

poslink



The Newsletter of
People Living with HIV/AIDS
Victoria Inc

Education, Information
& Representation

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PLWHA Victoria

Closes twelve noon Friday 24 December

Re-open Wednesday 5 January 2011

HIV & Sexual Health Connect Line

Closes twelve noon Friday 24 December

Available 10.00am Wednesday 5
January 2011

Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC)

Closes twelve noon Friday 24 December

Re-open Tuesday 4 January 2011

From 4 -7 January the office will
be closing at 5pm as there are no
counselling services after 5.00pm

Positive Living Centre (PLC)

Closes twelve noon Friday 24 December

Re-open Tuesday 4 January 2011

Positive Women Victoria

Closes twelve noon Thursday 23
December

Re-open Tuesday 4 January 2011

Straight Arrows

Closes Friday 17 December

Re-open Monday 24 January 2010

Medical Services:

Green Room HIV/AIDS Clinic (Melbourne Sexual Health Clinic)

Closes Wednesday 24 December

Re-open Tuesday 4 January 2011

Centre Clinic (St Kilda)

Closes Friday 24 December

Re-open Wednesday 29 December

Closes Friday 31 December 2.45pm

Re-open Tuesday 4 January 2011

Northside Clinic

Closes Friday 24 December

Re-open Wednesday 29 December

Closes Friday 31 December

Re- open Tuesday 4 January 2011

Prahran Market Clinic

Closes Friday 24 December

Re-open Wednesday 29 December

Closes 31 December

Re-open Tuesday 4 January 2011

HIV emergency support

PEP

Victoria PEP Hotline

1800 889 887

Depression/Counselling

Lifeline

13 11 14

Mensline

1300 789 978

Medication

Alfred Hospital, Emergency Department

9276 3405

Medication Information

Alfred Hospital, Emergency Department

9276 3405

Nurse-On-Call

1300 606 024

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Note from the President | Paul Kidd

Every year on World AIDS Day we take the opportunity to reflect on our response to HIV, our successes and failures, and to take stock of how well we are meeting the challenge of responding to the epidemic.

This year, we have much cause for optimism. HIV infections in Victoria appear to have stabilised. This is good news for our community.

Of course, we always want the number to go down, and no HIV diagnosis is trivial for the individual concerned: the nearly 300 people who were diagnosed with HIV in the last 12 months will need our support, compassion and care in the years ahead. PLWHA Victoria will always be there to support positive people.

But we can take comfort in the fact that the HIV prevention efforts of community based organisations in Victoria are making a difference. With the support of the Victorian government, we have reversed an upward trend in new infections. The challenge we will face in coming years is building on that success and driving new infections down.

This year has seen the release of two pieces of groundbreaking HIV prevention research, both of which have the potential to significantly enhance our prevention efforts through the development of new biomedical techniques to prevent HIV transmission.

Taken together, the CAPRISA microbicide trial and the iPrEx pre-exposure prophylaxis study represent perhaps the most significant

technological advancements in HIV since the development of combination antiretroviral treatments a decade and a half ago.

While it will be some years before this research leads to prevention technologies we can implement in our communities, I believe 2010 will be remembered as a milestone year in the history of HIV prevention, just as 1996 was for HIV treatments.

But we cannot wait for the development of these technologies; we must take action against HIV here and now. That is a key message from the theme of this year's World AIDS Day: Take Action - No Discrimination.

Every HIV infection is preventable. Every HIV diagnosis is avoidable. PLWHA Victoria will continue to advocate for, and support, the HIV prevention efforts of our community partners.

While testing rates for HIV remain relatively high among affected communities, we know that a significant proportion of new infections come from individuals who do not know they are HIV positive. In 2008, the 'Suck It and See' study found that 20 percent of HIV-positive participants were not aware of their status.

If you don't know you're HIV positive, you cannot take steps to prevent HIV transmission, so our organisation is calling for a renewed effort to increase HIV testing rates and decrease the amount of undiagnosed HIV. We strongly support efforts to make rapid HIV testing available in Australia, provided that appropriate protocols are in place for pre- and post-test counselling.

The message we want to send this World AIDS Day is a simple one: everyone has a role to play in the HIV response. If you're sexually active, take action and get tested. If you're HIV-positive, take action and get treated.

Irrespective of your HIV status, take action to know how to prevent HIV transmission, and help us end the HIV epidemic.



News Briefs | November - December

Use condoms to prevent HIV say Pope

Using a condom is a lesser evil than transmitting HIV to a sexual partner - even if that means a woman averts a possible pregnancy, the Vatican said overnight, signalling a seismic shift in papal teaching as it explained Pope Benedict XVI's comments.

The Vatican has long been criticised for its patent opposition to condom use, particularly in Africa where AIDS is rampant. But the latest interpretation of Benedict's comments about condoms and HIV essentially means the Roman Catholic Church is acknowledging that its long-held, anti-birth control stance against condoms doesn't justify putting someone's life at risk.

"This is a game-changer," said the Reverend James Martin, a Jesuit editor and writer. "By acknowledging that condoms help prevent spread of HIV between people in sexual relationships, the Pope has completely changed the Catholic discussion on condoms."

The change came on a day when UN AIDS officials announced that the number of new HIV cases has fallen significantly - thanks to condom use - and a US medical journal published a study showing that a daily pill could help prevent spread of the virus among gay men.

"This is a great day in the fight against AIDS ... a major milestone," said Mitchell Warren, head of the AIDS Vaccine Advocacy Coalition in Africa, AIDS activists, clerics and ordinary Africans alike applauded the Pope's revised comments.

"I say hurrah for Pope Benedict," exclaimed Linda-Gail Bekker, chief executive of South Africa's Desmond Tutu HIV Foundation.

She said the Pope's statement may prompt many people to "adopt a simple lifestyle strategy to protect themselves."

Benedict received a copy of the book *Light of the World* during an audience overnight with the author, Peter Seewald, who conducted several hour-long interviews with the pontiff last summer. "I hope that this book is useful for the faith of many people," Benedict said.

The Pope's comments in the book implied that he was referring primarily to homosexual sex, when condoms aren't being used as a form of contraception. Questions arose immediately about the Pope's intent, though, because the Italian translation of the book used the feminine for prostitute, whereas the original German used the masculine.

Vatican spokesman the Reverend Federico Lombardi said overnight that he asked the Pope whether he intended to refer only to male prostitutes.

Benedict replied that it really didn't matter, the important thing was the person in question took into consideration the life of the other, Rev Lombardi said.

