BODY POSITIVE
NEW ZEALAND

positively POSITIVE

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

September 2011

HIV Treatments Update

Each year Body Positive hosts a one day seminar updating the community on advances and progress on HIV medicine, treatments and issues surrounding living with HIV. On 26th August the latest event took place at the Pullman Hotel in Auckland. Speakers came from a wide range of fields including medical and legal. Attending were academics, police, support workers and health professionals as well as people living with HIV.

Professor Simon Mallal is the Executive Director of the *Western Australian Centre for Clinical Immunology and Biomedical Statistics*. He is an HIV physician, clinical immunologist based at the *Royal Perth Hospital*. His team in partnership with *Murdoch University* has been credited with several key advances in HIV medicine.

The focus of his presentation was when is the best time to start treatment based on CD4 counts. In New Zealand at present treatment is not usually offered to those with a CD4 count above 350 per ml of blood. Overseas especially in the United States, there is a shift towards commencing treatment when a patient's CD4 levels drop to 500. However, the long term benefit of such an approach is not yet clear.

A case is made that those starting treatments earlier have their viral loads reduced to an undetectable level and are therefore, far less likely to pass on HIV to new partners. This has become known as Treatment as Prevention. However, there is a question over the long term effects of the toxicity of the treatments versus the continual low grade inflammation of the immune system as it continually fights HIV if that patient was not on treatments, ie those whose immune systems are continually working overtime. In essence the current generation are guinea pigs for future generations.

Simon gave a good account of the evolution of HIV treatment in Australia, New Zealand and overseas. His evening presentation was designed for other medics and described a clear preference for individualised treatment, an earlier start to medicines in order reduce the chance of the newly diagnosed patient passing HIV on to their partners. He challenged the international recommended treatment guidelines. He did however, reiterate that in his opinion, Australia and New Zealand have performed well in comparison to other countries in handling the HIV/AIDS issue since 1980 due to their political bipartisan approach, a politically active patient group and broad community support for the measures to be taken.

The next speaker was **Associate Professor Mark Thomas**. He is an infectious disease physician at Auckland Hospital specialising in adult patients with HIV and AIDS. His presentation on HIV in New Zealand concentrated on the next 20 years and on HIV treatments looking up to 10 years hence. He predicted that New Zealand is at serious risk of experiencing an exploding rate of new HIV transmissions if the focus is lost on encouraging condom use and needle exchange programmes. Despite the best efforts of the *New Zealand Aids Foundation* (NZAF) to curtail transmission he foresees significant increases in infection amongst men who have sex with men (MSM).

Carissa Sutherland is a masters students in Health Psychology at *Auckland University*. She has worked under the supervision of Professor Keith Petrie and Dr. Mark Thomas. Her research has looked at the effect of internet and social media on interactions between people with HIV infections and Auckland Hospital Infectious Disease Service.

Her research has thrown up interesting data on how few patients use the internet to access information on HIV treatments and how few challenge their physician or pose questions regarding their treatment. New Zealanders appear tame compared with their Americans and Australian counterparts who participate far more in the decision making regarding their treatment.

Associate Professor Nigel Dickson is Director of the AIDS Epidemiology Group in the *Dept of Preventative and Social Medicine* at the *University of Otago*. He has researched sexual behaviour and reproductive health since 1990 and is the co -Director of the *New Zealand Pediatric Surveillance Unit* at the *Dept of Women's and Children's Health* since 1997.

He updated the meeting on New Zealand epidemiology statistics up to 2010. He highlighted the fact that despite all the campaigns and publicity surrounding HIV, 2010 was the year with the highest ever infection rates for HIV for MSM. He reaffirmed the need for New Zealand to step up her testing campaign arguing that knowing one's status may change people's behaviour.

(Continued on page 2)

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(Continued from page 1)

Nigel discussed statistics showing New Zealand's performance against other western nations. Taking MSM new infections, all age groups appear to be on the rise especially those over 45. The only group with lower infection rates than previous years was that of the under 30s. This group however, remained the second highest group overall behind those aged 40-49.

