



**+BODY POSITIVE**  
• NEW ZEALAND •

# positively POSITIVE

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

April 2014

# EXCITING NEWS FROM CROI CONFERENCE

What are the chances of someone with an undetectable viral load passing HIV on to a sexual partner? "Our best estimate is it's zero" said investigators presenting research from the first two years of the **PARTNER Study**, involving couples in which one partner has HIV and the other does not.

Final results from the study are due in 2017 but, so far, there have been no transmissions when the HIV-positive partner in a couple has an undetectable viral load.

The ongoing PARTNER study has so far recruited 1110 couples where the partners have differing HIV status – and nearly 40% of them are gay couples.

The findings build on the results of the HTPN 052 study, which showed a 96% reduction in transmission when the HIV-positive partner in a couple starts treatment early. This study involved mostly heterosexual couples.

During follow-up in the PARTNER study, all the heterosexual HIV-negative partners reported having vaginal sex without condoms, 72% with ejaculation; 70% of the gay HIV-negative partners reported having receptive anal sex without condoms, 40% with ejaculation, while 30% reported only being the insertive partner. A significant proportion of the heterosexual couples reported anal sex.

The investigators estimated that the gay couples had sex on 16,400 occasions and the heterosexual couples on 14,000

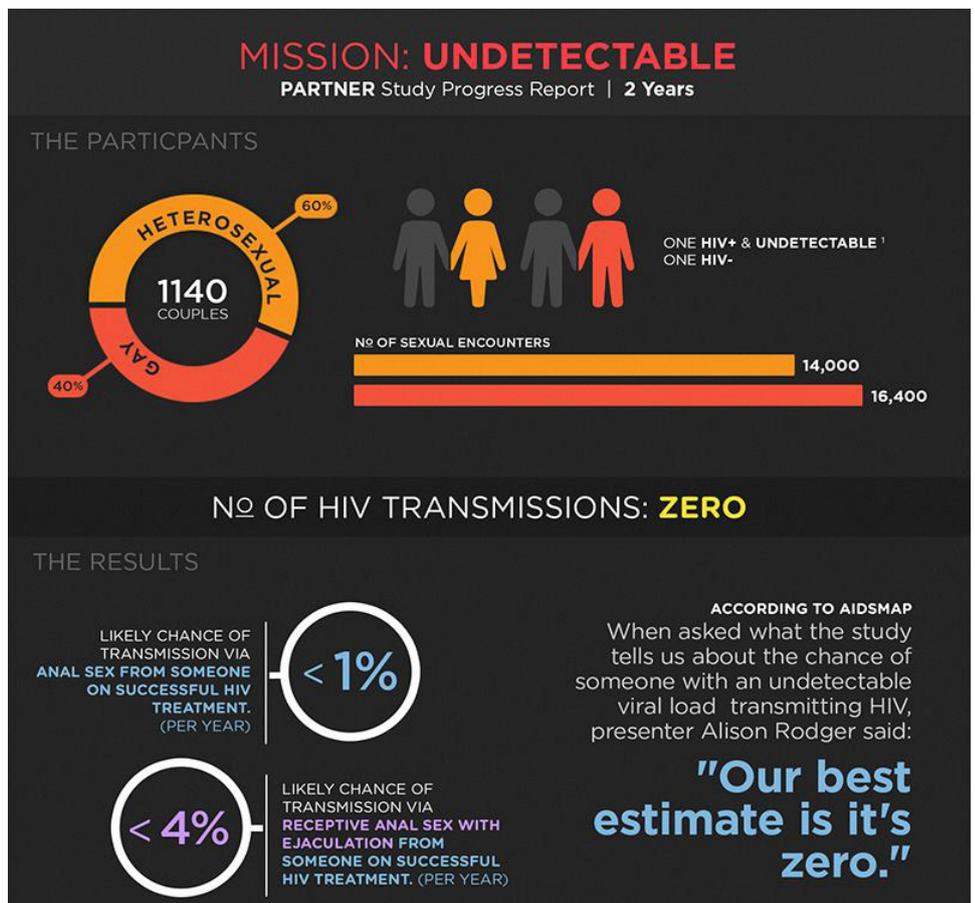
occasions.