"I personally asked the Pope if there was a serious, important problem in the choice of the masculine over the feminine," he said. "He told me 'no'. The problem is this ... It's the first

step of taking responsibility, of taking into consideration the risk of the life of another with whom you have a relationship."

UNAIDS estimates that 22.4 million people in Africa are infected with HIV, and that 54 per cent - or 12.1 million - are women. Heterosexual transmission of HIV and multiple, heterosexual partners are believed to be a major cause of the high infection rate in Africa.

UNAIDS overnight announced a nearly 20 per cent drop in new HIV infections around the world over the past decade - largely due to increased condom use.

Benedict drew the wrath of the United Nations, European governments and AIDS activists last year when he told reporters that Africa's AIDS problem couldn't be resolved by distributing condoms. "On the contrary, it increases the problem," he said then.

In the book, the Pope was not justifying or condoning gay sex, condoms as a means of artificial contraception or heterosexual sex outside of a marriage. He reaffirms the Vatican opposition to homosexual acts and artificial contraception and reaffirms the inviolability of marriage between man and woman.

But by broadening the condom comments to also apply to women, the Pope is saying that condom use is a lesser evil than passing HIV onto a partner, even when pregnancy is possible.

"We're not just talking about an encounter between two men, which has little to do with procreation. We're

now introducing relationships that could lead to childbirth," Mr Martin said.

While the lesser evil concept has long been a tenet of moral theology, the Pope's comments mark the first time a pope had ever publicly applied the theory to condom use as a way to fight HIV transmission.

Source: November 24, 2010

<http://www.news.com.au/breaking-news/use-condoms-to-prevent-hiv-says-pope/story-e6frfku0-1225959859759>

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Experts pushing for rapid HIV testing Jill Stark

HIV tests that can provide results within 30 minutes should be made available in Australia to curb rising infection rates, according to experts who say our screening methods have fallen behind the rest of the world.

While-you-wait testing is routine in America and Europe, but here patients have to make a doctor's appointment and can wait a week or more for the results.

Gay men who have unprotected sex are advised to be tested at least once a year, but the inconvenience and stress of several doctor's visits is proving a barrier to regular testing.

The lag between tests means those who have the virus may be unknowingly passing it on to sexual partners.

Experts say community drop-in centres staffed by nurses, counsellors and volunteers, where people can have the finger prick test without an appointment and receive results in less than an hour, would reduce the infection rate, which is at its highest since the early 1990s.

Last year 1050 Australians were diagnosed with HIV, up from 718 a decade ago.

"Australia is the last developed country in the world that doesn't have access to rapid testing," said Mike Kennedy, Executive Director of the Victorian AIDS Council. "All of the studies that have been done on gay men in Australia that have said, 'If there was a rapid test would you use it?', overwhelmingly people say yes. If we introduce it here we would see what we've seen everywhere around the world, we'd see rapid uptake.

"It's not just a substitute for standard testing, you actually get people who would not use conventional testing where you've got to go to the doctor."

Rapid testing centres may also deter people from buying home testing kits on the internet, which have not been approved for use in Australia, may be unreliable and are illegal to import.

State and federal governments have been reluctant to introduce rapid testing in Australia, amid fears it may not be as accurate as conventional screening, in which blood samples are sent off for laboratory testing before a result is provided to the patient.

However, there is a growing push for while-you-wait testing, led by NSW advocacy groups, with the Australian Federation of AIDS Organisations set to release a report next month showing the method is highly effective.

Mark Stoove, head of the Burnet Institute's HIV/AIDS program, who has been commissioned by ACON - a Sydney-based advocacy group - to establish an effective delivery model for rapid testing, said the tests used widely overseas, now provided close to 100 per cent accuracy.

"The specificity and sensitivity of these tests is very high. At a population level if you're testing

large numbers of people there are obviously opportunities for false positives and negatives, which is why we would use two concurrent tests together to improve the reliability. And any positive results would go off for full whole blood diagnostic testing," Dr Stoove said.

"We did a study that shows up to a third of sexually active gay men recruited in nightclubs and sex-on-premises venues, who were HIV positive, were not actually aware that they were HIV positive."

Source: November 28, 2010

<http://www.theage.com.au/national/experts-pushing-for-rapid-hiv-testing-20101127-18bjt.html>

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India becomes the latest country to remove HIV travel restrictions

Leading Indian newspaper, The Hindu, reported on the 27 November that the Indian Ministry of External Affairs (MEA) has asked all government offices to remove requirements for HIV testing from all visa application forms. The Ministry has confirmed that India no longer has entry restrictions for people with HIV who wish to visit for holiday or residency purposes.

In removing these entry restrictions, India is following in the footsteps of the US, and more recently China, as the number of countries removing entry restrictions for people living with HIV grows.

The report states 'At the behest of the National AIDS Control Organisation (NACO) and the Ministry of Health and Family Welfare, the Ministry of Home Affairs (MHA) will ensure that HIV-related questions will no longer be asked on any visa application forms."

News Briefs | November - December

The lifting of the ban has been applauded by the Forum of Parliamentarians on HIV and AIDS (FPA), a registered organisation founded in 2002 with a membership comprising parliamentarians from all major Indian political parties.

The focus of the FPA is to eradicate HIV. This commitment is premised on the fact that India has the third largest number of people living with HIV, and that failure to tackle the growth of "HIV and AIDS" would be catastrophic.

To quote The Hindu, UNAIDS Coordinator Charles Gilks said: "Such regulations were issued by many countries in the 1980's, when little was known about HIV, and there was more confusion and fear about the virus." He added "The MEA move upholds India's commitment to human rights and the dignity of all people, including those who are living with HIV."

Globally there is no evidence that such restrictions prevent HIV transmission, or protect public health.

If you are considering international travel please go to the www.smarttraveller.gov.au - the Australian Government's travel advisory and consular information service that includes information and regular updates on alerts and other important information.

Source: November, 2010

<http://www.acon.org.au/hiv/news/India-lifts-HIV-travel-ban>

Merck halts study of once-daily raltegravir

Keith Alcorn

Merck & Co announced that it has halted a phase III study comparing once-daily dosing of the company's HIV integrase inhibitor raltegravir to the standard twice daily dose, on the recommendation of the trial's independent Data Safety Monitoring committee.

Although once-daily raltegravir (Isentress) did not prove statistically inferior to twice-daily raltegravir, fewer patients in the once-daily arm had a viral load suppressed below 50 copies/ml after 48 weeks of treatment.