Tony Hughes is the Director of the *New Zealand AIDS Foundation* (NZAF) Research Unit. His presentation highlighted the need to maintain condom use as the best method to prevent HIV transmission. He argued that using a 'treatment as prevention' approach was counter productive as people perceived those with undetectable viral loads as virtually non-infectious. He used Australian models to demonstrate that the most consistent method of prevention is sustained condom use.

Tony's presentation showed that receptive anal sex is 18-20 times more risky than vaginal sex. He was concerned that arguments in favour of treatment as prevention sends the wrong message to the MSM community who should be encouraged to maintain or improve condom usage.

Detective Sergeant Andy King has worked with the *New Zealand Police Force* since 1995. He established the *Auckland Adult Sexual Assault Team* (ASAT) in 2006. His presentation was a rendition of the notorious Glen Mills case from the Police viewpoint.

Mills was charged with multiple cases of 'Infecting with disease', 'Wounding with reckless disregard', 'Sexual violation' and 'Crime committed on the High Seas'. It was held that after testing positive for HIV in 2007 Mills deliberately infected 11 men and 3 women through engaging in unprotected sex. In 2009 Mills took his own life whilst awaiting trial in Mount Eden prison. Further claims of gang rape have arisen since. The crux of the case was that Mills had put others at risk of contracting HIV by neither using a condom during sex nor disclosing his HIV status.

Dr Steve Richie is a Post Doctoral Research Fellow at the *Allan Wilson Centre* as well as an Infectious Disease physician at *Auckland Hospital*. Steve recently attended the *6th International AIDS Society (IAS) Conference on Pathogenesis, Treatment and Prevention* in Rome. His presentation was an update on current topical developments in vaccines and microbicides.

It was reported at the conference that there is no expectation of a cure for HIV in the foreseeable future. Current research is looking at Treatment as Prevention. Studies in Brazil indicated that those uninfected with HIV but engaging in unprotected sex whilst effectively taking HIV medicines were 92% less likely to test positive than those who took placebos. It was also reported that current research is based on investigating different cocktails of drugs rather than discovering any new ones.

Professor Paul Rishworth of the *Auckland Faculty of Law* is an expert on Human Rights in New Zealand and the South Pacific. He worked on the New Zealand Bill of Rights and in 2004 wrote a legal opinion about the Duty of Care under the Crimes Acts for people living with HIV. His presentation posed the question "HIV today in 2011 is no longer a terminal condition. Does it still have the seriousness of a potential criminal conviction?"

Paul's current research suggests that those who are HIV positive but do not disclose their status but do use a condom during sex are not criminally liable. Further he suggests that those who are HIV positive, who do disclose their status and then do not use a condom are also not criminally liable. He cited recent Canadian court judgements which range from a dismissal for an HIV man on medicines who was held to pose no significant risk, to other cases where charges were held. He summarised, "there is confusion in Canada".

Professor Rishworth will announce his final legal opinion to Body Positive before Christmas

Jane Bruning is the National Coordinator of *Positive Women*. As such Jane is committed to ensuring the voices of women and families living with HIV in New Zealand are heard. Her presentation included a practical demonstration of the female condom. She admits herself that some of the male attendees were less than enthusiastic participants in the exercise. The condom used was the Mk 2 model. The earlier Mk 1 model has been criticised as being too squeaky. However, both condoms are also effective for anal use as for vaginal.

Body Positive would like to thank all contributors to the seminar as well as event sponsors, MSD, Gilead, Janssen, Abbott and ViiV Healthcare.

By John Windle

San Francisco starts project to keep negative men negative

San Francisco is expected to become the first city in the world to offer gay men an anti-HIV pill that has proven successful in stopping transmission of the virus that causes AIDS.

