

poslink



The Newsletter of
PLWHA Victoria Inc

Education, Information
& Representation

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Volunteer your time @ Coventry House

Are you interested in volunteering for
a not for profit organisation?

Would you like to be a part of an
energetic team that is dedicated to
improving the lives of people affected
by HIV?

Great opportunities currently exist
for volunteering within the supportive
environment of Coventry House.

To express your interest or for more
information please contact
PLWHA Victoria on 03 9863 8744 or
email info@plwhavictoria.org.au

COVER PHOTOGRAPH: The River of Life Mural - Positive Living Centre

DESIGN & LAYOUT: Fragile Design

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Note from the President Sam Venning



The PLWHA Victoria board of directors recently announced the appointment of Brent Allan to the role of Executive Officer following Jane Hughes' departure in December 2011. Brent has worked overseas and in Australia with various community organisations and state governments. He spent three years at the AIDS Council of New South Wales (ACON) working on several health promotion, social marketing and research initiatives, two years at the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) as part of the HIV Services Senior Management Team and more recently at the Victorian Department of Health.

I would like to take this opportunity to thank Suzy Malhotra for her role as Acting Executive Officer during the interim of recruiting for an Executive Officer. Suzy has successfully led our organisation through a very busy period, maintaining our partnerships and fulfilling commitments in line with our Strategic Plan 2010-2013.

With the appointment of Brent Allan, Suzy will resume her role as Health Promotion Manager.

There have been a number of changes at the Board level over the last few months. Paul Kidd resigned from the PLWHA Victoria board in March after a tenure of five years, half of that period as President. He has been instrumental in delivering a number of initiatives that have contributed enormously to the organisation. Paul put a tremendous amount of work into the Strategic Plan 2010-2013 (available on the PLWHA Victoria website), fostered board governance training and development, represented the organisation and HIV-positive people through numerous media interviews and articles, organised and chaired information forums as well as conducted a comprehensive review of the Michael Masters and Emergency & Distress Funds.

More recently Paul has been working with other community representatives and the Office of Public Prosecutions to develop a set of prosecutorial guidelines with a range of objectives that include reducing HIV-related stigma, encouraging disclosure, and supporting the rights and welfare of HIV-positive people.

On behalf of the board and staff I'd like to thank Paul for his dedication and guidance while he served on the PLWHA Victoria board and wish him well for the future.

Shane Boyd (Vice President) has also announced his resignation from the PLWHA Victoria board to enable him to spend more time with his personal business adventures. Throughout his time on the board Shane has continued his involvement with the Positive Speakers Bureau. He spoke about his personal journey with HIV at the World AIDS Day Launch in the

grounds of Parliament House in 2011. Shane also contributed a great deal of time to the selection process to recruit the Executive Officer.

Throughout his time on the board Shane has continued his valuable participation as a member of the Positive Speakers Bureau. Shane has indicated that he will continue his involvement with the Positive Speakers Bureau.

Ian Muchamore joined the PLWHA Victoria board in February. Ian has been involved in the HIV sector for over 20 years, initially as a helpline volunteer for the Terrence Higgins Trust in London. Ian moved to Australia in 2002 and is currently completing a Masters in Public Health at the University of Melbourne. Ian is interested in communication and health policy issues and will bring to the board his knowledge and experience.

The departure of Paul and Shane leaves two vacant positions on the board. We call for nominations from the membership to fill these positions. When co-opting members to the board we encourage those with a broad set of skills that can help guide the strategic development of the organisation to represent HIV-positive people in Victoria. Board members are expected to have an active interest in priorities and issues that affect all people living with HIV in Victoria and oversee or participate in various committees and projects. For more information see the flyer included in this issue of Poslink and feel free to contact me on 0408 330 130 or email president@plwhavictoria.org.au

Women's Day @ The PLC

James May

I recently met with Heather Morgan and Deirdre Byrne, two care and support staff at the Positive Living Centre (PLC). We talked about their work experience at the PLC, particularly about the recent Women's Day held in December 2011. The first Women's Day in 2010 was a huge success and this one was bigger and better, according to Heather and Deirdre.

Some women are reluctant to come to the PLC for various reasons, according to Heather, and the staff would like to encourage them to use the service more. 'While the virus in Australia may be concentrated in the gay male community, more women and children are affected worldwide.' Heather says the Victorian AIDS Council (VAC) is working hard through their connections with Positive Women Victoria and Straight Arrows to encourage more women to visit the PLC. 'We're committed to making it a service for everyone who is HIV positive.'