There were no cases of HIV transmission when viral load was below 200 copies/ml.

Statistical analysis showed that an undetectable viral load reduced the risk of transmission during vaginal sex by 99.5% and during anal sex by 99% (96% with ejaculation).

However, the researchers believe the true efficacy of treatment as prevention is likely to be nearer 100%, although, as the study's principal investigator pointed out, it will probably never be possible to show with mathematical certainty that the risk of transmission from someone on successful HIV therapy is absolutely zero.

Source: [www.aidsmap.com](http://www.aidsmap.com)



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For more information contact us in complete confidence.

Call toll free from anywhere in New Zealand

**0800 HIV LINE**

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10am-5pm, Mon-Fri

**Website:**

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

Fax: 09 309 3981



**+BODY POSITIVE**

NEW ZEALAND  
Tinana Ora Aotearoa

**Are you a man?  
Do you live in New Zealand?  
Have you had sex with another man in the last 5 years?**

**We need you!**

We are conducting an Internet-based survey on the knowledge, attitudes and practices towards viral hepatitis in men who have sex with men in New Zealand.

Please go to this URL: <http://tinyurl.com/l52v5ko> and follow the instructions. Your help is much appreciated!



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# PARTNER STUDY: OUR EXPERT COMMENTS

## Dr Peter Saxton



### Low transmission risk following HIV treatment and viral suppression good news, but caution needed

An interim presentation at the Conference on Retroviruses and Opportunistic Infections (CROI) in the United States offers good news for people living with HIV and their partners in New Zealand, but needs to be interpreted with caution believes Dr Peter Saxton,

Director of the Gay Men's Sexual Health research group at the University of Auckland.

Alison Rodger presented the interim findings from the European PARTNER study group. No linked HIV transmissions occurred from HIV infected individuals who were on HIV treatment and had fully suppressed viral load to their uninfected regular partner after one year of follow up. The study involved 586 heterosexual and 308 gay male couples who reported inconsistent condom use.

Commenting on the findings, Dr Saxton says that while the importance of an early diagnosis for managing someone's HIV infection is well-known, it is becoming clearer that full viral suppression through treatment also reduces HIV transmission risk to others. "These interim results will provide relief for diagnosed, treatment adherent and fully virally suppressed HIV positive individuals and their partners who are anxious in the rare event of a condom breaking. The transmission risk will be very low should that occur," says Dr Saxton.

However the study emphasises the much higher possible cumulative risk over time, which better approximates real-life relationships. For example, the study estimated the possible long term HIV transmission risk for HIV negative gay male partners engaging in receptive anal intercourse as being up to 32 percent over 10 years. HIV treatment also provides no protection against other sexually transmitted infections (STIs), and 16 percent of the HIV negative gay men who weren't using condoms acquired an STI over a median of 1.1 years of follow up.

Dr Saxton said a concern is that some gay and bisexual men, who are at highest risk of HIV in New Zealand, might use these interim findings from a tightly monitored study population to justify "risk compensation": abandoning condoms in favour of HIV treatment.

"Gay and bisexual men will only experience the benefits of HIV treatment on controlling the HIV epidemic if condom use doesn't deteriorate in response. The real world consists of repeated sexual acts, overlapping relationships, imperfect treatment adherence and awareness of actual HIV viral load, other STIs that are very serious but avoidable by condom use, and tightly knit communities where infection can spread very quickly," said Dr Saxton. "In the face of such real life uncertainties condoms are effective and verifiable, so you're not left wondering whether you've been put at risk, or have placed someone else at risk."

"The situation currently facing gay and bisexual men is already very challenging with rising HIV and STI epidemics in many countries. In New Zealand we've controlled HIV and STIs far better than most. Condom use needs to be maintained by everyone if these added benefits of HIV treatment are not to be squandered," said Dr Saxton.

Dr Saxton added "We also need to be very mindful that these preliminary study results don't place either partner under pressure to cease condom use. That would be premature and unfair. So far what this represents is that treatment is an extra safety net, not a replacement for condoms."