Officials with the National Institutes of Health and San Francisco public health officials are close to finalizing an agreement to launch in early 2012 a demonstration project for usage of pre-exposure prophylaxis or PrEP. The combination pill contains tenofovir and emtricitabine (Gilead Science's Truvada) and has proven to be highly effective during clinical trials studying its efficacy.

Under the contract, up to 300 men who have sex with men at high risk for contracting HIV would be enrolled in the pilot study. City Clinic would administer the program while Magnet, the gay men's health centre in the Castro, would help identify suitable participants for the study.

"We are anticipating we will be the first municipality to implement a PrEP demonstration project and things are moving forward toward that goal," said Dr. Grant Colfax, the city's director of HIV prevention. "We are hoping the demo project would be implemented in the first quarter of 2012."

The exact funding amount for the National Institutes of Health Implementation Science Study is still being determined. And San Francisco is expected to partner with counterparts in Miami on the study to see if gay men want to use PrEP, and if so, how to safely administer the medical prevention technique.

"We don't know if people want it," said Colfax.

The rollout of PrEP has been highly controversial, with some HIV prevention officials worried gay men will use it in order to engage in risky sexual practices. Others are concerned about having gay men take powerful drugs every day and what impacts that may have on their health later in life.

"Certainly, there are a lot of questions about it. I think the real question is once it is on the ground, and we have a program actually offering PrEP, what is the experience of the community for the demand? What is the level of interest in the gay community in using PrEP to prevent HIV?" asked Colfax.

Magnet Director Steve Gibson said, so far, few of the clinic's patients have asked about the HIV prevention tool or its availability. Those who have, he said, either took part in the iPrEx clinical trials, known locally as PREPARE, or are HIV-negative men who have HIV-positive partners.

"We have had a handful of guys asking about PrEP," said Gibson. "These are guys trying to figure out what the result of the iPrEx study might look like for them and how they manage their HIV risks on a day-to-day basis."

Some of the questions Gibson said he hopes the demo project will answer are not only how gay men adopt using PrEP but also how to ensure lower income gay and bi men and men of colour have access to it.

"We've proven the concept can work. Now the question is how can we make it work and be most relevant for gay men in San Francisco," said Gibson. "Then my concerns are about equity. In San Francisco how do we make it equitable for gay men in lower socio-economic status or fearful of health care providers."

Source: The Bay Area Reporter

Positive Health - Wellington

Body Positive has been offering it's Positive Health plan to Aucklanders for the last 2 years and it has become increasingly popular with Members. Not only does the scheme offer financial support to meet regular and ongoing medical costs by paying for doctors fees, pharmacy fees, massage, podiatry treatment, and some dental expenses contribution, the scheme also offers a complimentary 10 weeks free gymnasium membership. Body Positive issues a Positive Health ID Card to the member who uses it just like a credit card, presenting it at the doctor's for payment to be referred back to Body Positive.

The plan was established to meet the needs particularly of those living on a benefit. "We found our Members getting sick because they could not afford to go to the doctor" says Bruce Kilmister – CEO of Body Positive. "If this organisation has one priority it is to assist our Members to keep as healthy as they can. "And providing financial support to go to the doctor is important."

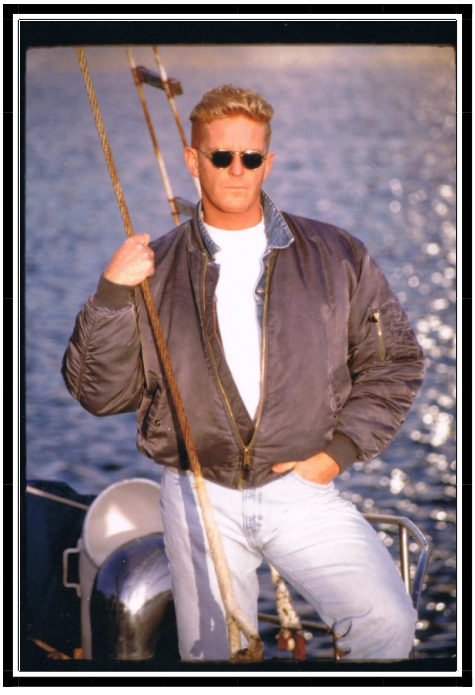
The scheme was extended to Northland recently by providing support to Members living north of Auckland to access medical services and avoid any delay due to financial circumstances.