Deirdre adds that building a rapport with clients and watching them flourish is amazing. She is currently working with one CALD client who has recently linked in with Positive Women Victoria.

'She is connecting with other women and has grown in confidence now she's learning English. You can already see the benefits of her contact with the In-Home Support Service at the PLC.'

Heather says there could be a designated day to focus on the needs of women in the future. 'Women face a whole range of issues. They are

reluctant to disclose their status because of the stigma related to being HIV-Positive. CALD women in particular don't want anyone in their communities to know of their status.'

According to Heather and Deirdre, the Women's Day was a success because women are able to connect and talk quite easily. There is definitely a certain 'something' that occurs in a women only space, they tell me. Couches and chairs were on hand to allow each guest to soak up the atmosphere in comfort – as well as the odd glass of champagne or fruit juice, depending on individual tastes. 'The conversations flowed naturally and many deep and meaningful interactions were underway in a short time. There was a remarkable generosity among the women,' Heather says.

According to Deirdre, the Women's Day creates an atmosphere that is trusting, vibrant and fun. 'Creating a space for women only allows women to feel safe, and the outcome of this is a day of relaxation and generosity towards each other.'

Deirdre has trained and facilitated many art therapy groups for women in the mental health sector and says that it's always special when you bring women together in a setting like this. It was Deirdre's idea to create 'The River of Life' mural. She says it's a metaphor for coming together as a community, for moving on and creating something sacred. 'It's a collective effort. The bond between women creates something very special. It depicts how each woman is feeling emotionally. The drawing merges community symbols and images.'

Deirdre asked the women to put their hands on the paper and close their eyes while she played music. She then asked them to think of a favourite place – is their river calm, rapid or flowing and in what direction do they want their river to flow? 'One woman drew an amazing image of a tree stump,' Deirdre says. 'It was grounded and very strong.' Most of the colours in the mural are a gentle pastel shade but the underlying emotions come through strongly, she says. 'Some people were more focussed while others chatted. Some took time

to reflect and some walked away when they were finished.'

Mac Cosmetics are a Canadian company with a commitment to HIV/AIDS projects worldwide. They brought special make-up chairs and had a little gift for everyone. 'The women who received make-overs looked fantastic,' Heather says. 'People said I looked terrific too. I wanted to marry the girl who did my make-up.'



Deirdre laughs as she recalls the day. 'My flatmate asked why I put so much make-up on just to come home.' According to Heather, many of the women have busy lives and rarely find the opportunity to have a makeover. Positive Women Victoria donated the services of a photographer and Straight Arrows and the PLC provided child care.

The mural was created by all women who attended the day – workers from the sector and Positive women. 'We had lovely food and candles on the tables and we also had the services of a wonderful therapist who volunteered her massage expertise,' Heather says.

Some clients attend the PLC regularly while others visit on a needs only basis. 'While the staff try to encourage people back to work if possible, it can be a long road,' Heather says. 'People are often devastated when they find out they are HIV-positive. The stigma is also huge. How you feel about yourself is everything. Many people have a range of issues and the staff try to create an atmosphere where they feel safe and where they can talk about their journey of living with HIV.'

Deirdre says that people often do the best when they can go out and achieve things. 'It's good to see people come to the PLC for support, then go back into the community

and live their lives. Our experience is that many women show great determination as they are usually sole carers of their children.'

'We feel privileged to work here,' Heather says. 'We love our work and we're lucky to be working with a great team of people who make up the staff of the PLC. They care about their clients. They're passionate about their wellbeing and are strongly committed to social justice.'

Photos of the River of Life mural will be available for viewing in coming weeks at the Positive Living Centre in South Yarra.

Media Release - NAPWA

New HIV Treatment Guidelines – A Major Step in Revolutionising HIV Treatment and Prevention in Australia

The National Association of People with HIV/AIDS (NAPWA) has welcomed the release of updated guidelines for treating HIV issued yesterday by the US Department of Health and Human Services. In a major shift, the new guidelines recommend that all people with HIV consider going on HIV treatment, whether recently infected or with more advanced HIV disease.

The new guidelines also note recent evidence about the additional benefit of taking HIV treatment in reducing HIV transmission and recommend that HIV treatment be offered to HIV positive people who are at risk of transmitting HIV to sexual partners.