## Bruce Kilmister



Body Positive CEO Bruce Kilmister says, "This is the most welcome piece of news People living with HIV have had in years. I hope it will help to reduce the stigma out there as most People living with HIV in New Zealand are on treatment and have excellent control of their virus. The real worry is that we estimate one in five gay men living with HIV in New Zealand is unaware of his status."

When asked if this could mean the end of the condom, Bruce Kilmister said "God NO - we are getting alarming reports about other sexually transmitted diseases. Over 80% of syphilis in this country is reported in gay men and we now have over 90 co-infected patients at Auckland Hospital who have HIV and Hepatitis C infection which can be sexually transmitted."

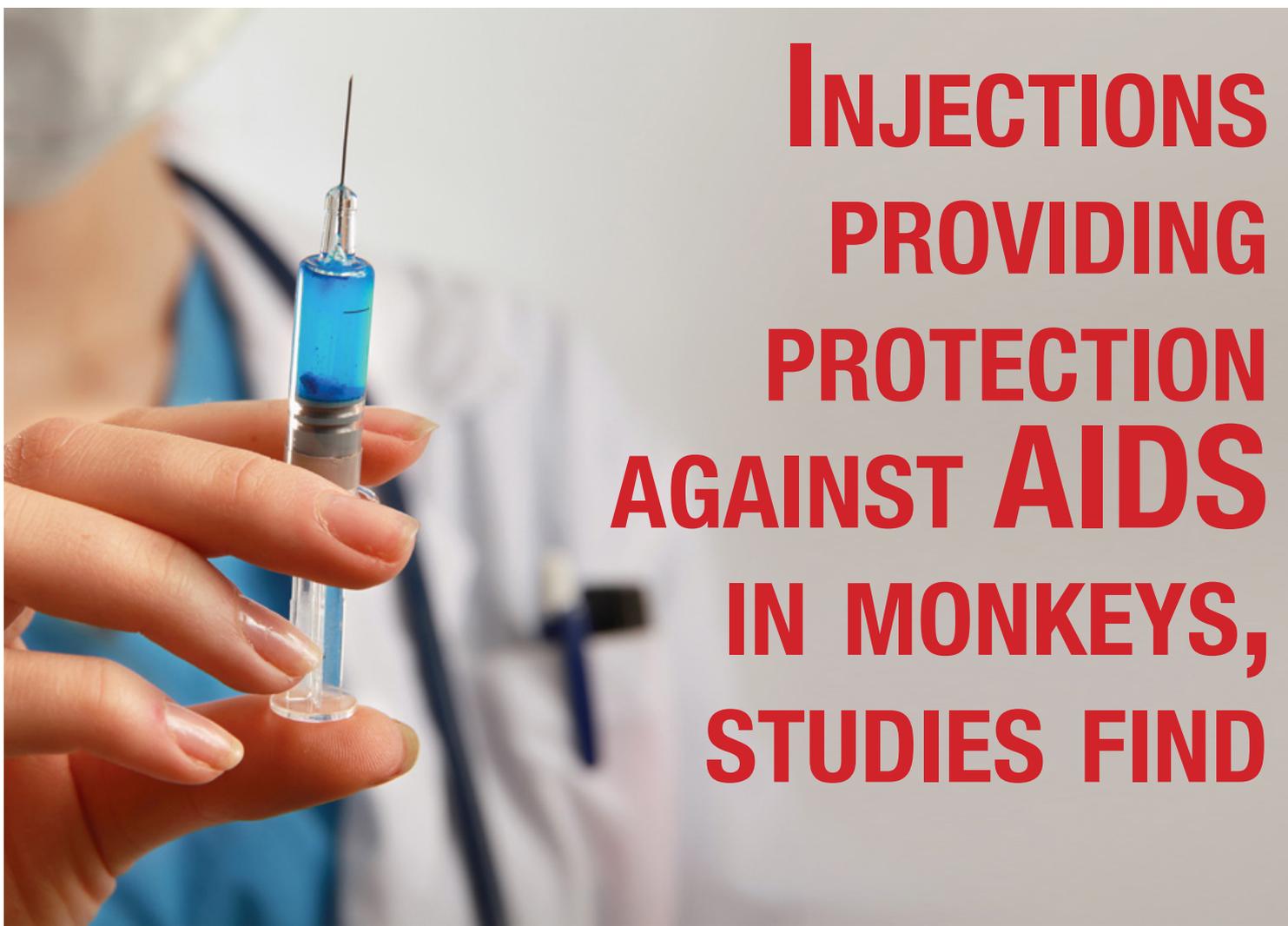
"What I take from this announcement from CROI is the most encouraging piece of news that reinforces the message to People living with HIV that taking those (HIV antiretroviral) pills does control the virus and maintains our health and prevents us infecting our partners."

