." In a sense, that was true. Gero Hütter did not know what most AIDS researchers and clinicians had taken as accepted wisdom: A cure was impossible.

In February 2007, Tim had his stem-cell transplant from Donor 61. Right before the procedure, he stopped taking his anti-retrovirals. He survived the operation - no small feat, since stem-cell transplants from unrelated donors kill a hefty minority of the people who undergo them. His initial recovery was encouraging. "I went back to work, started working out at a gym and riding my bicycle again," he says.

Then Tim relapsed. In February 2008, Hütter did another transplant from Donor 61. (Going back to the same donor is standard; the patient is now accustomed to that immune system.) This time, the cancer seems to have stayed away. More striking: More than four years after he stopped taking anti-retroviral therapy, there is also no sign of HIV in his body. Tim is now surely one of the most biopsied humans on Earth. Samples from his blood, his brain, his liver, his rectum, have been tested over and over. People in whom the disease is controlled with anti-retroviral therapy will still have hidden HIV - perhaps a million copies. But with Tim, even the most sensitive tests detect no virus at all. Even if trace amounts remain (it is impossible to test every cell), it no longer matters. Absent the CCR5 receptors, any HIV still present cannot take root. He is cured.

A stem-cell transplant from an unrelated donor can cost $250,000 and is a reasonable risk only in the face of imminent death. What cured Tim is obviously



Tim, photographed at his home in California on 23rd May

not a cure for the rest of the world, but it is proof of concept. Sometimes science follows sentiment; the abandonment of cure research after the disillusion of the nineties is now playing out in reverse.

For Tim's cure to be relevant on a wide scale, it would have to be possible to create the delta 32 mutation without a donor and without a transplant - preferably in the form of a single injection. As it happens, progress toward that goal has already begun, in the laboratory of Paula Cannon at the University of Southern California. Instead of a donor, Cannon is using a new form of gene editing known as zinc finger nucleases, developed by the California company Sangamo BioSciences. Zinc finger nucleases are synthetic proteins that act as genetic scissors. They can target and snip a specific part of the genetic blueprint: They can, for instance, cut out the code that produces the CCR5 receptor, yielding a cell with HIV resistance.

Cannon works with mice given human immune systems, since normal mice cannot get HIV. In one study, she took human stem cells, treated them to have the CCR5 mutation, and injected them into a group of mice, with another set of animals given untreated stem cells as a control. Then she infected both groups with HIV. The result, as published in Nature Biotechnology in July 2010: The control group got sick and died. The mice given the mutation fought off the virus and remained healthy.

Great leaps are still required to find ways to inject the zinc finger nucleases directly into a patient's body. But an important leap has already been made. Gene therapy is allowing us to imagine a world of Tim's, without everything he had to endure.

Source: nymag.com

Coming to New Zealand

Body Positive has an impressive line up of international professionals to coming to New Zealand over the next few months to talk to us about our health;

Coming to our annual Treatments Update in August we have -

Professor Simon Mallal

Professor Simon Mallal, Executive Director of the Western Australian Centre for Clinical Immunology and Biomedical Statistics, is an HIV physician, clinical immunologist and immunopathologist based at the Royal Perth Hospital in Western Australia.

In 2000, he established the Centre for Clinical Immunology and Biomedical Statistics at the Royal Perth Hospital in partnership with Murdoch University, where he and his team have been credited for making several key advances in HIV medicine.

Professor Elizabeth Phillips

Professor Phillips is a Professor of Pharmacology at Murdoch University's Centre for Clinical Pharmacology and Infectious Diseases in Perth. Her research focuses on genetic determinants of efficacy and toxicity of antiretroviral treatment.

On the 3rd August we will also be hosting **Associate Professor Don Smith** from the Albion Street Clinic in Sydney for an informal chat in the Body Positive House lounge from 4pm on 'What's happening in Sydney'.

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Transmission of HIV can be reduced - by as much as 96%

The US National Institute for Health announce a 96% reduction in HIV transmission in serodiscordant couples when HIV drugs are used. The evidence is so overwhelming that the study was stopped 4 years ahead of schedule.

Washington, DC - Men and women infected with HIV reduced the risk of transmitting the virus to their sexual partners through initiation of oral antiretroviral therapy (ART), according to findings from a large multinational clinical study conducted by the HIV Prevention Trials Network (HPTN), a global partnership dedicated to reducing the transmission of HIV through cutting-edge biomedical, behavioural, and structural interventions.