The guidelines are developed by a panel of eminent scientists, clinicians and community experts, and are the main reference used in Australia to help doctors and patients with HIV health and treatment decision making.

"It is increasingly clear that untreated infection is bad for the health of people living with HIV, whether their infection is

recent or long-term," said Robert Mitchell, NAPWA President. "We also think that people with HIV will value the added benefit of being on treatment in helping reduce the risk of transmitting HIV to others, when used with other proven prevention measures like correct and consistent condom use."

"These new treatment guidelines reflect exciting scientific advances in HIV prevention and treatment science over the past 12 months. We now have the opportunity to transform the Australian response to HIV by offering HIV treatment not only to keep people with HIV well, but with the now established benefit HIV treatment has in helping prevent transmission of HIV to others. These are major steps towards an HIV-free generation," he said.

NAPWA believes there is an urgent need to make sure all people with HIV and those at high risk of HIV infection know about important new scientific developments in HIV treatment and prevention and the new guidelines for treating HIV, maintaining health and preventing transmission.

"Many people with HIV are simply not aware of these changes. And there are concerns that people who are HIV positive may not know their HIV status, or may not be in regular contact with the medical system. The place to start is by having a conversation with an experienced HIV doctor and by getting information from their local HIV organisation."

NAPWA will be urging the Commonwealth Health Department to act promptly to remove barriers it says prevent some people with HIV from accessing HIV treatments. "Disincentives to taking HIV treatment need to be addressed, including the financial burden of dispensing fees for HIV related medicines and making HIV treatments accessible through community pharmacies," Mitchell said.

Information on the new US HIV treatment guidelines can be downloaded from <http://www.aidsinfo.nih.gov/>

Released 29 March 2012

A guide to current and emerging HEP C treatments

This is an abridged version of the Hepatitis Australia Guide to Current and Emerging Hepatitis C Treatments. For the full version of the Guide go to www.hepatitisaustralia.com

The way that hepatitis C is treated in Australia is going through a period of rapid change due to significant research breakthroughs in our understanding of the virus, and the development of different types of drugs that can be used to treat the infection.

Current hepatitis C treatment

The current treatment for hepatitis C within Australia has not changed significantly since 2003 when a regimen of weekly Pegylated Interferon injections and twice daily Ribavirin tablets was introduced as the standard treatment.

The side-effects of Pegylated Interferon and Ribavirin treatment vary from person to person, but are a significant concern for many people. Side effects include mild to severe mood disturbances, anaemia, slow blood-clotting, fatigue, flu-like symptoms, dry skin, rash, insomnia, decreased appetite, weight loss and hair loss.

The IL28B genetic test

Recently, a new genetic test has been developed called 'IL28B' which offers a strong pre-treatment prediction of treatment response for people with hepatitis C genotype 1. The individual's genetic make-up is tested and people fall into one of three groups – 'CC', 'CT' or 'TT'. Those within the CC group are most likely to achieve a cure. Those in the CT and TT groups have a lower chance of achieving a cure with the current treatments.



The IL28B test has obvious advantages in helping to guide an individual's treatment decision; however the drawbacks should also be considered prior to requesting or consenting to have the test. Privacy concerns, potential use of the results by insurance companies, the impact of receiving an unfavourable result and implications for other family members should all be considered prior to testing. The cost of the IL28B test is not currently subsidised and charges may vary between pathology services.

Fibroscan™

A relatively new test called a 'Fibroscan™' is now in use to establish the stage of liver disease by measuring the level of liver scarring. It is a quick, simple and non-invasive test similar to an ultra-sound test. Access to a Fibroscan™ test is improving, however, it is not available everywhere. The Fibroscan™ test is generally preferred by most people with chronic hepatitis C as a measure of liver damage to the more invasive test called a 'liver biopsy'. This

involves a minor surgical procedure in which a sample of liver tissue is taken using a fine needle passed into the liver. However, a liver biopsy may be recommended by specialists in some circumstances.