## FLU INJECTIONS NOW AVAILABLE

Get your free flu shot  
and avoid a winter of  
sickness.



Have you got yours?



# INJECTIONS PROVIDING PROTECTION AGAINST AIDS IN MONKEYS, STUDIES FIND

**B**OSTON — Researchers are reporting that injections of long-lasting AIDS drugs protected monkeys for weeks against infection, a finding that could lead to a major breakthrough in preventing the disease in humans.

Two studies by different laboratory groups each found 100 percent protection in monkeys that got monthly injections of antiretroviral drugs, and there was evidence that a single shot every three months might work just as well.

If the findings can be replicated in humans, they have the potential to overcome a major problem in AIDS prevention: that many people fail to take their antiretroviral pills regularly.

A preliminary human trial is to start late this year, said Dr. Wafaa El-Sadr, an AIDS expert at Columbia University's Mailman School of Public Health, but a larger trial that could lead to a treatment in humans may still be some years away.

It has been known since 2010 that healthy people taking a small daily dose of antiretroviral drugs — a procedure known as pre-exposure prophylaxis, or PrEP (pronounced prep) — can achieve better than 90 percent protection against infection.

Dr. Ho's team tested 16 monkeys with rectal washes of the virus that causes AIDS. All the injected monkeys were protected. Credit Ozier Muhammad/The New York Times

But in several clinical trials since then in gay men, in intravenous drug users and in couples where one partner is infected, it has been shown that the only participants protected were those who took their pills every day without fail. Many did not.

The failure rate was particularly acute among women in Africa. Although some participants in one PrEP study told researchers that they were scared by rumours about side effects, many also said they were afraid to keep the pills in their home because their sexual partner or a neighbour might see them and mistakenly assume they already had the disease.

An intramuscular injection that a woman could get every three months could change all that, several AIDS experts said.

In Africa and elsewhere in the developing world, many women already receive shots of long-lasting birth control hormones like Depo-Provera, preferring them to daily pills, which might anger spouses or boyfriends who find them.

About the injection protocol tested in monkeys, Dr. David Ho, director of the Aaron Diamond AIDS Research Centre at Rockefeller University and an author of one of the studies, said the popularity of Depo-Provera was "a good analogy for how it might work in developing countries."

In the other study, conducted by the Centres for Disease Control and Prevention in Atlanta, six female monkeys were given monthly injections of GSK744, an experimental drug that is a long-

lasting form of an antiretroviral drug already approved for H.I.V. treatment by the Food and Drug Administration.

Six other monkeys got a placebo.

Twice a week, liquid containing human-simian immunodeficiency virus, a hybrid human-monkey version of the virus that causes AIDS, was pumped into their vaginas, simulating sex with an infected monkey.

None of the monkeys protected by GSK744 became infected. All six who got the placebo were infected quickly.

The Rockefeller researchers did a similar experiment with 16 monkeys using the same drug. They got rectal washes of the virus, imitating anal sex.

The results were the same: All the monkeys that got the drug were protected, compared with none of the monkeys that did not get it.

Dr. Ho's team also tested to see how much of the drug had to be in a monkey's blood and tissue to be protective. They found that an amount large enough to protect was "eminently achievable in humans with a quarterly injection," Dr. Ho said.

The studies were presented here on Tuesday at the annual Conference on Retroviruses and Opportunistic Infections.