Currently the scheme is being prepared to offer our Wellington Members access to the scheme and we are researching service providers in the region for inclusion in to the scheme. Members can retain the private use of their own doctor if their doctors fees are reasonable and are happy to be part of the scheme. So if you live in the Wellington region and would like to recommend your GP or another service you feel could be of benefit to our Members just contact us and let us know. Wellington Members can contact our Wellington Board Member Mr Lance K. On his e-mail address; lance@bodypositive.org.nz or get his mobile number by contacting us in the office by calling toll free 0800 HIVLINE (0800 -448-5463)

The plan has an annual fee of $150 but this can be paid from the Wellness Fund if the Member is on a benefit and has a Community Services card.

Body Positive plan to roll the scheme out for Wellington Members before the end of the year.

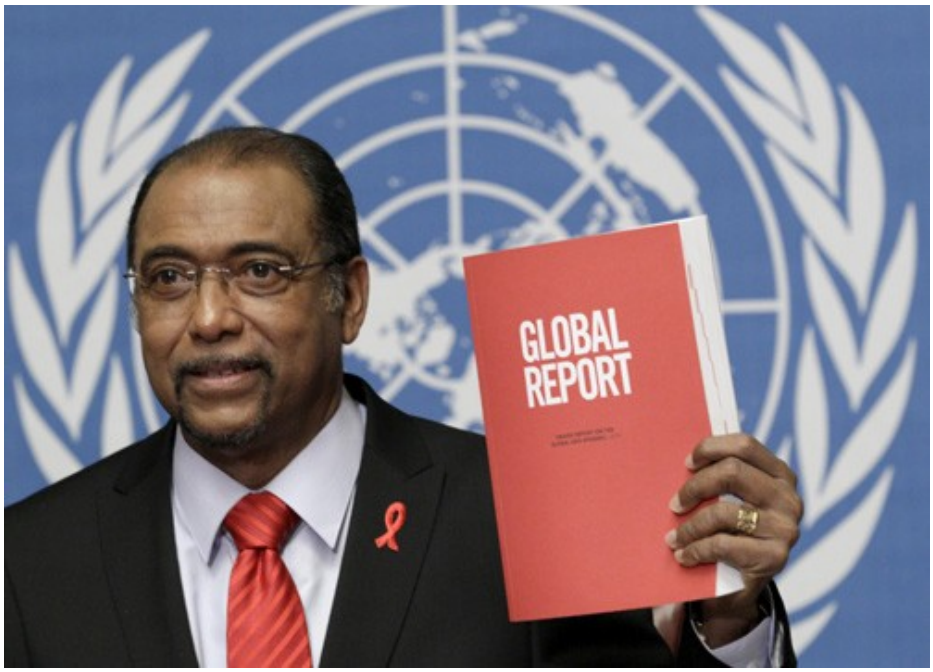
Morrie Morrison 1958 - 2011



Born 6th December 1958 - Died 4th July 2011

Facing Up To the Reality of HIV

Now that the UN is formally recognising the higher risk of HIV faced by gay men, IV drug users and sex workers, there's scope for making real progress in the fight against HIV.



In June, the United Nations General Assembly held a special session to review progress in the fight against AIDS and to decide on a new global plan of action to tackle the epidemic. This historic meeting brought together government leaders from all countries as well as advocates from medical, scientific and community sectors and people living with HIV from all parts of the world.