The study, known as HPTN 052, was designed to evaluate whether immediate versus delayed use of ART by HIV-infected individuals would reduce transmission of HIV to their HIV-uninfected partners and potentially benefit the HIV-infected individual as well. Findings from the study were reviewed by an independent Data and Safety Monitoring Board (DSMB).The DSMB recommended that the results be released as soon as possible and that the findings be shared with study participants and investigators. The DSMB concluded that initiation of ART by HIV-infected individuals substantially protected their HIV-uninfected sexual partners from acquiring HIV infection, with a 96 percent reduction in risk of HIV transmission. HPTN 052 is the first randomized clinical trial to show that treating an HIV-infected individual with ART can reduce the risk of sexual transmission of HIV to an uninfected partner.

"This is excellent news," said Dr. Myron Cohen, HPTN 052 Principal Investigator and Associate Vice Chancellor for Global Health and Director of the Institute of Global Health and Infectious Diseases at the University of North Carolina at Chapel Hill. "The study was designed to evaluate the benefit to the sexual partner as well as the benefit to the HIV-infected person. This is the first randomized clinical trial to definitively indicate that an HIV-infected individual can reduce sexual transmission of HIV to an uninfected partner by beginning antiretroviral therapy sooner. HPTN recognizes the significant contribution that this study's participants have made to furthering the progress in HIV treatment and prevention. We are very grateful for their participation."

HPTN 052 began in April 2005 and enrolled 1,763 HIV-serodiscordant couples (couples that have one member who is HIV-infected and the other who is HIV-uninfected), the vast majority of which (97 percent) were heterosexual. The study was conducted at 13 sites across Africa, Asia and the Americas. The HIV-infected person was required to have a CD4 cell count between 350-550 per cubic millimeter (cells/mm3) at enrollment, and therefore did not require HIV treatment for his or her own health. Couples were randomized to one of two groups. In one group, the HIV-infected person immediately began taking ART (immediate ART group). In the other group, the HIV-infected person began ART when his or her CD4 cell count fell below 250 cells/mm• or if he/she developed an AIDS-related illness (the delayed ART group).

Throughout the study, both groups received HIV-related care that included counselling on safe sex practices, free condoms, treatment for sexually transmitted infections, regular HIV testing, and frequent evaluation and treatment for any complications related to HIV infection. Each group received the same amount of care and counselling. Any HIV-uninfected person who became HIV-infected during the course of the study was referred to local services for appropriate medical care and treatment.

"This rigorously conducted clinical trial demonstrates that ART dramatically reduces HIV transmission from an infected partner to an uninfected spouse or partner," states Sten Vermund, HPTN Principal Investigator and Amos Christie Chair of Global Health at the Vanderbilt University School of Medicine. "Earlier therapy is a superior option that benefits both an infected individual and his or her uninfected partner and we support global efforts to offer ART to everyone who needs it."

Among the 877 couples in the delayed ART group, 27 HIV transmissions occurred. This was in contrast to only one (1) transmission that occurred in the immediate ART group. This difference was highly statistically significant. The viruses transmitted in these 28 cases were confirmed to be linked by genetic analysis, confirming that the source of the new infection was the previously HIV-infected partner.

In the originally HIV-infected individuals themselves, 17 cases of extrapulmonary tuberculosis occurred in the delayed ART group, compared with three (3) cases in the immediate ART group, also a statistically significant finding. There were also 23 deaths during the study. Thirteen (13) occurred in the delayed ART group and 10 in the immediate ART group. Study participants and investigators are being informed of the results, and HIV-infected participants in the delayed ART group will be offered ART. All study participants will continue to be followed for at least one more year.

"Previous data about the potential value of antiretrovirals in making HIV-infected individuals less infectious to their sexual partners came largely from observational and epidemiological studies," said NIAID Director Anthony S. Fauci, M.D. "This new finding convincingly demonstrates that treating the infected individual — and doing so sooner rather than later — can have a major impact on reducing HIV transmission."

"The HPTN 052 study provides compelling evidence for a new HIV prevention approach that links prevention and care efforts," said Quarraisha Abdool Karim, HPTN co-principal investigator and associate scientific director of CAPRISA. "Strategies for scaling up knowledge of HIV status and increasing treatment coverage are critical next steps to realizing the public health benefits of this finding. This is also very good news for women who bear a disproportionate burden of HIV infection acquired from infected male partners but have few options to reduce their risk especially if their partner refuses to use condoms.

Source: Matthew Kavanagh
Health GAP (Global Access Project)

But what about us? - say MSM

This new HIV prevention study supports what many researchers, activists and people living with the virus have believed for years - antiretroviral medications reduce HIV transmission in straight serodiscordant couples by 96 percent.