*Source: New York Times*

# HIV VIRAL LOAD IN SEMEN CAN DIFFER IN TWO SAMPLES PROVIDED WITHIN ONE HOUR

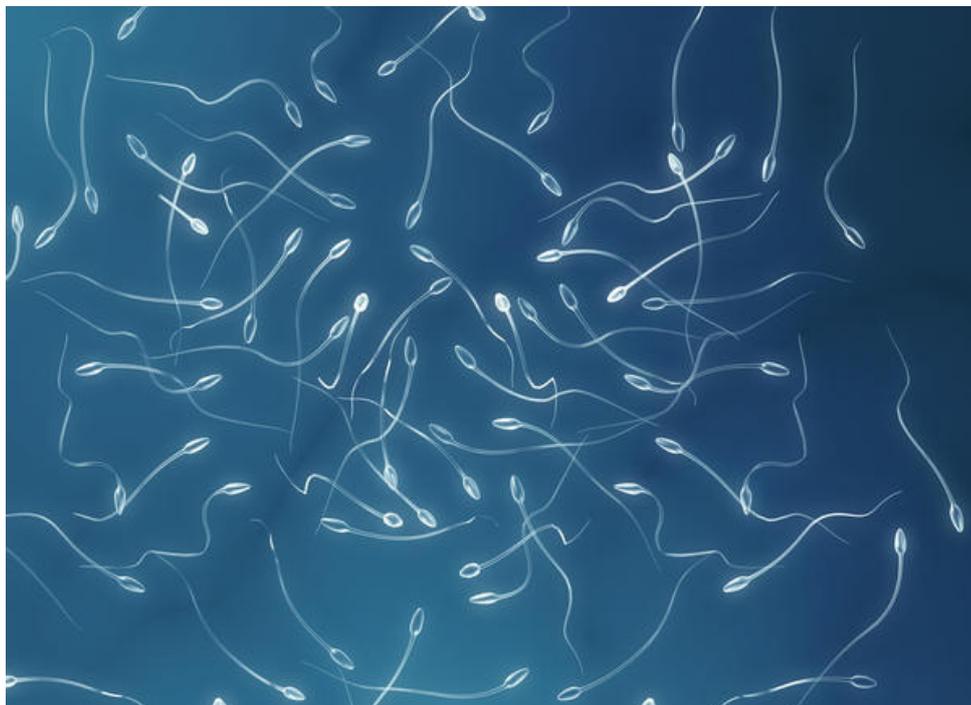
## Detectable viral load in semen appears more common on protease inhibitor-based treatment

**H**IV can be intermittently detectable in the semen of men taking long-term antiretroviral therapy that is achieving full suppression of viral load in the blood, French investigators report in PLOS ONE. They also found evidence that viral load in semen can fluctuate over a very short period. However, it is unclear whether the levels of viral load detected in this study pose a substantial risk for the transmission of HIV.

Antiretroviral therapy can suppress viral load in both the blood and semen. This is of real significance to HIV prevention initiatives. It has been demonstrated that starting antiretroviral therapy and the achievement of an undetectable viral load in blood reduces the risk of sexual transmission of HIV in heterosexual couples by 96%. Interim results from the ongoing PARTNER study showed that there were no HIV transmissions in serodiscordant heterosexual and gay couples when the HIV-positive partner was taking antiretroviral therapy and had an undetectable viral load in blood.

Despite this, several studies have shown that viral load can be intermittently detected in the semen of men who are taking treatment and who have an undetectable blood viral load.

Investigators from a unit in Paris offering assisted conception to HIV serodiscordant couples designed a study involving 88 men living with HIV who received care at the clinic between 2006 and 2011. All were taking HIV therapy and had an undetectable viral load in blood for at least six months. Using frozen sperm samples obtained from these men, the investigators calculated the detection rate of viral load in semen and also evaluated if the shedding of HIV in semen could change over a very short period of time.



A total of 306 frozen semen samples were available for evaluation. The samples were obtained by masturbation after two to seven days of sexual abstinence. If possible, each man provided two samples within a one-hour interval.

HIV was detected in at least one semen sample for 17 men (19%) and in 23 samples in total (7.5%).

