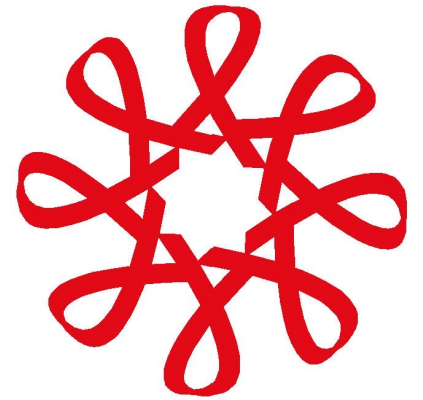


HIV Treatments Update

Positive Women Inc. 2015



Positive Women

WAHINE KAHA



Female (Insertive) Condoms Currently with PHARMAC



HIV and AIDS

Questions and answers

Breastfeeding by women with HIV infection

Testing recommendations

Research and information

Publications

Breastfeeding by women with HIV infection

Potential parents living with HIV have the right to be fully informed regarding feeding options for babies born to mothers with HIV infection.



If you have HIV infection, the Ministry of Health recommends that you do not breastfeed your children. In developing countries, the nutritional and health benefits of breastfeeding outweigh the risk of transmitting HIV via breastfeeding. This is not the case in New Zealand, where there are safe and effective alternatives to breastfeeding.

Research from the developing world demonstrates that women living with HIV can reduce the risk of HIV transmission to an infant through breastfeeding by following a regimen of anti-retroviral therapy (ART) and exclusively breastfeeding¹ for up to six months. However, in the absence of evidence demonstrating the complete elimination of HIV transmission, the Ministry of Health recommends that women with HIV do not breastfeed.

All parents with HIV should be offered adequate support to make decisions around infant feeding. Such support should be culturally appropriate and offered by trained support staff. Support should include education around and support for feeding options such as formula feeding and appropriately screened donor milk where available. These parents should receive ongoing monitoring and follow-up, as well as access to treatments and medications for parent and child as appropriate. Support should be individualised and available across all regions of NZ.

When a mother in New Zealand chooses to exclusively breastfeed, while taking ART and having a repeatedly undetectable viral load,² the Ministry of Health would not regard this as grounds for automatic referral to child protection services.

Further information is available from:

- [The US Centers for Disease Control](#) 
- [The British HIV Association \(PDF\)](#) 



Positive Women

SHARE:



Mother and business owner Tonya Booker would have survived HIV if tested earlier, say her family and a group campaigning for universal testing.

The 48-year-old Aucklander's partner Ben Curnow said it was a form of discrimination against women that Tonya wasn't tested sooner for HIV, because the disease was considered mainly one of gay men and injecting drug users.

"I'm loath to point the finger ... There was a pattern of several people, specialists and everyone, it just went straight past their radar, something systemic that somehow meant that none of these people did the right thing," he said.

NZ Herald

Welcome to Community & Public Health's Sexual Health Newsletter. It provides up to date information to health co-ordinators in schools and others working in the area of sexual and youth health in the Canterbury/West Coast region. Any feedback is welcome.

NEW ZEALAND WOMAN DIES FROM UNDIAGNOSED HIV

Tonya Booker was diagnosed with HIV in June 2014, five days before she died. Despite seeking medical attention for various conditions over the previous two years, she was not once offered an HIV test. While globally over 50% of people living with HIV are women and girls, the most at risk group in New Zealand is men who have sex with men, so women are often overlooked as at risk of infection.

"Dying as a result of HIV in this day and age is unacceptable," says Jane Bruning, National Co-ordinator of Positive Women Inc, the national support organisation for women and families living with HIV and AIDS. "Women can get HIV too but they are not being offered an HIV test as part of routine diagnostic processes. The main reason for this is they are not considered to be an 'at risk group'."

"Anyone who is sick and presenting with unexplained symptoms needs to be offered an HIV test" says Bruning, "but better yet we encourage women to take charge and take the test".

Source: www.positivewomen.org.nz

Canterbury Sexual Health

Making HIV testing routine

New Zealand has a good record of successfully treating people diagnosed with HIV and has a low rate of infection compared to other countries. But reaching the undiagnosed remains a challenge.

By James Rice-Davies

U ntil there is a cure or a vaccine for the human immunodeficiency virus (HIV), all health professionals have a role in reducing the numbers of people infected with it. The scores of agencies such as the New Zealand AIDS Foundation and the Prostate Cancer Collective, and of the Needle Exchange Programme means many health-care workers (HCWs) nowadays may be unfamiliar with HIV or be afraid to support testing.