This special General Assembly meeting coincided with the 30th anniversary of the first public report of AIDS in June 1981 — a brief report noting a peculiar cluster of unusual pneumonia cases in five otherwise healthy gay men. Today the epidemic affects every part of the world and has claimed more than 30 million lives. Another 33 million people are living with HIV and there are some 7000 new infections every day, mostly among young people. Some 16 million children have been orphaned because of AIDS.

Even though powerful new HIV treatments are making a tremendous impact in reducing illness and AIDS related deaths, the sustainability of providing HIV treatment — especially in low to middle income countries — is threatened by the reality that for every one person put on treatment, another two people become infected. Costs must be brought down and the pace of the epidemic slowed if we are to make providing HIV treatment sustainable for the millions of people who will need it.

The answer to reducing new infections is prevention, prevention and more prevention. In fact Michel Sidibe, the Director of the UN's HIV agency, UNAIDS, has called for a prevention revolution that makes every person aware of HIV, tackles stigma and discrimination about HIV and makes condoms, clean needles and syringes widely available. Sidibe notes that future prevention efforts must also capitalise on the latest scientific findings, including that using HIV treatments earlier not only helps the individual living with HIV, but also reduces infectiousness, resulting in fewer new HIV infections.

Ten years ago the United Nations adopted its first Declaration of Commitment on AIDS, a comprehensive global plan for fighting HIV. While the plan contained excellent elements and has been important in helping guide the global HIV response, it was fatally flawed in one area: it didn't name the three groups who are universally at higher risk to HIV, namely, men who have sex with men, people who inject drugs and sex workers.

A group of countries adamantly refused to allow these groups to be listed in the first Declaration and instead insisted that they be obliquely referred to as "vulnerable groups". This decision to deny the reality of who is at higher risk has arguably cost many new HIV infections and lives. It has hindered HIV prevention efforts, misdirected many millions of dollars in targeting populations at low risk of HIV, instead of directing money and effort where it would have the greatest impact.

This time, finally, and against all the odds, the United Nations was able to agree for the first time to list in their new Declaration these three key groups that all countries need to give high priority to in their HIV prevention plans — along with targeting other populations at risk, depending on the pattern of each country's HIV epidemic. If countries implement this much more strategic approach to HIV prevention, there is the potential to dramatically slow the rate of new HIV infections.

As well as calling for HIV prevention to be better targeted and scientifically based, the new UN Declaration contains an extensive list of new commitments. Bold targets have been endorsed to reduce rates of new HIV infections from sexual transmission and injecting drug use by 50 per cent by 2015. Countries have also agreed that HIV transmission from mother to child must be eliminated by 2015 as a response to the appalling statistic that around 370,000 babies are infected with HIV annually.

While the UN Plan reiterates that prevention must be the mainstay of the global HIV response, the urgency of expanding HIV treatment is acknowledged through a commitment to ensure that another 14 million people are able to start HIV treatment by 2015, as part of a goal of providing universal access to HIV treatment for all in need.

Other important commitments in the plan include calling for better coordination and monitoring of HIV programs, measures to help strengthen health systems and a call for all countries, not just donor countries, to assume greater ownership and funding of their HIV responses.

At the end of the day, the new United Nations Declaration on HIV will stand or fall on the willingness of governments to implement it. This will require political leadership, scientific guidance and forceful advocacy. However, the willingness of all countries to adopt a new Declaration on HIV, with its important new commitments, goals and targets, is a truly hopeful sign that the global response to HIV can be revitalised and that a world without AIDS can be a reality.

It is sad to report that New Zealand did not send a delegation to this UN conference.

By Bill Whittaker from National Association of People living with HIV – Australia

Abacavir/Lamivudine Equals Tenofovir/Emtricitabine in Cohort Study

People taking an antiretroviral (ARV) combination including abacavir and lamivudine (typically used together as Kivexa) were no more likely to experience treatment failure, compared with people taking a combination including tenofovir and emtricitabine, regardless of their initial HIV levels. These results, from a Canadian HIV cohort, were published in the September 1 issue of the Journal of Acquired Immune Deficiency Syndromes.