Median viral load in these samples was 705 copies/ml, but in eleven samples it was above 1000 copies/ml.

Of the 129 samples in which two semen specimens were provided within one hour, twelve (9%) had discordant results – viral load undetectable in one specimen but detectable in the other. Median viral load in the detectable samples was 918 copies/ml, and in six cases was above 1000 copies/ml.

“We show that intermittent shedding of HIV-1

RNA [viral load] in the semen of patients given efficient cART [combination antiretroviral therapy] could occur within a one-hour interval,” write the authors.

It is unclear whether these levels of viral load in semen are sufficiently high to pose a significant risk of HIV transmission. A study conducted in Rakai, Uganda, in serodiscordant couples prior to the introduction of antiretroviral therapy found no cases of HIV transmission where the HIV-positive partner had a blood viral load below 1500 copies/ml during a two-year follow-up period. A similar threshold has not been defined for viral load in semen.

The study found a trend towards a higher frequency of detectable HIV in the semen of men taking protease inhibitor-based treatment.

Source: [www.aidsmap.com](http://www.aidsmap.com)



## Dr Charles Farthing dies in Hong Kong

**C**harles Farthing studied medicine at Otago University and was a Kiwi who reached extraordinary heights in his professional career.

Charles had been Merck Sharp & Dohme (MSD) Asia-Pacific Director of Medical Affairs for Infectious Disease (HIV, antifungals and antibiotics) for the past five years. Prior to that he was Merck & Co. US Director of Scientific Affairs for HIV.

For the 13 years prior to joining MSD Charles was

Chief of Medicine and Director of Research for the AIDS Healthcare Foundation in Los Angeles, a large NGO providing primary medical care in the U.S. and in many resource-limited countries around the world. At the AIDS Healthcare Foundation, Charles presided over the introduction of the “cocktail” that turned AIDS into a manageable disease.

Sadly Charles passed away in Hong Kong on Saturday 5th April. His body will be returned to New Zealand for burial.



INTERNATIONAL  
**AIDS**  
CANDLELIGHT MEMORIAL

**18 May 2014**

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Increase Resources, Promote Involvement

Let's keep the light on HIV

Join communities around the world in the largest  
grassroots movement against HIV and AIDS

## A SECOND BABY BORN WITH HIV IS NOW APPARENTLY HIV NEGATIVE



**T**he famed “Mississippi Baby” has a sister: A second baby born with HIV now has no evidence of the virus in her body following an aggressive antiretroviral (ARV) treatment regimen given shortly after birth, The New York Times reports. Results from the case of

this child, born in Long Beach, California, were presented at the Conference on Retroviruses and Opportunistic Infections (CROI) in Boston.

The Long Beach case should temper skepticism that the Mississippi child’s apparent functional

cure was a one-off, or that the child in that case was not actually infected to begin with. (The Mississippi baby is now 3 years old and still apparently HIV-free and not taking ARVs.) Both viral DNA and RNA were detected in the second child’s spinal fluid, indicating that she was “definitely infected,” in the words of Deborah Persaud, MD, of Johns Hopkins Children’s Center, who participated in the cases of both infants.

Just as in the Mississippi case, the Long Beach baby was born to an HIV-positive mother who had not taken ARVs to prevent transmission of the virus to her child during her pregnancy. In an attempt to replicate the success of the Mississippi baby, pediatricians at Miller Children’s Hospital in Long Beach immediately gave the infant atypically high doses of Zidovudine (AZT), Lamivudine (3TC) and Viramune (nevirapine).

Highly sensitive tests cannot detect the presence of HIV in the child, who is now 9 months old. She is still taking ARVs, so she cannot, however, be qualified as functionally cured or in viral remission. Instead, she is considered “sero-reverted to HIV negative” at this time.

Source: [www.poz.com](http://www.poz.com)

# Members Recipe

A very topical recipe for this edition!

Anzac biscuits are incredibly cheap & easy to make and keep for ages in a sealed container, home made anzac biscuits are also much tastier than the store bought kind!