It's also great news for opponents of HIV criminalization. This study guts the assumptions of most criminal laws against the transmission of HIV, which often assume exposure to the virus is always lethal, regardless of the circumstances.

This study provides hope for same-sex male couples, but it does not provide the scientific confirmation so much needed by men who have sex with men. It is sincerely hoped that researchers and funders immediately begin to get those answers.

Many HIV-positive men have been in relationships with both HIV-positive and HIV-negative men, so it is certain that serodiscordant same-sex male couples can be successful at keeping negative partners virus-free with current safer sex methods.

That said, we deserve to know scientifically if the addition of "treatment as prevention" will make current safer sex methods for men who have sex with men that much more successful.

If the answer is yes, it will not only have the obvious effect of preventing HIV transmission, but it will also

have an enormous impact on reducing stigma and discrimination. We need to know.

Source: Deputy Editor, poz.com

Wellness Fund moves home

On the 1st July the Wellness Fund will move to Body Positive - and the funds will come with it.

The long standing and serving Wellness Fund which for years has been managed by the New Zealand AIDS Foundation will move to Body Positive Inc. Body Positive has been supported by the National Collective of People Living with HIV (NCPHIV) to be the legal body to better manage the fund.

The fund will remain available for all people living with HIV in New Zealand today and the existing criteria for access will remain unchanged. This criteria has been amended over the years but more recently in the last two years was limited to a maximum annual grant of $500 towards HIV related health issues for people living with HIV on limited financial means with a Community Services Card.

Qualifying people (with a current Community Services Card) can apply for support to their relevant support organisation being regional offices of the New Zealand AIDS Foundation, Body Positive Inc, Positive Women Inc and INA Inc. Applications can also be sent directly to Body Positive Inc, P.O. Box 68-766, Newton, Auckland - Application forms will be available on www.bodypositive.org.nz from the 1st July. All applications will then be processed at Body Positive who will maintain the current 24hour workday turnaround approval process.

The World AIDS Day Street Collection has traditionally been the main source of funds for the Wellness Fund and this will also will remain largely unchanged with the New Zealand AIDS Foundation continuing to manage the project and a share of the funds collected allocated to maintaining the Wellness Fund.

Research Study

The role of the internet and social media in people living with HIV

Patients are using the internet more frequently for health information but little is known about how this internet use influences management of health conditions. Therefore, the Infectious Diseases clinic at Auckland City Hospital in conjunction with the School of Medicine are undertaking a study to better understand how people living with HIV use the internet and how this may impact on their care and interactions with their doctors.

The study is inviting all people with HIV infection who receive care at Auckland City Hospital Infectious Diseases clinic to participate. Participation involves completing one questionnaire. The questionnaire will be sent out by post to all current HIV patients of Auckland Hospital in early June. It is hoped this questionnaire will enable the ADHB to help provide better information and services to people living with HIV.

Please feel free to pass this information or contact to family members or friends to whom this may apply. The study has been approved by the Northern Region Ethics Committee. For further information on this study, please contact Carissa Sutherland on csut031@auckland.ac.nz

Vitamins and Supplements available from Body Positive

Body Positive stocks a wide range of Vitamins and Supplements at discounted prices to members.

All products are available from the reception desk of Body Positive House in Auckland, or via Post* by calling 0800 HIV LINE

*(*a $5 per order postage fee will apply for items sent in the post)*

Swisse Men's Ultivite Multivitamin

Swisse Men's Ultivite Multivitamin Mineral and Antioxidant formula with herbs assists in relieving the symptoms of tiredness, stress, increasing stamina levels and wellbeing. *Note: Many men often choose the Swisse Women's Ultivite Multivitamin because it contains a higher level of vitamin B*

30 Tablets **Cost: $16**

Swisse Women's Ultivite Multivitamin

Swisse Women's Ultivite helps relieve tiredness, assists with stress and promotes energy and stamina, it is the perfect daily supplement. Independent clinical trials show Swisse Women's Ultivite is effective in the relief of PMT symptoms.

30 Tablets **Cost: $16**

B Complex Forte

Clinicians B Complex Forte is a provides a nutrient combination to support health & wellbeing in times of stress, fatigue & irritability.

30 Capsules **Cost: $13**

OmegaGen Neptune Krill Oil

Clinicians OmegaGen Neptune Krill Oil is concentrated Omega-3 Oil. It supports many areas of the body including the heart via cholesterol and triglyceride balance, the brain via mental clarity and cognition, the hormones via menstrual cycle regulation, and it also supports healthy joints and bones.