HIV experts have disagreed for a several years now over the appropriate place of abacavir/lamivudine in a person's initial ARV regimen. Though British and European treatment guidelines recommend this nucleoside reverse transcriptase inhibitor (NRTI) duo for first-line therapy, U.S. Department of Health and Human Services (DHHS) guidelines list the combination as an alternative regimen. This is largely due to two lingering issues.

First there is concern regarding abacavir use and the potential increased risk of a heart attack. Though some studies have demonstrated a link, others have not.

Then there are efficacy concerns. In one study in particular, people with virus levels over 100,000 copies, who were taking a regimen including Kivexa, were less likely to get and keep their HIV under control, compared with people taking a regimen containing tenofovir and emtricitabine.

To shed further light on the question of abacavir/lamivudine efficacy, Darrell Tan, MD, from the University of Toronto, and his colleagues from the Canadian Observational Cohort Collaboration (CANOC), reviewed the medical records of HIV-positive participants within the cohort. To be included in this analysis, participants' abacavir/lamivudine- or tenofovir/emtricitabine-inclusive regimen must have been their first ARV combinations, they must have started treatment on or after January 1, 2000, and they must have had a CD4 and viral load test before starting therapy.

In all, 1,764 people were included in the study: 588 on abacavir/lamivudine and 1,176 on tenofovir/emtricitabine. These were combined with Sustiva (efavirenz), Viramune (nevirapine), Kaletra (lopinavir plus ritonavir) or Norvir (ritonavir)–boosted Reyataz (atazanavir). Tan's team analyzed the data in terms how well participants' regimen suppressed HIV, when participants switched or stopped any part of their ARV regimen, and when they stopped taking their NRTIs specifically.

Tan and his colleagues did not find any statistically significant differences in the time to regimen failure, virologic failure, switching or stopping ARVs for non-virologic failure reasons, or virologic suppression according to the NRTIs used. In addition, there was no association between the NRTIs used and pre-treatment viral loads for any of the efficacy outcomes; results were similar for those who started treatment with viral loads in excess of 100,000 compared with those with pre-treatment viral loads below 100,000.

Source: www.aidsmeds.com

Fluorescent Cats and the Development of Gene-Based Therapies Against HIV

A litter of green-glowing kittens are helping Mayo Clinic researchers develop a gene-based immunization strategy to fight feline AIDS and illuminate ways to combat human HIV infection and other diseases. The goal of the research, published September 11 by Nature Methods, is to create cats with intrinsic immunity to feline immunodeficiency virus (FIV).

Just like HIV in humans, FIV in cats causes AIDS by depleting the body's infection-fighting CD4 cells. Unfortunately, the feline and human versions of key proteins that potently defend mammals against virus invasion—dubbed restriction factors—are ineffective against FIV and HIV.

Eric Poeschla, MD, of the Mayo Clinic in Rochester, Minnesota, and his colleagues sought to mimic the way evolution normally gives rise over vast time spans to protective protein versions. They devised a way to insert effective monkey versions of them into the cat genome.

The technique is called gamete-targeted lentiviral transgenesis. Simply put, it involves inserting a gene that activates a monkey restriction factor called TRIMCyp known to block FIV infection into feline eggs before sperm fertilization.

The researchers also injected a jellyfish gene for tracking purposes. This gene, known as green fluorescent protein, made the offspring cats glow; it has been used in several other animal models to track the activity of altered genes.

TRIMCyp blocks FIV by attacking and disabling the virus's outer shield as it tries to invade a cell. The researchers know that works well in a culture dish and want to determine how it will work in living creatures.

The researchers note that this specific gene modification approach will not be used directly for treating people with HIV or for cats with FIV, but it will help medical and veterinary researchers understand how restriction factors can be used to advance gene therapy for AIDS caused by either virus.