## Anzac Biscuits

### Ingredients

- 1 cup plain flour
- 1 cup rolled oats
- 1 cup desiccated coconut
- 3/4 cup brown sugar
- 125g butter, chopped
- 2 tablespoons golden syrup
- 1 teaspoon bicarbonate of soda

### Directions

1. Preheat oven to 180°C. Line 2 baking trays with non-stick baking paper. Sift flour into a large bowl. Stir in oats, coconut and sugar.
2. Place butter and golden syrup in a small saucepan over medium-low heat. Stir until melted. Remove from heat. Combine bicarbonate of soda and 2 tablespoons water in a small bowl. Stir into golden syrup mixture (mixture might become frothy). Add immediately to flour mixture and stir until well combined.
3. Roll mixture, 1/4 cup at a time, into balls. Place 4 biscuits on each baking tray. Flatten to about 12cm (diameter) round, allowing room for biscuits to spread. Bake for 15 to 18 minutes, swapping trays after 10 minutes, or until biscuits are golden. Allow biscuits to cool completely on trays. Serve.

If you have a favourite recipe that you would like to share with the other members of Body Positive, please e-mail it to: [ron@bodypositive.org.nz](mailto:ron@bodypositive.org.nz) as we would love to include them in a future editions of the Positively Positive Newsletter.



## Diary Dates

### April

Tue 8 Massage  
 Wed 9 Club Phoenix  
 Fri 11 Members Pot-Luck Lunch 

Tue 15 Massage  
 Wed 16 Club Phoenix

**Fri 18 Body Positive Closed for Easter Break** 

**Mon 28 Body Positive Re-Opens again after Anzac Weekend**

Tue 29 Massage  
 Wed 30 Club Phoenix

### May

Fri 2 Members Pot-Luck Lunch   
 Sun 4 Y+ Under 35's Group 

Tue 6 Massage  
 Wed 7 Club Phoenix

Fri 9 Members Pot-Luck Lunch 

Tue 13 Massage  
 Wed 14 Club Phoenix

Fri 16 Members Pot-Luck Lunch 

**Sun 18 Candlelight Memorial** 

Tue 20 Massage  
 Wed 21 Club Phoenix

Fri 23 Members Pot-Luck Lunch 

### September

**Fri 26 HIV Treatments Update 2014** 

For detailed updates check out the online calendar at [www.bodypositive.org.nz](http://www.bodypositive.org.nz)

## Body Positive Brain Teaser

### Sudoku

Fill in the blanks with digits so that each column, each row, and each of the nine 3x3 sub-grids that compose the grid contains all of the digits from 1 to 9 without any repeats.

					2	6	5	
	9	7	3					
5			4	1			3	7
	6					7		1
		2				8		
7		1					6	
6	5			8	1			3
					3	5	7	
	7	9	2					

### Last editions solution

4	8	7	5	2	1	3	6	9
3	2	5	7	9	6	4	8	1
1	6	9	3	4	8	7	5	2
5	9	1	8	3	4	2	7	6
2	3	6	9	7	5	8	1	4
7	4	8	6	1	2	5	9	3
9	7	4	1	5	3	6	2	8
8	1	3	2	6	7	9	4	5
6	5	2	4	8	9	1	3	7

## Under 35's Group

As a younger HIV+ person you may feel an added sense of isolation because of your age. Y+ 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](http://www.bodypositive.org.nz)

## Positive Health Scheme

The Positive Health Scheme helps assist members to pay for their medical fees and associated healthcare costs.

**Positive<sup>®</sup>  
Health**

For more details on the scheme or to join, please contact Body Positive on 0800 HIV LINE

A healthcare scheme for People Living with HIV

## 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.



## Friday Members Lunch

Body Positive hosts a 12noon Pot Luck lunch every Friday at Body Positive House in both Auckland & Wellington - Members are asked to bring a plate to share



## Foot Doctor

A professional podiatrist runs a clinic at Body Positive House in Auckland 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 Auckland 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](http://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.

## Massage Therapy

Massage Therapy is available at Body Positive House in Auckland & Wellington every week.

\$40 per session or free with a Positive Health ID Card (Limit: 6 free sessions)

Contact us to book an hour to pamper your body.



## Club Phoenix

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

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