This difference was chiefly driven by poorer viral suppression among people with high baseline viral loads (above 100,000 copies/ml), the company said in a press release.

The study randomised participants new to HIV treatment to receive 800mg of raltegravir once daily or 400mg of raltegravir twice daily, in combination with Truvada (tenofovir/FTC).

Among all participants (n=770), 83.2% of the once-daily group had viral load below 50 copies/ml at week 48, compared to 88.9% of the once-daily group. This difference (-5.7%) was within the pre-defined 95% confidence intervals (-10.7% - -0.83%).

However, among participants with baseline viral load above 100,000 copies/ml (n=304), the difference was greater. While 84.2% of the twice-daily raltegravir group had a viral load below 50 copies/ml within

this viral load stratum by week 48, the proportion with fully suppressed viral load in the once-daily group was 74.3%.

Following an initial analysis of the data the trial's Independent Data Monitoring Committee recommended that all patients in the once-daily arm should be switched to twice-daily raltegravir, and Merck & Co decided to halt the study.

Raltegravir is the first of a new class of antiretroviral drug, called integrase inhibitors, which block the integration of HIV's genetic material into immune system cells. Raltegravir is currently licensed for twice-daily dosing in the United States and European Union, and is one of the recommended options for first-line antiretroviral therapy in US treatment guidelines.

A number of other companies are developing once-daily integrase inhibitors.

Gilead is currently testing elvitegravir, a once-daily integrase inhibitor that will be boosted with ritonavir or with Gilead's own proprietary boosting agent, cobicistat. A phase III clinical trial of a pill combining elvitegravir, cobicistat, tenofovir and FTC is currently underway.

Another once-daily integrase inhibitor is being developed by Viiv Healthcare and Shionogi Pharmaceuticals, and has just entered phase III trials.

Source: November, 29 2010

<http://www.aidsmap.com/news/Merck-halts-study-of-once-daily-raltegravir/page/1562177/>

All views expressed in this section are the opinion of the authors and are not necessarily those of PLWHA Victoria, its management or members.

Positive Attitude (Inc Ass)

Extends and invitation to people affected by HIV and the LGBT community
to a traditional 3 course Christmas day lunch.



Saturday 25 December at 12.00pm

Venue: Old Fitzroy Oval, St. George Road, Fitzroy (Next to Grandstand)

Public Transport: Tram 112 from Collins along Brunswick Street to Tram
stop 20.

Small charge of ONLY \$12.00

(Complimentary Champagne on arrival or BYO)

RSVP: Monday 20 December

Contact Yvonne on 9471 0033 or Max on 9478 0812

*We ask that you bring a small gift of approximately \$5.00 value to set under
the tree for our Kris Kringle.*

Dogs on leash are more than welcome!

Healthy bones call for research

David Menadue

It was surprising to learn recently that HIV antivirals may contribute to some bone loss in people with HIV. Not that this is a reason to stop or avoid taking them because it seems, the virus itself also causes the problem.

With increasing research into HIV and ageing, the increased incidence of bone disorders such as Osteopenia and Osteoporosis in people living with HIV (PLHIV) has caused some concern for doctors who are now more likely to monitor for this as people get over the age of fifty, in particular.

Osteopenia is the loss of bone mineral density which can sometimes lead to osteoporosis, or more fragile or brittle bones – and a much greater risk of fractures. Both conditions are common in the aged in the general community – US studies show it affects approximately 25% of women and 13% of men over fifty years of age. As you get older your bone density decreases anyway but for some people it occurs at greater rates.

The greater prevalence of bone problems in PLHIV has been reported by researchers for some time now. In 2000 Professor Jenny Hoy from the Alfred Hospital reported at the CROI Conference in San Francisco that in 80 Australian patients with lipodystrophy enrolled in the PIILR study, 28% had evidence of Osteopenia and 9% had osteoporosis.

Do ARVs Play a Role?

A recent Spanish study of 671 patients with HIV (with a median age of 42 years) showed 47% had Osteopenia and 23% had osteoporosis. The patients had been taking antivirals for an average of

seven years and factors associated with lower bone density in the cohort included increasing age, a lower body mass index (BMI), being male, high creatinine levels, longer duration on antiviral therapy and an increased amount of time on a protease inhibitor. (1)

Still researchers are divided about the role of antivirals in the problem. Some clinical studies have also shown stable and increased bone mass in ARV-treated patients which conflicts with the study mentioned above, for instance. Certainly HIV infection itself is a contributing factor. Todd Brown did a meta-analysis of cross-sectional studies reporting bone mineral density in HIV positive people reported in the journal AIDS in 2006 showed that an HIV-positive person is 6.4 times more likely to have Osteopenia than an HIV-negative person. (2)

Now there is a greater scientific understanding of the role of inflammatory responses in HIV infection and there is research ongoing into whether this may be a factor in causing bone loss.

Low BMI Common

It is probably no surprise that there is a connection with people who have a lower BMI (body mass index) and bone loss. People who have gone through period of HIV-associated wasting in the earlier years of the epidemic or who have had a past history of unintentional weight loss often have never re-gained their BMI.

There are only theories about why BMI is thought to be a factor but it may be that if you have an increased body mass this works to increase bone strength to accommodate the load (and vice versa, with a lower BMI contributing to decreased bone mineral density).

People with HIV often have low testosterone and Vitamin D levels and these are both important for bone health. Vitamin D helps your body absorb calcium and other minerals. It is found in eggs, salmon, swordfish and some fish oils. Our main source of Vitamin D is sunlight and levels go up and down with the seasons and should be best measured during or at the end of winter. Increased exposure to sunlight and Vitamin D supplements can correct these levels.

Osteoporosis is the serious consequence of bone loss and when it involves fractures, can have a major impact on health and even mortality. The mortality rate after a hip fracture has been calculated at about 13.5% – often due to other potential complications such as clots in the leg that can spread to the lungs and cause pneumonia. Factors which are known to lead to an increased risk of fractures include low bone mineral density, low BMI, current tobacco smoking, a daily intake of alcohol which exceeds more than 3 units, use of steroids and physical inactivity.



PHOTO: STOCK.XCHNG.COM

What Can We Do About It?

This is serious stuff and we should doing all we can to prevent and if necessary, treat it.

How do we know if we have either of these bone conditions and what can be done about them?

Bone health can be assessed by dual X-ray absorptiometry (DXA scan). Osteoporosis does not cause any symptoms (like pain) and patients usually don't know they have the condition. A DXA scan provides a T score for lumbar spine and hip measurements and compare them with a standard score for an average thirty year old of the same sex and ethnicity. Doctors can get a good idea of your fracture risk from this scan – and they will also use a clinical assessment tool called the FRAX online calculator (for patients over 40 years) as well as blood results.