Overview of emerging hepatitis C treatments

Research into new hepatitis C treatments has resulted in major new classes of drugs being tested in clinical trials. The rapid evolution in the treatment of hepatitis C is expected to result in significantly improved cure rates and potentially reduced duration of treatment making it a much more acceptable option for many. It is anticipated that the new drugs will become available in Australia in three sequential waves:

Wave One

Treatment with Pegylated Interferon and Ribavirin will continue unchanged for people with easier to treat strains of the virus such as genotype 2 and 3. However, an extra drug from a class of drugs called

Direct Acting Antivirals (DAAs) will be added to treatment for people with genotype 1. It is expected that the first two drugs from this class to become available in Australia will be Boceprevir or Telaprevir. These two drugs work by blocking an enzyme called 'protease' which is needed by the hepatitis C virus to multiply; they are therefore known as 'protease inhibitors'. The addition of either of these drugs to the current standard treatment will improve cure rates significantly and, for some people, will also reduce time on treatment. However, further side-effects are experienced.

Wave Two

Treatment with Pegylated Interferon and Ribavirin will continue as the mainstay of treatment for all genotypes, but additional new drugs will be added, not only for genotype 1, but also for other common genotypes, such as genotype 2 and 3. The new combinations may see the addition of one or two DAAs, for example protease inhibitors, polymerase inhibitors and NS5A inhibitors. These drugs act in different ways to block the ability of the hepatitis C virus to multiply. It is anticipated that these new drugs will result in improved cure rates for all genotypes and reduce the time on treatment for some people. Treatment is expected to become more tolerable over time as the frequency and number of tablets needed is reduced.

Wave Three

During wave three, treatments will no longer include Pegylated Interferon, but it is thought they will still incorporate Ribavirin. Various DAAs will be used in combination. Currently there are numerous clinical trials underway to test the effectiveness and safety of various combinations of DAAs for different genotypes of hepatitis C. These new treatments show great promise for very high cure rates, shorter time on treatment and much reduced side-effects compared to current treatment regimens.

Availability of the new treatments in Australia

While there is great excitement surrounding the potential to move to non-Interferon based treatments for hepatitis C, it could take five years or more for these treatments to become available in Australia. In the meantime, it is expected that other new drugs will become available which will offer considerable advantages over current treatment. The first wave of new drugs, Boceprevir and Telaprevir, are currently in the process of assessment by the Pharmaceutical Benefit Advisory Committee (PABC) and listing on the Pharmaceutical Benefits Scheme (PBS).

It is important to note that it is very difficult to predict with any degree of accuracy when new hepatitis C treatments will be listed on the PBS. Regardless of how promising any clinical trial is in the initial stages, there are many hurdles to overcome and not all promising new drugs manage to complete the clinical trial process. For those that do, the subsequent rigorous Therapeutic Goods Administration (TGA), PBAC and subsequent Federal Cabinet assessment and approval process also take a considerable period of time and is not predictable.

Boceprevir and Telaprevir

Boceprevir and Telaprevir will virtually bridge the gap in cure rates between people with genotype 1 (50%) and genotypes 2 and 3 (70-80%) that currently exists.

In clinical trials, the addition of Boceprevir or Telaprevir has demonstrated the ability to significantly increase cure rates by 20-30% over treatment with Pegylated Interferon and Ribavirin alone. In addition, the amount of time on treatment can be reduced for those people who have a rapid response to the treatment; this occurs in around 40-50% of people. Changing hepatitis C treatment duration according to the response is called 'response guided therapy' and it is a key benefit of the new treatments, in addition to the increased cure rate.

Potential drug interactions

Drug interactions are common with DAAs which means great care needs to be taken if other prescription drugs are required, or when taking herbal or complementary medicines. Therefore all prescription and over-the-counter medicines need to be checked with your treating doctor before commencement.

Realising the potential of the emerging treatments

The new treatments becoming available in Australia have great potential to offer the chance of a cure for many people living with chronic hepatitis C. If you are currently living with chronic hepatitis C this therefore is a good time to reconsider your treatment options.

For further information visit the Hepatitis Australia website www.hepatitisaustralia.com or call the Hepatitis Australia Infoline 1300 437 222 (freecall) to talk with a hepatitis educator for information, support and referral to treatment and support services.

Author Garry Sattell is the Community Participation Coordinator and Hepatitis Infoline Coordinator at Hepatitis Victoria.

Let's talk treatments

Vic Perri

Nevirapine XR – A new once daily extended release formula

A new once-daily formula of Nevirapine (Viramune) XR (Extended Release) has been registered in Australia. Nevirapine is a Non-Nucleoside Reverse Transcriptase Inhibitor and forms part of a daily combination regimen. It will be available soon on prescription for patients seeking to switch from the previous twice daily formula or for those commencing treatment for the first time. Your doctor will advise if it is suitable for you when it becomes available.