The method for inserting genes into the feline genome is highly efficient, so that virtually all offspring have the genes. And the defence proteins are made throughout the cat's body. The cats with the protective genes are thriving and have produced kittens whose cells make the proteins, thus proving that the inserted genes remain active in successive generations.

Source: www.poz.com

People in the News – Hilary Gerrard

Body Positive has a new member of staff. Hilary Gerrard joined Body Positive in July to provide counselling and sex therapy. Since January she has also worked in Whangarei at the 123 Clinic offering counselling and conducting fast testing for HIV. I joined her for a coffee to discuss her background and reasons for joining Body Positive

Hilary worked as a Clinical Nurse Specialist in the Infectious Diseases Dept of Auckland Hospital since 2004 but has been involved with HIV as a nurse since 1985. Born in Glasgow in Scotland she trained as a general nurse and worked at Edinburgh City Hospital. In 1985 young male and female patients started being admitted with HIV/AIDS defining illnesses. They are what we now call opportunistic diseases due to the patients' weak immune systems. This was the time of the appearance of AIDS in the UK. Hilary worked in the infectious diseases ward from 1985. She describes City Hospital as an old TB Hospital, a place with few resources but where patients were sent when the medical establishment didn't know what else to do with them. Under resourced, patients needing further procedures had to be transported to other hospitals in Edinburgh. Hilary described taking one patient to another of Edinburgh's hospital for a CT scan. The doctor had covered the entire machine in plastic sheeting, fearing infection from the patient. When the doctor asked Hilary if there was anything else he could do to protect himself Hilary's response was "Why? Are you planning to have sex with him?" She was annoyed by the ignorance of health professionals about HIV/AIDS in those early days and felt protective towards her patients.

Hilary worked in the infectious diseases ward for four years. She moved back in to general nursing in 1992 feeling she had got too involved and that it was time to create some distance. However, after a two year break, she returned to infectious diseases and HIV, working in the HIV ward where her 20 patients were a mixture of Men who had Sex with Men (MSM), intravenous drug users and haemophiliacs. I asked her how the different sections got on, was there any animosity? She replied that the different groups largely ignored each other. The only real problems occurred when two IV drug users who had had disagreements in the outside world were placed in the ward together. She felt that the time she had spent away from HIV issues had allowed her to gain a professional distance yet enabled her to offer a greater degree of care.

I asked Hilary why she had chosen a field where at the time patients had little hope of recovery. Hilary replied that it was a new field and she was attracted by the buzz surrounding it. She also felt very protective of the patients who faced huge social stigma from society and often from their own families.

In 1998 Hilary's husband, who is a keen yachtsman, spent 5 months travelling the world without Hilary. When he returned he held forth about how wonderful New Zealand was and how Auckland was the City of Sails. So without even having been here on holiday Hilary packed up everything and the two of them moved to Auckland.

She initially worked as a practice nurse in Auckland. She welcomed the regular hours and the lack of shifts that she'd had to work with since 1985. However, she gradually moved towards family planning and sexual health. Unlike the UK, in New Zealand the two fields are combined, something Hilary finds sometimes incompatible. But through working with this field she was drawn back to HIV issues.

In 2004 she began working with CART, the Community AIDS Resources Team as a Nurse Specialist. The team has now been renamed the Community HIV Team and works closely with the Infectious Diseases Team at Auckland Hospital. In 2009 to advance her professional development she studied for the Post Graduate Diploma in Counselling at the University of Auckland. As part of this study she took a student placement at the New Zealand AIDS Foundation (NZAF)'s Burnett Centre in Auckland. Working here, she came to realise that sex therapy and working with couples were the fields calling her. However, Hilary understood that as a therapist/counsellor she could not continue as a Nurse Specialist dealing with the same client group.

Hilary has worked with HIV since 1985. She is obviously enthusiastic and committed. I asked Hilary what makes a good counsellor in this field. She said "professional therapeutic relations are the most important aspect of my work". She describes her counselling style as "an eclectic mix of models of therapy that I try and streamline when working with each individual client".