There are treatments for osteoporosis with drugs like bisphosphonates and the use in patients with HIV is recommended for the same indications as the general population.

The following advice is given to avoid developing osteoporosis, particularly if you have Osteopenia (but useful for all PLHIV to avoid both conditions).

1. Eat a diet rich in fruits, vegetables (particularly leafy green ones like celery) and calcium-enriched foods – such as milk, cheese, yoghurt, tinned sardines, tinned red salmon.
2. Supplement your diet with calcium and Vitamin D
 - Vitamin D supplementation (if required) should be 1 000 to 2 000 IU/day)
 - Recommended daily calcium intake: 1000mg per day for adults/ 1300mg for women over 50 yrs, men over 70yrs and all patients with Osteoporosis.

3. Get enough sunlight to produce Vitamin D in your body by exposing your hands, face and arms (around 15% of body surface) to sunlight for about 6-8 minutes, 4 times a week (before 10am or after 2pm in summer if you are of fair complexion).

Ask your doctor to check your Vitamin D levels at least once a year in springtime when levels are likely to be lowest.

4. Take up regular weight-bearing exercise. Walking, jogging, dancing and other similar physical activities help to strengthen bones.

5. Stop smoking and avoid excessive alcohol as both these accelerate bone loss.

Help with Research

The START study is currently looking at the best time to start treatment for HIV infection (comparing outcomes for people who start when their CD4 cell count is above 500 with those at 350). As part of this international study there will be a bone mineral density substudy which will commence recruiting in January-February next year.

The aim of the substudy is to try to disentangle the role which HIV alone may have and the effect of ARV treatment on bone loss in HIV positive people with normal CD4 cells.

If you are approached to volunteer for START study, it may be that you will be asked to take part in research that will contribute to our understanding of this important issue for the health of HIV-positive people into the future.

Thanks to Professor Jenny Hoy from the Alfred Hospital for her help with this article.

1. Bonjoch, A et al, "High prevalence of and progression to low bone mineral density in HIV-infected patients: a longitudinal cohort study", AIDS, online edition DOI 10:1097.

2. Brown TT et al, AIDS 2006, 20-2165-2174.

World AIDS Day: 2010 | Silent no longer: Action for HIV

December 1 marked the 22nd anniversary of World AIDS Day, which was declared in 1988 by the United Nations in recognition of the HIV epidemic's international character. As millions around the world honoured World AIDS Day, the official Victorian World AIDS Day Launch hosted by PLWHA Victoria was held in the gardens of Parliament House.

Paul Kidd President of PLWHA Victoria announced that 2010 had brought 'cause for optimism' with the stability of HIV infections and the advancements in research, 'I believe 2010 will be remembered as a milestone year in the history of HIV prevention, just as 1996 was for HIV treatment'.

"Take Action, No Discrimination" was the World AIDS Day theme for 2010, encouraging Victorians to be aware of the prevalence of HIV, take action to reduce the transmissions and most of all accept individuals living with or affected by HIV.

Kidd highlighted that there were 'nearly 300 people diagnosed with HIV in the last 12 months' and that PLWHA Victoria would 'always be there to support positive people'.

World AIDS Day was officially launched by Professor Jim Hyde, Director of the Prevention and Population Health Department, who acknowledged the work of the Positive Speaker Bureau in the HIV prevention strategy. 'The Positive Speakers Bureau is a fantastic initiative, presenting a normal perspective on life with HIV'.

'The message of today, is a particularly important one "Take Action, No Discrimination", as the issues of discrimination both self and community are still here'.

Hyde praised the partnerships of HIV organisations in Victoria and stated that 'I would like to thank you all for your hard work and commitment; you all play an important role in HIV prevention'.

Guests heard personal stories from two members of the Positive Speakers Bureau, Michelle and Phil, who openly shared their experience of living with HIV and provided a key message that Positive people needed to be visible

in the community to educate and reduce stigma and discrimination.

'There are about 300 women living with HIV in Victoria today. The vast majority of these women live two lives. Their life with HIV is a closely guarded secret. Stigma forces people to be silent. It is up to us all to work together, to eliminate the relationship between stigma, discrimination and HIV/AIDS forever' Michelle said.

Phil who is a new member of the Positive Speakers Bureau stated 'today there are more people living with HIV in the world than there are citizens of Australia. HIV challenges us to not just rely on science for a cure or vaccine



Paul Kidd (President PLWHA Victoria), Sonny Williams (Executive Officer PLWHA Victoria), Professor Jim Hyde (Director, Prevention and Population Health, DoH), Brent Allen (Manager, Sexual Health and Viral Hepatitis Team, DoH), Colin Sindall (Senior Advisor, Health Development Unit, DoH).

but to understand the emotional and social impact of HIV and the impact of silence. Silence that is dark... and dangerous. Silence that isolates PLHIV and contributes to the spread of the virus. Silence that contributes to stigma.

As World AIDS Day events were held throughout the country, the Memorial Ceremony at the Positive Living Centre also attracted a large crowd.

Guests lit candles in memory of loved ones and the enormous toll of lives lost in the fight against HIV/AIDS.

Sonny Williams Executive Officer of PLWHA Victoria said 'this World AIDS Day we not only remember those that we have lost, but we look forward to a future where positive people live in dignity and there is a end to the HIV epidemic.

The World AIDS Day Launch was proudly sponsored by Abbott Virology.



PHOTO: STOCK.XCHNG.COM

World AIDS Day Speeches from Michelle & Phil

Michelle Wesley

"I am an everyday Australian, with normal aspirations, living in the "lucky country" and blessed with all the inherent advantages.

Yet... I've seen fear in people's eyes as they have stepped away from me, rather than stepping forward to shake my hand.

I have been publicly humiliated.

And in the Lucky Country, we still have a lot to talk about, and a lot to do, before discrimination against positive people, like me, becomes a thing of the past.

I was at university when I realised I wanted to explore other parts of the world...

... to experience other cultures

...to meet different people

... to broaden my horizons.

I ventured to a small town in Northern Italy, found a job and accommodation, lived with the "Famiglia Morrelli" and worked in their café. The Morelli's treated me like one of their daughters. I loved Italy. The clear blue crystal lakes and the majestic mountains were incredible. I especially loved the Italian's vibrancy and way of life. After three wonderful, exciting years in Italy I moved to the UK.