This change brings Nevirapine in line with many other once-daily pills currently available, opening up the option to include Nevirapine XR with other once-daily treatments.

Elvitegravir Quad pill matches efavirenz and atazanavir combos

Researchers reported at the 19th Conference on Retroviruses and Opportunistic Infections (CROI) that the Quad single-tablet regimen, an all-in-one pill containing the experimental integrase inhibitor elvitegravir plus two other antiretroviral drugs and a novel boosting agent, was as effective as the widely used Atripla combination but with fewer neuropsychiatric side-effects. In a companion study the Quad regimen also matched boosted atazanavir (Reyataz).

The study enrolled 700 participants. Most (about 90%) were men, about two-thirds were white and the average age was 38 years. All were starting their first antiretroviral therapy (ART) regimen. One-third had high baseline HIV viral load (> 100,000 copies/ml). The mean CD4

cell count was about 385 cells/mm³, but about 30% had levels below 350 cells/mm³ and 13% had less than 200 cells/mm³.

Participants were randomly assigned to take one of two all-in-one regimens: Gilead's Quad pill, containing the second-generation integrase inhibitor elvitegravir, the pharmacoenhancer cobicistat, tenofovir and emtricitabine, or else Atripla, containing the NNRTI efavirenz (Sustiva or Stocrin) plus tenofovir and emtricitabine.

Both regimens performed well through 48 weeks, with 88% of participants in the Quad arm and 84% of those on Atripla having undetectable HIV viral load (< 50 copies/ml), not a statistically significant difference. Virological failure was seen in 7% of participants in both arms.

Both single-tablet regimens were generally well-tolerated. Similar proportions of patients discontinued the study prematurely (11% in the Quad arm, 13% in the Atripla arm), but fewer in the Quad group stopped early due to adverse events (12 vs 18 participants); most of the remainder were lost to follow-up or were non-adherent.

Participants in the Quad arm were significantly more likely to report nausea (21% vs 14%), but several other side-effects occurred more often in the Atripla group, including abnormal dreams (15% vs 27%, respectively), insomnia (9% vs 14%), dizziness (7% vs 24%) and skin rash (6% vs 12%).

People in the Quad arm had significantly smaller increases in total, LDL ('bad') and HDL ('good') cholesterol, with similar rises in triglycerides.

Patients receiving the Quad regimen had a larger increase in serum

creatinine (a marker of possible kidney damage) early on, but this soon stabilised and did not progress over time. Prior studies have shown that cobicistat affects kidney tubule secretion of creatinine, but it does not appear to cause the type of damage seen with kidney-toxic drugs.

Novel integrase inhibitor dolutegravir still potent at 96 weeks

The next generation integrase inhibitor dolutegravir maintains viral suppression and remains safe after two years of use, according to a small study presented CROI.

HIV integrase inhibitors prevent the virus from inserting its genetic material into host cells. The sole approved drug in this class, raltegravir (Isentress), has demonstrated long-term efficacy, has few interactions, and is among the best-tolerated antiretrovirals, encouraging development of more agents of this type.

Dolutegravir produced by ViiV/Shionogi, is taken once daily with no need for boosting and no food requirements. Prior studies showed low potential for drug interactions and a distinct resistance profile.

Dolutegravir administered once daily with two NRTIs was associated with good treatment response at all doses, the researchers concluded. Researchers stated that fewer subjects treated with dolutegravir discontinued therapy due to adverse events when compared to efavirenz.

People Living with HIV/AIDS Victoria Inc.

poslink

2012 readers' survey



Please tell us what you think!

Poslink newsletter has been a publication of PLWHA Victoria since 1997 and we want to know what you think about Poslink today. Your feedback will help us direct the future of Poslink and enable PLWHA Victoria to respond to the needs of our readers.