I asked Hilary about what expectations her clients have of her. She believes counselling is most needed at diagnosis and when clients are about to start medication She trusts that they find her open, warm, honest and non-judgemental. She is motivated to help clients find their own resources within. She does not like to spoon feed them preferring to help them take control of their own lives. I asked her if she ever just wanted to grab a client and say 'grow a pair'. Hilary laughed and said that may be what she's thinking but whilst it is her role to provide counselling, it is the client who has to do the work. She is there to help them "draw out their innate skills". When I asked Hilary about this she said "I believe we all have the skills but sometimes we don't realise we're allowed to use them". She does however, see it as her role to challenge inconsistencies and reasoning with her clients.

Hilary attended the recent HIV Treatment Update session hosted by Body Positive in Auckland. She found the day interesting but wonders whether it is too medically focussed. She found the session by Detective Sergeant Andy King on the Glen Mills case the most interesting yet "chillingly frightening". She was also impressed by Dr Steve Richie's talk on the next level of care and the question of when to start medication. Details on this one day seminar are in another article.

What of the future of HIV policy in New Zealand? Hilary believes there will be a move toward individualised care. She is concerned about the growing perception in the community that to have an undetectable HIV count is to be virtually free of HIV and that unprotected sex is growing in acceptance. She points out that the tests are done on blood counts but do not indicate how much HIV is in semen that may be exchanged. Another issue is trust. Sexual partners of those with undetectable viral loads cannot be certain that their partner is actually taking medications reliably and thereby maintaining their undetectable status. Therefore, she believes the key message is condoms must be used and the message must be maintained and promoted. For herself, she looks forward to completing her advanced training in Sex Therapy at the Goodfellow Unit at Auckland University. We wish her well.

If you feel counselling can help you can contact Bruce Kilmister at Body Positive to book an appointment with Hilary. She will then conduct a half hour assessment and discuss how she can help.

By John Windle

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

Body Positive is offering free health assessments with Helen on the first Tuesday of every month. These assessments are built around listening to your health story and prescribing a treatment plan. You can find more information on Helen at www.herbalhealthwaiheke.co.nz.

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

Diary Dates

September

Tue	20	Massage Clinic
Wed	21	Club Phoenix
Fri	23	Members Lunch
Tue	27	Massage Clinic
Wed	28	Club Phoenix
Fri	30	WINZ Clinic
Fri	30	Members Lunch

October

Sun	2	Under 35's Group
Tue	4	Massage Clinic
Wed	5	Club Phoenix
Fri	7	Members Lunch
Tue	11	Massage Clinic
Wed	12	Club Phoenix
Fri	14	Members Lunch
Tue	18	Massage Clinic
Wed	19	Club Phoenix
Fri	21	Members Lunch
Tue	25	Massage Clinic
Wed	26	Club Phoenix - 1st Birthday BBQ
Fri	28	WINZ Clinic
Fri	28	Members Lunch

November

Tue	1	Massage Clinic
Wed	2	Club Phoenix
Fri	4	Members Lunch
Sun	6	Under 35's Group
Tue	18	Massage Clinic
Wed	19	Club Phoenix
Fri	21	Members Lunch

For detailed updates check out the 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

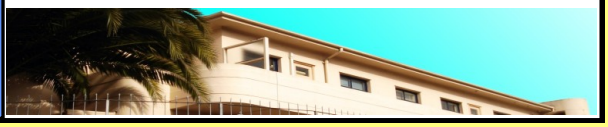
Remove the anxiety you experience in dealing with WINZ.

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

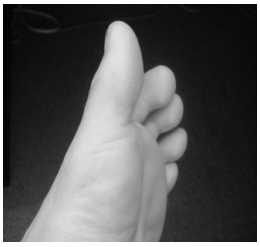
Members please note Body Positive will be hosting a drop-in lunch every Friday at mid-day. Members are welcomed to bring a pot-luck plate of food.



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