One year later, in 1989, I was diagnosed HIV positive., I'd just turned twenty-four.

It hadn't occurred to me that I could be at risk of contracting HIV in Italy.

I'd never knowingly met anyone with HIV/AIDs. Suddenly, I was living in a never-ending, terrifying nightmare. I went into shock. I thought I was going to die. Was I the only woman on the planet to have HIV?

Usually when you're diagnosed with an illness, people show concern and caring. Doctors can normally provide a treatment, leading to a cure. But not in 1989.

On top of what seemed like a death sentence, I became acutely aware of the stigma and discrimination I'd have to endure as a person living with HIV. I'd never been discriminated against before, and had no idea how to deal with it.

Where would I get support?

Who could I tell?

What would happen when I did tell?

Would I be rejected?

Would it be safer to make up a comfortable lie, like having cancer, at least I'd receive some sympathy...

... because if I say I am HIV positive, I risk judgement, disgust, and even fear.

In 1989 public knowledge about HIV/AIDS was virtually non-existent...

... but there was an abundance of misinformation.

Many people thought HIV only affected certain types of people ...

... someone "other" than themselves. Fear, discrimination and stigma were the result.

You know... the emotional damage caused by discrimination and stigma, can be more ravaging than the virus. But now it's 2010, education is better, and most people should be aware that HIV doesn't discriminate.

They should know that you can't contract HIV through social contact. Discrimination and stigma should be a thing of the past. Last year on a flight from Bali I had a stop over in Western Australia.



Paul Kidd (President of PLWHA Victoria) and Michelle Wesley (Member of the Positive Speakers Bureau).

In the customs hall, I had declared wooden items, so my bags were searched.

I was questioned about my reasons for travel, and who I was travelling with. I told the customs agent that I'd been at an HIV conference in Bali. The agent checked that the conference was legitimate, asked me if I used drugs, and finally, asked whether I had HIV!

What?! I replied that I couldn't see the relevance of the question. The agent said it was an OH&S issue. But... how was he at risk of HIV by searching my bags?!

The questioning took place in a public area. I was incredibly uncomfortable. Rather than humiliation, I was angry, not at the agent, but at the lack of knowledge that still exists in our communities.

After 21 years living with HIV, I know my rights, and how to protect them. I sent a letter of complaint to WA Customs and the Federal Minister for Home Affairs. I received a prompt apology, with the assurance that all Western Australian Customs staff would receive training from the state AIDS Council.

I'm sure that customs agent won't make the same mistake again.

Neither will his colleagues, if we, as a community, can share information about HIV.

My first thought when diagnosed HIV positive was "I've got to warn people about this. If it can happen to me, it can happen to anyone."

But for the next 10 or so years, I was too ill to do anything, let alone save the world from HIV. I accessed HIV support services, and started speaking publicly about living with HIV. As my health improved I became more actively involved as a volunteer. I completed various skills development courses and my self confidence, which had been trampled by HIV, returned.

In 2006, I took a huge leap into tertiary education, obtaining a Diploma in 2008.

This set me up, at the ripe old age of 42, to gain employment. I now have the privilege of working as the Peer Support Coordinator at Positive Women Victoria.

There are about 300 women living with HIV in Victoria today. The vast majority of these women live two lives. Their life with HIV is a closely guarded secret.

Discrimination and stigma in Australia have decreased over the past 20 years, but there's still work to do. I look forward to the day when PLHIV are not afraid to be seen accessing support services or seeking medical treatment.

Stigma forces people to be silent.

Silence can be a death sentence.

It is up to us all to work together, to eliminate the relationship between stigma, discrimination and HIV/AIDS forever. I challenge you to make a difference. I challenge each of you to have 3 conversations about HIV before days end.

The time to take action towards eliminating discrimination and stigma - to make a positive change - is today.

We can do it".

Phil

"Numb.

Numb – is how I felt as I sat opposite an unfamiliar doctor 3 years ago whilst on holidays in Sydney - as she told me I was HIV positive. However, the numb nothingness was soon overtaken by a tidal wave of shame. I was ashamed to have this virus within me.

I felt ashamed to have brought this upon those I loved and paranoid about spreading the virus further.

I was ashamed that in this day and age, "I should have known better" - however my low self-esteem and risk taking had led to this.

It saddens me now to think that I had tried to talk to family, doctors and psychologists about my risk taking... but I was unable to find adequate support at the time to prevent my infection.

But most of all, I was furious that I felt my mother might have been right. That her ill-informed belief may become a reality and that in my "choosing to be gay," I was destined to grow up to be a lonely old man, with no one to look after me.

I wasn't there yet, but I was on the way to hitting rock bottom. And it wasn't just because of the diagnosis, but the physical and mental consequences of not coping with my HIV status.

No one would love me before, so who would love me now?

Two days after my diagnosis a social worker counseled me. She stressed to me to be very careful who I told and not to tell anyone I didn't have to.

My friends also told me it was imperative to keep my status secret, so I felt my silence was critical to my survival. But whilst silence can feel safe, it can be a lonely place... ..a dark and dangerous place.

And silence breeds stigma.

Ask yourself...

If you were HIV positive, when would you first tell someone you met that you were HIV positive?

When would you tell someone you love?

How would you feel if everyone at work knew? Do you think your colleagues would treat you differently?

How would you feel going through U.S. customs, with your drugs in your bag and being asked if you carry an "infectious disease"? It's not so long ago that the United States had a travel ban on positive people.

The 2005 UNAIDS report on HIV related Stigma, Discrimination and Human Rights Violations states: "The stigma associated with AIDS has silenced open discussion, both of causes and of appropriate responses. Visibility and openness about AIDS are prerequisites ... to respond to the epidemic."

"Concealment encourages denial that there is a problem - and delays urgent action. It causes people living with HIV to be seen as a 'problem', rather than as a solution to containing and managing the epidemic."

Sometimes today I feel the silence around HIV in Australia is deafening. Even to this day I cannot bring myself to tell my parents and cause them more pain than my coming out as a gay man did.

Whilst you cannot tell by looking at me that I am living with HIV - in many ways the emotional and psychological scars are hard to hide. But things will get better.

Things will get better if we all take action to remove the veil of secrecy, stigma and feelings of shame relating to HIV in Australia today. Let's take action to stop the silence and ensure that in Australia people living with HIV can live without fear of discrimination.

Let's take action to find new ways to communicate the importance of prevention and care to young Victorians today.