If you would like to complete the survey online,
you can access it from survey monkey:

www.surveymonkey.com/s/Poslink2012

Please return this survey to:

PLWHA Victoria
Reply Paid 87634
Southbank VIC 3006

By: Friday 29 June 2012

(Any survey received later than Friday 29 June 2012, cannot be considered in the evaluation)

Quality and content

1. How would you rate the overall quality (content) of Poslink?

- ☐ Excellent
- ☐ Good
- ☐ Adequate
- ☐ Poor
- ☐ Unacceptable

2. How would you rate the design (colour, text, images) of Poslink?

- ☐ Excellent
- ☐ Good
- ☐ Adequate
- ☐ Poor
- ☐ Unacceptable

3. How would you rate your ability to read and understand the stories in Poslink?

- ☐ Very easy
- ☐ Moderately easy
- ☐ Moderately difficult
- ☐ Very Difficult
- ☐ Other (please specify) _____

4. Which of the following topics would you like to see in Poslink?

(Tick as many as apply)

- ☐ Ageing with HIV
- ☐ Book/film/art reviews
- ☐ Budgeting/financial planning
- ☐ Executive Officer message
- ☐ Cooking and recipes
- ☐ Fiction/creative writing
- ☐ Information about services
- ☐ Information about events
- ☐ Legal issues (HIV & the law)
- ☐ Letters from readers
- ☐ Lifestyle/quality of life issues
- ☐ Mental health and HIV
- ☐ Nutrition/health/fitness
- ☐ Personal stories of positive people
- ☐ President's message
- ☐ Sex and relationships
- ☐ Sexual health
- ☐ Stigma and discrimination

- ☐ Travel
- ☐ Treatment information
- ☐ Updates on the work of PLWHA Victoria
- ☐ Websites of interest for PLHIV
- ☐ Other (please specify) _____

5. How long have you been reading Poslink?

- ☐ This is my first edition
- ☐ Less than a year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years

6. We currently produce 6 issues of Poslink each year. Do you think this is:

- ☐ Just right
- ☐ Not enough
- ☐ Too many
- ☐ Other (please specify) _____

7. Where do you currently get your copy of Poslink?

- ☐ I receive the print edition at home
- ☐ I read the print edition at work
- ☐ I read the print edition at my clinic or HIV service
- ☐ I subscribe to the email edition
- ☐ I read it online
- ☐ I read someone else's copy
- ☐ Other (please specify) _____

8. If you get your own copy, how many people other than you read your copy of Poslink?

- ☐ No one else reads my copy of Poslink
- ☐ One other person
- ☐ 2-4 people
- ☐ 5+ people

9. Do you read Poslink articles online?

- ☐ Yes
- ☐ No

10. If you don't read Poslink online, is it because you:

- ☐ Prefer the paper edition
- ☐ Didn't know it's online
- ☐ No computer access
- ☐ Not applicable
- ☐ Other (please specify) _____

11. How would you prefer to receive Poslink?

- ☐ In the post
- ☐ Picking up a copy
- ☐ Email with web links
- ☐ PDF file by email

12. As a general rule, how much of Poslink do you read?

- ☐ All of it – cover to cover
- ☐ The headlines and most articles
- ☐ About half
- ☐ I just scan it and read what is of interest

13. Why do you read Poslink?

- ☐ I'm HIV positive
- ☐ I work in the HIV field, in health care
- ☐ I work in the HIV field, elsewhere
- ☐ I'm a partner/relative/friend of someone with HIV
- ☐ Other (please specify) _____

14. Out of all your sources of HIV information (including your doctor, other health care providers, AIDS Council, PLHIV organisation, resource booklets, internet, friends) how important is Poslink to you?

- ☐ Most important
- ☐ Very important
- ☐ Reasonably important
- ☐ Not important

15. As a result of reading Poslink, have you learnt anything about HIV, health, treatments or services?

- ☐ I have learnt nothing new
- ☐ I have learnt something but it's not particularly useful to me
- ☐ I have learnt something that is useful for me
- ☐ I have learnt something that seems vitally important to me

Please give examples in your own words of what you have learnt.

16. Have you made any changes to your treatment or care, or made decisions, based on something you have read in Poslink?

- ☐ No
- ☐ Yes (please specify) _____

About you

17. What is your age?

18. In which country were you born?

19. What is your current postcode?

20. My first language is?

- ☐ English
- ☐ Other (please specify) _____

21. I identify primarily as (sexuality)

- ☐ Gay
- ☐ Heterosexual
- ☐ Bisexual
- ☐ Lesbian
- ☐ Other (please specify) _____

22. I identify primarily as (gender)

- ☐ Female
- ☐ Male
- ☐ Transsexual
- ☐ Other (please specify) _____

23. Are you Aboriginal or Torres Strait Islander?

- ☐ Yes
- ☐ No

24. Which of the following describes your source of income?

(please tick as many as are appropriate)