HIV testing needs to be normalised to reduce the spread of infection. The HIV test is cheap and easy to carry out, and allows rapid access to treatment. I trained as a mental health nurse, then as a general nurse, in the United Kingdom in the mid to late '80s. I began working at the then St Stephen's Hospital in London in 1987, which had set up a large unit for AIDS care. Emotionally, it was one of the hardest areas I have ever worked, but it also felt a privilege. I am now the clinic nurse specialist for HIV at Capital & Coast District Health Board. One of my main aims is to reduce the barriers that prevent HCWs from thinking about, and recommending HIV testing.

Caring for patients with HIV HIV care in New Zealand began 30 years ago. There have been more than 4500 cases of HIV infection diagnosed during this time and 1000 deaths recorded. Around 2500 patients are still receiving care.

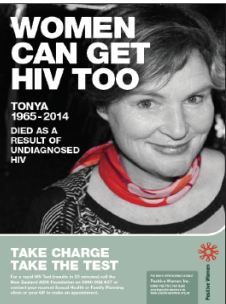
Figure 1 on p12 shows the positive effect of antiretroviral (ARV) treatment on one local patient. When he presented to Wellington Hospital in 1998, he had almost no detectable CD4 cells ('T helper cells). Improvement has continued for years on treatment. However, better and quicker immune recovery usually occurs with earlier diagnosis and treatment. This reduces the level of HIV viral load (VL) to

undetectable levels in the blood. CD4 cells are the "conductor of the immune system" and unfortunately have the right receptor for the HIV RNA virus to "lock" onto. The virus then uses the DNA inside the CD4 cell to replicate and, in doing so, slowly destroys the immune system's normal function, leaving the patient immunocompromised.

Patients with HIV usually access care via an out-patient setting, such as infectious disease (ID) departments or sexual health clinics. This may be part of the reason why HIV has become a forgotten infection in some other health-care settings. The advent of effective HIV ARV treatment over the last 15 years gives most patients an almost normal life expectancy in developed countries. Many clinical staff are aged under 30 and have never seen a patient with an HIV-related illness.

The successful treatment of HIV may have left other HCWs deskilled and lacking knowledge and understanding about testing. I have been alarmed when newly-diagnosed patients have told me how the person giving the HIV result informed them, wrongly, that they now had less than five years' life expectancy. I have also had phone calls from HCWs asking how to protect people sharing the same house as a person with HIV. Those sharing the house were not even sexual partners of that person. This highlights the general lack of HIV understanding and how it is transmitted.

The greatest number of HIV cases in New Zealand is in Auckland, where there are approximately 1000 patients. Studies carried out by University of Auckland senior research fellow



Tonya Booker, devoted partner and mother, died from undiagnosed HIV in 2014. She had carried the virus for 12 years and had never once been tested. Earlier this year, the national support organisation for women and families living with HIV and AIDS, Positive Women, launched a campaign advocating that HIV testing be included in all routine diagnostic procedures.

low Peter Saxon on gay men's health, or men who have sex with men (MSM), estimate that approximately 6.6 per cent of the gay community in Auckland has HIV and another 1.5 per cent are undiagnosed. This indicates one MSM out of every 20 has HIV infection. In Sydney, the number of MSM estimated to have HIV is one in five. I have not discussed HIV testing for intravenous drug users in New Zealand, as this group has more problems relating to hepatitis C infection than HIV infection, but HIV testing should not be forgotten for this group of patients either.

Scenarios at Wellington Hospital Recently - on the same day and within 50 metres of each other - I witnessed two completely opposite scenarios at Wellington Hospital. I was waiting in the medical assessment and planning unit (MAPU) to give a positive HIV result to a patient who had had an HIV test added to his initial blood requests. This was because an astute laboratory scientist had suggested to the admitting medical team that

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WOMEN CAN GET HIV TOO

TONYA DIED AS A RESULT OF UNDIAGNOSED HIV



Positive Women Inc. Testing Campaign

New Zealand **Doctor** Editorial Leader of the Year **CAROL** Media Awards 2016 12 August 2016 Every fortnight

Ministry data on MFLC at practice level Retirement stats worsen Pests on the tip Maitland GP wins bravery award Funding elephant in the room flushed out

An unnecessary death: When HIV goes untested

Mo treatment: Path to wellbeing Squeezing the paperwork bubble Contract fine print led to e-systems friction CAPTION CONFESSION You're kidding me!

RNZCOP Conference for General Practice coverage Island hideaway One syrah syrah Don't tick the box! Laboratory over-testing Safe Sleep programme reduces deaths **FIRST TIME:** Burn-out Spectrum of kids

NZ Doctor



Positive Women



Positive Speakers Bureau

Greater Involvement of People living with HIV and AIDS



Positive Women