Today I stand proudly before you as a HIV positive person. Although shame has been a huge part of my early experience living with HIV I am adamant that today, my pride is not a "deadly sin" but an outward expression of a healthy self-esteem.

I am proud that 2 weeks after my diagnosis I started a company that now employs over 120 people. Proud that I live in Australia where medical, mental health-care and support is accessible and I can focus on living, not dying.

Since my diagnosis I have found the most amazing, supportive nurses and doctors

...today I can benefit from nearly 30 years of tireless work to improve care and reduce stigma and discrimination for PLHIV.

I am proud that I have understanding and supportive friends who love me unconditionally - so that I might die old, but certainly not lonely. Proud that as a member of the Positive Speaker's Bureau I can help humanize the virus and assist in preventing it's spread.

Today there are more people living with HIV in the world than there are citizens of Australia. HIV challenges us to not just rely on science for a cure or vaccine but to understand the emotional and social impact of HIV and the impact of silence.

Silence that is dark... and dangerous.

Silence that isolates PLHIV and contributes to the spread of the virus However at the Positive Speakers Bureau we are making ourselves heard. We are finding new ways to communicate the importance of prevention and care to Victorians.

We are stopping the silence and ensuring that in Australia, people living with HIV can live without fear of discrimination. HIV does not discriminate and neither should we."

My way or the highway.....

| James May

I never had much to do with the healthcare system prior to being diagnosed with HIV ten years ago. Dealing with physicians is now part of my routine and has brought friendly alliances as well as difficult encounters. Although I've received a great deal of encouragement and support from many, some doctors and nurses have left me feeling judged and disempowered. Some have refused to give me credit for knowing what's best for my own body, dismissing my beliefs and clashing with me over treatment decisions. This forced me to disconnect from healthcare services altogether at one point which led to a dangerous turn of events.

Standing up to people and asserting myself has been an on-going issue for me. I was raised in a staunchly homophobic community in Qld and constantly subjected to verbal abuse. It was hard to speak up without physical repercussions and I was made to feel inferior because of my sexuality and socio-economic situation. That greatly impaired my self esteem and ability to function in the world as an adult.

Being a drug user for many years put me in a position where I was often judged by people in authority who had no idea about my circumstances or who I really was underneath it all. This included teachers, counsellors and healthcare workers. It felt like I was being put down and had to struggle to find a level playing field in the world. Then HIV came along.

My self esteem plummeted further and I never thought I'd be able to face the world on equal terms. Coming into contact with healthcare professionals

reinforced this. The physicians I met in Sydney when I was diagnosed were particularly terse and insensitive. Judgments were clearly made about my lifestyle and the diagnosis was handled with little compassion. No counselling was offered, just a bleak 7-10 year prognosis which left me hopeless, defeated. I walked out feeling isolated, guilty and ashamed, as though I deserved everything I got.

“A HIV diagnosis is a huge upheaval, a life-changing event that should be handled with care and concern”.

Regardless of someone's lifestyle, the newly diagnosed should be encouraged and empowered, not kicked while they're down. They need to be given hope, they need to know they've got something to live for. I know of others who went on to wipe themselves out after receiving a prognosis which was far from life affirming and I wonder how many others have taken a destructive path as well.

I roamed the country after that and showed up for my first round of blood tests with a GP in Melbourne a year later. I was very pleased to meet him at first. He had a lot of experience, he was kind, non-judgmental. Unfortunately my indicators weren't too crash-hot. He insisted I begin antiviral therapy but I wasn't prepared for this. It was hard to get a word in, but I tried to explain that I wanted to use other healing methods first. I told him my health wasn't going well

because I had a lot on my mind. I was living in a crummy rooming house, I had few social contacts, I was on the dole and I couldn't afford to eat properly or care for myself. I said I needed time to think things over and I wasn't in a physical or mental space to begin serious medical treatment anyway.

The GP barely heard me out. He disregarded my wishes to try alternative therapies and dismissed my beliefs about the impact of emotions, diet and circumstances on my health. Our meetings became less productive as he insisted I do things his way. He used random test results to make intimidating claims like 'you'll have full-blown AIDS within a year if you don't do as I say.' I felt like I was being coerced with fear tactics and even though I was scared out of my wits, I walked out of his office and never went back. As it turned out, my immune system didn't run into problems for another six years.

My interactions with a few other physicians didn't yield positive outcomes either. Most of all, I struggled with the concept of three-monthly blood tests. This day came around far too quickly and filled me with dread. My indicators fluctuated wildly and the GP never offered an explanation which made sense or put my mind at ease. During this time I made huge lifestyle changes, giving up drugs and smoking, paying close attention to my diet and taking up yoga and the gym. I was very committed to my health but I had less and less contact with doctors.

I wasn't monitored for two years at one point and this was clearly a risk I shouldn't have taken. One night I was rushed to hospital with a raging fever and diagnosed with PCP and MAC.

There was a lot going wrong in my life at the time; relationship breakdowns, depression and financial stress but my immune system was clearly failing and I didn't seek help. I was so disconnected from the system, I didn't know who to turn to and I thought I'd pull through. The next thing I wound up in the emergency room at The Austin.

Being stuck in a hospital bed was my worst nightmare. The doctors were extremely condescending and heavy-handed, in view of the fact that I hadn't been monitored regularly. They stood over me, waving their fingers and telling me how stupid and irresponsible I'd been. I was fifty-five kilos, covered in coldsores and too delirious to say a word. They dragged me around those corridors for a month, subjecting me to every procedure they could think of. I felt like a guinea pig in a scientific experiment and left feeling as bad as the night I went in.

My case was transferred to the Alfred after that and my relationship with HIV physicians did a complete turn around. I was in the most precarious state, probably the lowest point in my life but the staff at the ID clinic were never judgmental or insensitive. They were full of encouragement and did all they could to help me get on my feet. I was in and out of that place every week for a year but I always left with a little more hope, even though the situation was dire and the medication was producing a myriad of complications. They always had a trick up their sleeve and a positive take on the situation. I was fed up with being weighed and examined, poked and prodded but those girls had a pleasant manner and a top sense of humour.

The crew at RDNS were fantastic as well. I was on twenty-six tablets a day and fairly housebound back then. Those guys came around once a week and offered support and companionship. It gave me a reason to whip out the tea and bikkies and have a bit of a laugh. I couldn't have managed the dosing schedule or kept my chin up without them.