- ☐ Receiving a full-time salary
- ☐ Receiving a part-time salary
- ☐ Living on savings or superannuation/a self-funded retiree
- ☐ Receiving a full disability support pension

- ☐ Receiving a part disability support pension
- ☐ Receiving any other Centrelink payment (please specify)
- ☐ Dependent on a partner or another person

HIV status

25. What is your HIV status?

- ☐ I'm HIV positive
- ☐ I'm HIV Negative
- ☐ My HIV status is unknown

26. If you are HIV-positive, when were you diagnosed?

- ☐ In the last year
- ☐ 1 to 2 years ago
- ☐ 3 to 5 years ago
- ☐ 6 to 9 years ago
- ☐ Over 10 years

27. If you are HIV-positive are you currently taking antiretroviral treatment?

- ☐ Yes
- ☐ No

28. I am a member of PLWHA Victoria:

- ☐ Yes, I am a full member
- ☐ Yes, I am an associate member
- ☐ No, I do not want to be a member
- ☐ No, I would like to become a member

Please complete the membership application form on the back page of Poslink and send to PLWHA Victoria, Reply Paid 87634, Southbank VIC 3006 (Membership is free).

29. Final Comments

What now?

- 1) Please return this survey by 29 June 2012 to:
PLWHA Victoria, Reply Paid 87634, Southbank VIC 3006
- 2) If you wish to receive Poslink via email, please send a request to
poslink@plwhavictoria.org.au

PLWHA Victoria welcomes feedback regarding our services. If you would like to provide more feedback on Poslink or any other programs, please contact 03 9863 8733 or email info@plwhavictoria.org.au

Results from this survey will be published in a future edition of Poslink or can be requested by contacting 03 9863 8733.

Thank you for your time!

Positive Women Victoria
Supporting women living with HIV/AIDS in Victoria

Positive Women Victoria are now located at Coventry House with PLWHA Victoria and Straight Arrows. We held a very successful 'welcome celebration' of our new location on 7th March with our members, and look forward to women dropping in to see us at our new premises. Please feel free to drop in from Tuesday – Friday between 10am – 3pm. We offer peer-support, information, advocacy, newsletters, and social events for women living with HIV in Victoria.

Peer Support

Peer support staff are available to catch up with women at our office on Tuesday, Thursday & Friday between 10am and 3pm, or at the PLC (or another convenient location) by appointment.
Please call our office on 03 9863 8747 to talk with Michelle.

Michelle is also at the PLC every second Thursday on the following dates:

- Thursday 19th April
- Thursday 3rd May
- Thursday 17th May
- Thursday 31st May

Positive Women's Pantry

Positive Women Victoria have 'women specific' items available for HIV positive women, which can be picked up from Michelle at the PLC on the dates listed above.
Some of the products we have available are deodorants, shampoo/conditioner, panty liners, and sanitary pads & tampons.

Women in the House

Positive Women Victoria are holding 'Women in the House' sessions between 1pm – 3pm (at Coventry House) on the dates below:

Friday 27th April	Thursday 24th May
Friday 29th June	Tuesday 24th July
Friday 31st August	Thursday 27th September
Friday 26th October	Tuesday 27th November

The 'Women in the House' afternoons are a great chance for women to drop in to Positive Women to meet other members, chat to staff, in a women only environment. We will be having a different theme for each 'Women in the House' session, such as women's health information sessions, massages, etc.

Member Dinners

Our peer support staff are holding five member dinners this year. Our dinners are open to all positive women and are held in private rooms (at restaurants) so that women can talk to staff and other members

openly in a private setting. If you are interested in attending one of our member dinners, please contact Michelle on 03 9863 8747 for more information. The dates of our upcoming dinners are listed below:

Office Hours

Positive Women Victoria's hours are Tuesday – Friday from 10am – 3pm. We are located at Coventry House, Suite 1, 111 Coventry Street, Southbank. Our new telephone number is 03 9863 8747 or you can email us at info@positivewomen.org.au for more information.