30 Capsules **Cost: $23**

Colostrum Chews (Strawberry)

Colostrum is a nutritious source of beneficial immune factors, particularly IgG antibodies that provide natural immune support. Good Health Colostrum chews are in a delicious base of whey powder, and contain colostrum sourced from healthy pasture-fed dairy cows.

150 Chewable Tablets **Cost: $21**

Coenzyme Q10

Clinicians Coenzyme Q10 provides potent antioxidant support for healthy heart function, healthy energy levels and healthy oxygen to the cells.

30 Capsules **Cost: $31**

Omega 3 Fish Oil (Value Pack)

Clinicians Omega-3 provides a high-quality source of fish oils containing DHA and EPA essential fatty acids. Both these forms of fatty acids are important in supporting both cardiovascular and immune health.

300 Capsules **Cost: $20**

Hi-Dose Vit C Powder

Clinicians Hi-Dose Vit C has been developed to support the body's defences against winter ills and chills. It contains both sodium ascorbate and ascorbic acid and may support and enhance the immune system during viral infections.

150g or 300g **Cost: $20 / $35**

Ki Immune Defence & Vitality Formula

Ki Immune Defence and Vitality Formula is formulated to enhance the immune system and at the same time boost the body's energy reserves.

30 Tablets **Cost: $23**

Selenium Oral Drops

Clinicians Selenium Oral Drops provide a high-potency formula of the antioxidant trace mineral Selenium in liquid format.

30ml **Cost: $14**

Supreme Greens

Supreme Greens combines Spirulina, Barley and Wheat grasses, Chlorella, and vegetable powders providing a nutrient-rich, health tonic to support overall wellbeing.

120 Capsules **Cost: $21**

Zinc Oral Drops

Clinicians Zinc Oral Drops provide elemental zinc in a highly absorbable and concentrated form.

30ml **Cost: $11**

Wellington Project underway....

With the recent closing of the Wellington HIV positive group - Absolutely Positively Positive - the Board of Body Positive have called for a 'Scoping Project' to determine if a Resource Drop in Centre should be established in Wellington. Body Positive members in the Wellington area have been sent a questionnaire survey form asking for their opinions.

"It would be pointless establishing such a facility if no-one wanted it" says Bruce Kilmister of Body Positive, "It would also be pointless unless our Wellington Members had a say in how it would be run and have direct input into its operation."

Body Positive Board Trustee, Lance K, who resides in Wellington has offered to collate information and speak to anyone with an interest in such a facility. Contact details for Lance can be obtained through Body Positive by calling toll-free 0800 HIVLINE.

Open Saturday

Body Positive announces it will now open on Saturdays from 10am to midday to provide Rapid HIV Testing Services.

"This is a new initiative" says Bruce Kilmister, CEO of Body Positive, "to assist those who find it difficult to take time off from work through the week. It is a further convenience for our community to ensure their personal health is safe and they can secure information about HIV at the same time."

Diary Dates

June

Tue	14	Massage Clinic
Wed	15	Club Phoenix
Fri	17	Members Lunch
Tue	21	Massage Clinic
Wed	22	Club Phoenix
Fri	24	WINZ Clinic
		Work and Income Te Hiranga Tangata A service of the Ministry of Social Development
Fri	24	Members Lunch
Tue	28	Setting Goals and How to Start Work
Tue	28	Massage Clinic
Wed	29	Club Phoenix

July

Fri	1	Members Lunch
Sun	3	Under 35's Group
		GET CONNECTED
Mon	4	Hairdresser at BP
Tue	5	Massage Clinic
Wed	6	Club Phoenix
Fri	8	Members Lunch
Sat	9	Naked Nutrition
Tue	12	Massage Clinic
Wed	13	Club Phoenix
Fri	15	Members Lunch
Tue	19	Massage Clinic
Wed	20	Club Phoenix
Fri	22	Members Lunch
Tue	26	Massage Clinic
Wed	27	Club Phoenix
Fri	29	WINZ Clinic
		Work and Income Te Hiranga Tangata A service of the Ministry of Social Development
Fri	29	Members Lunch

August

Mon	1	Hairdresser at BP
Tue	2	Massage Clinic
Wed	3	Club Phoenix
Fri	5	Members Lunch
Sun	7	Under 35's Group
		GET CONNECTED
Fri	26	HIV Treatments Update

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

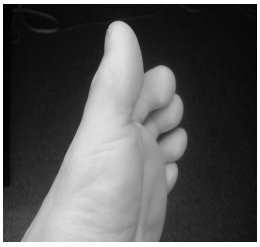
Friday Pot-Luck Lunch

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