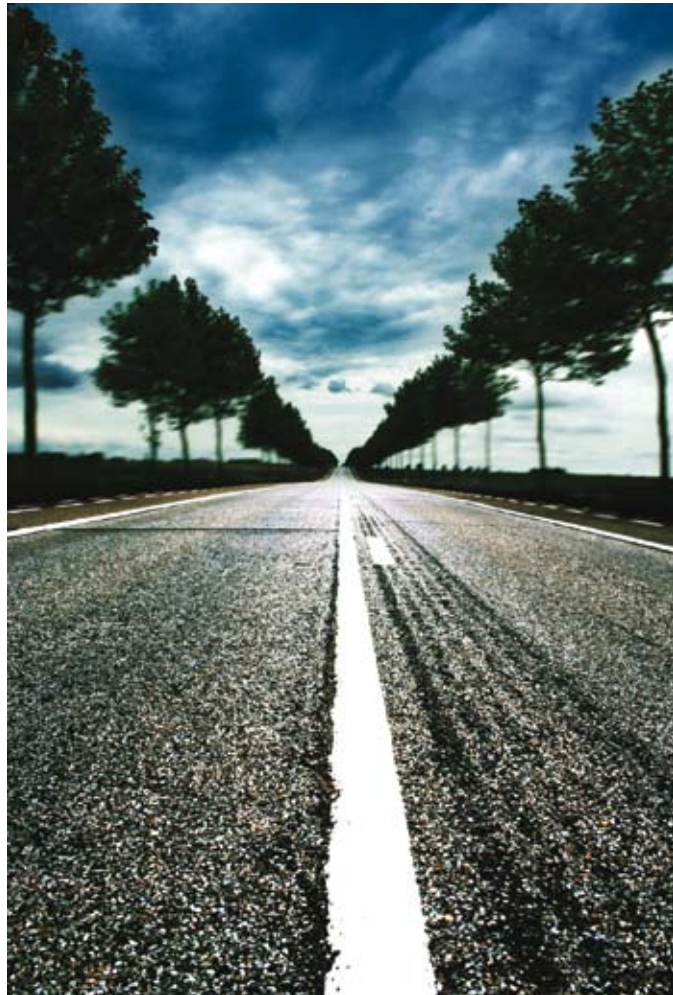


PHOTO: STOCK.XCHNG.COM

Since that time, I've never had a problem with HIV physicians. We have a relationship of mutual trust and respect and I can say anything without feeling patronised or pushed around. Things have changed a lot since the early days and perhaps we're on more even terms. In the beginning, I was dealing with drug problems, mental health issues and unstable circumstances – but that's when I needed the most care and concern. Perhaps I should've been more discerning but I was dealing with well-known HIV physicians. Unfortunately their skills didn't go far beyond taking blood and prescribing medication.

HIV is a complex condition that's affected by a variety of factors such as lifestyle, mental health and one's financial ability to access good nutrition and stable accommodation. I realise the medical system is over-stretched but I don't think the issues associated with HIV can be fully appreciated in a rushed consultation.

It's a condition which affects people from diverse and difficult backgrounds, including drug users and people with mental health issues. That will always be the case while there's socio-economic disadvantage and homophobia in the community.

It's a physician's responsibility to be more conscious of their clients' needs; the individual circumstances which affect their health. We all have the same virus but we're very different in other ways. It's not enough to be proficient in the science of it all – we're human beings too. We need to be listened to, we need to be empowered. Most of us have suffered and continue to suffer ignorance and discrimination in the community. The last place we need it is in the healthcare system.

All views expressed in this article are the opinion of the authors and are not necessarily those of PLWHA Victoria, its management or members.

High fashion supports World AIDS Day | Frat House



MAKE A DIFFERENCE TODAY!

Purchase any of our World Aids Day tees for **UNDER \$25** and **\$10** from the sale of each tee will go to support people living with HIV

**WORLD AIDS DAY
DEC 1ST 2010**

Visit www.vicaids.asn.au/world-aids-day for more information on World Aids Day. Working in conjunction with Frat House.

Proudly Supporting:

FRAT HOUSE
AMERICAN STYLE - AUSTRALIAN ATTITUDE

People Living with HIV/AIDS

This year the community can support PLHIV long after World AIDS Day by wearing a tee from popular clothing store Frat House.

Frat House has a great philosophy which is all about "feeling good and having fun" and this World AIDS Day they are selling specially designed tees to raise awareness of HIV in the community and support the work of the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) and People Living with HIV/AIDS Victoria (PLWHA Victoria).

The tees which went on sale in November range from \$24.95 for the male tees and \$19.95 for the female tees and are available in three unique designs, all with important messages about safe sex, stigma and discrimination.

Suzy Malhotra Health Promotion Manager at PLWHA Victoria said 'this is a great initiative by Frat House and an excellent way to raise awareness not only for World AIDS Day but also for people living with HIV'.

"The messages that Frat House have designed for the tees reflect the diverse challenges that people living with HIV are exposed to".

\$10 from the sale of every tee will be donated by Frat House to support people living with HIV in Victoria.

Funds raised from this initiative will be divided between the VAC/GMHC and PLWHA Victoria to support the amazing work of the Positive Living Centre run by VAC/GMHC and the Emergency and Distress Fund run by PLWHA Victoria.

Please visit your nearest Frat House store over the Christmas holidays and choose from the range of tees and while looking good you will be supporting the work of two great non-for profit organisations.

VAC/GMHC and PLWHA Victoria would like to thank all the management and staff at Frat House, for their generous support.

STORES:

QV Melbourne

Shop 27-33 Red Cape Lane
Crn Swanston & Lonsdale St

Spencer Street

Shop 37, 201 Spencer St
Docklands

Torquay

Shop T26A 41 Bristol Rd
Torquay

Positive Women Victoria

Organisational Update

It has been a very busy time for Positive Women Victoria with member events. In November we ran our fourth Positive Steps therapeutic peer support group, this program continues to be popular with members both newly diagnosed and long-term.

Our AGM, held Tuesday 23rd November at the Queen Victoria Women's Centre was well attended. Board elections were conducted and our Patron Anne Phelan and Chair Bev Greet gave an overview of the years achievements. The night concluded with entertainment from comedian Nelly Thomas. A great night was had by all.

Positive Women Victoria is holding our Family Christmas Party on 4th December at the Elwood Beach Community Centre. Lunch will be held and gifts for children will be distributed.

Members and their families can use the enclosed playground and visit the nearby beach. Positive Women Victoria are also planning a Christmas Dinner for members in mid December. Members are invited to contact the office if you would like to attend either of these events.

Positive Women Victoria partnered in a Women's Day at the Positive Living Centre in November. The PLC was devoted to HIV-positive women on this day with women attending for peer support, afternoon tea, massage, makeovers and creative activities. Many thanks to the staff at the Positive Living Centre for their organisational talents with this event, MAC Cosmetics for their support and the members who attended.

Women's magazine Marie Claire approached Positive Women Victoria seeking women to feature in the magazine for World AIDS Day,

talking about their experiences as women living with HIV. This is a wonderful opportunity for raising awareness around women and HIV, particularly around Worlds AIDS Day, and for members to share their story. Members have participated in interviews, including photos and will feature in the December edition of Marie Claire.

Positive Women are receiving more regular requests from media to talk to our members and share their stories with the broader non-positive community. If you are interested in being considered for future media opportunities, please contact the Positive Women office.

If you require support, are interested in providing other positive women with support, need resources or are interested in attending our events, please contact us on support@positivewomen.org.au or (03) 9921 0860.

Save the Environment!

If you wish to do your bit for the environment and receive Poslink via email, please send your name and email address to

poslink@plwhavictoria.org.au

Poslink is also available online to download at www.plwhavictoria.org.au



Experience of HIV Seroconversion Study

www.hivss.net

About the Seroconversion Study

This is a study for people who have recently been diagnosed with HIV. The aim is to collect information about your experiences with HIV, both before and after you were diagnosed. This study will provide valuable information for health promotion efforts and for policy development, and may be used in the development of health promotion materials for men or women in the gay, straight, lesbian, bisexual, and transgender communities.

You will also be offered the opportunity to tell your story in person with a trained interviewer (this is optional, and not required for participation in the online survey). This interview is also confidential, and allows you a chance to tell your story in more detail for the research.

Funding

The Seroconversion Study is funded - with thanks - by the Departments of Health in NSW, QLD, VIC, SA, WA, TAS & the ACT.

Partnerships

This study is being conducted in partnership with state AIDS Councils of NSW, VIC, QLD, SA & WA and in conjunction with People Living With HIV/AIDS organisations nationwide.

Where can I get more information?

If you would like to know more, please visit www.hivss.net, or contact:

02 9385 9954 or email seroconversion@nchechr.unew.edu.au

Who should participate?

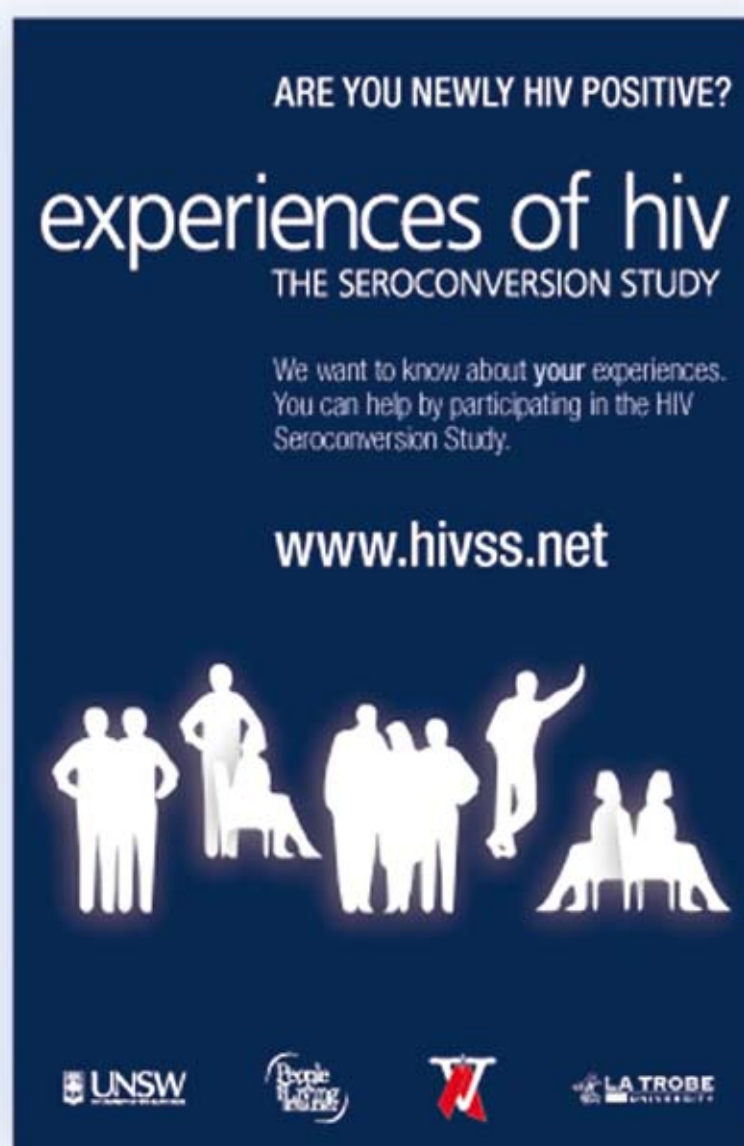
Anyone over the age of 18 living in Australia who has recently been diagnosed HIV-Positive. Recently means anytime in about the last two years.

Why should I participate?

The ways HIV can affect our lives has changed over time, and it is crucial to gather current, relevant information about those experiences. The information collected in this survey will play a major role in health promotion for those affected by HIV, will assist in prevention efforts by local communities, and will help in addressing the needs of those dealing with a recent HIV diagnosis.

What's involved?

You may choose to take part in an anonymous, confidential online survey at www.hivss.net, or you may request a paper copy of the questionnaire to fill out and return. The survey takes about 30 minutes to complete.





*Merry Christmas/Season Greetings and
Happy New Year from the staff and board of
PLWHA Victoria.*





Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund Poslink and Treatment Interactive Events.



INFORMATION • SUPPORT • REFERRAL



www.connectline.com.au

Membership application

All details provided will be treated as strictly confidential.

I wish to become a member of People Living with HIV/AIDS Victoria and to receive all privileges of said membership. I agree to abide by the Rules of the organisation at all times. I understand I can obtain copies of the Rules of the organisation from the PLWHA Victoria office.

Please
tick

☐

Full Membership

I am HIV-positive and am able to provide verification of this if required.

☐

Associate Membership

I do not wish to disclose my HIV status, I am HIV-negative or I do not know my HIV status.

Name

Signed

Address

Postcode

Telephone

Email Address

Please fax or post your membership application to:

☐

I do not wish to be contacted by postal mail.

PLWHA Victoria
6 Claremont Street
South Yarra VIC 3141
Tel 03 9865 6772
Fax 03 9804 7978



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