PHOENIX

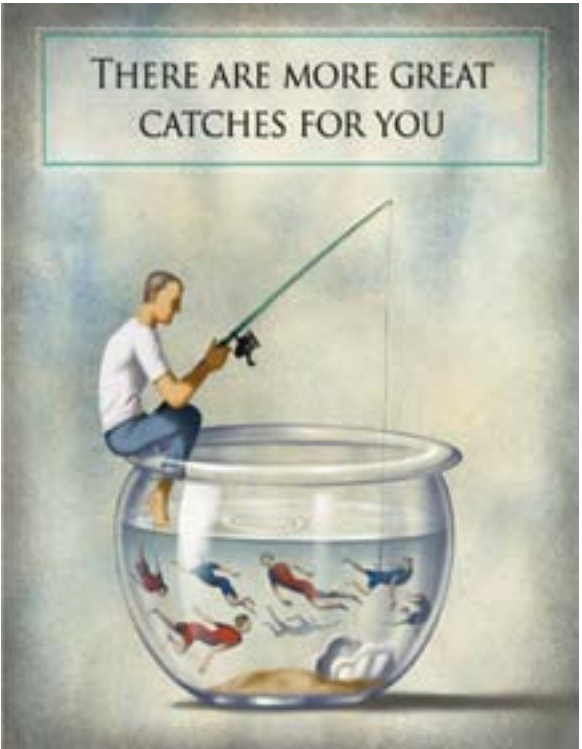
WORKSHOPS FOR PEOPLE WHO HAVE RECENTLY BEEN DIAGNOSED HIV-POSITIVE

DISCLOSURE
STRATEGIES
TREATMENT
WELL BEING

Take the first step to living well with HIV.
To find out more email info@plwhavictoria.org.au or call 03 9863 8733.

People with Living HIV/AIDS VIC
plwhavictoria.org.au

Fear Less, Live More *AFAO - Stigma Campaign*



The campaign covers five specific areas: communicating about HIV status; choosing casual sex partners; acknowledging concerns about HIV; negotiating serodiscordant relationships; and overcoming fear of rejection.

“Fear Less Live More, is an important health promotion campaign for Australia. The stigmatisation that many of our members have faced and do face every day, creates serious health and wellbeing issues. These can range from depression, anxiety, stress and

unfortunately isolation. Stigma has no place in today’s society and we must work together to challenge the issues of stigma and discrimination for all PLHIV” said Suzy Malhotra,

Health Promotion Manager, People Living with HIV/AIDS Victoria.

Fear Less, Live More is being distributed nationally through posters, press ads, postcards and web banners on popular gay networking sites. A dedicated website fearlesslivemore.org.au has been created with detailed information along with Facebook pages allowing user generated content and engagement.

“As an organisation PLWHA Victoria is actively fighting issues of HIV stigma in the community, through our Positive Speakers Bureau, Poslink Newsletter, our community engagement at events such as Midsumma, ChillOut, O’Week and Lunar Festivals plus our work through individual advocacy. I encourage our members to support the Fear Less, Live More campaign and stay tuned for the second phase, which will address the stigmatisation of women and HIV and also the CALD community affected by HIV”.

Visit: fearlesslivemore.org.au

AFAO’s new national education campaign called Fear Less Live More encourages gay men to communicate more openly about HIV in sexual settings.

Recent research has shown there is still a great deal of stigma in the areas of sex and relationships. Up to a half of HIV-negative men say they refuse to have sex with someone who they know is HIV positive.

This is creating an environment where HIV-positive men find it difficult to disclose their status because of fears about adverse consequences. It may also lead to gay men being hesitant to get tested for HIV.

There is an increased perception of responsibility on HIV-positive men with three-quarters of gay men expecting disclosure of HIV-positive status before having sex.

In contrast, less than half of men expect HIV-negative men to disclose their HIV status.

GONE THE Cheeky ROUTE?

INFORMATION • SUPPORT • REFERRAL

Connect

HIV & SEXUAL HEALTH

Mon-Fri 10am to 6pm
(incl Public Holidays)
PHONE: 1800 036 325
TTY: 1800 555 677
INTERPRETER: 13 14 50

PLWHA Victoria photo board

ChillOut Festival



O'Week @ RMIT



Pride March



Where the Heart is - Community Festival

IMAGINE WHAT YOU COULD HAVE IF YOU QUIT



**The sooner you quit,
the more money
you'll save.**

For a FRESH START
contact us on 9863 8733
info@plwhavictoria.org.au



People
with
Living
HIV/AIDS VIC
plwhavictoria.org.au

Searching the net

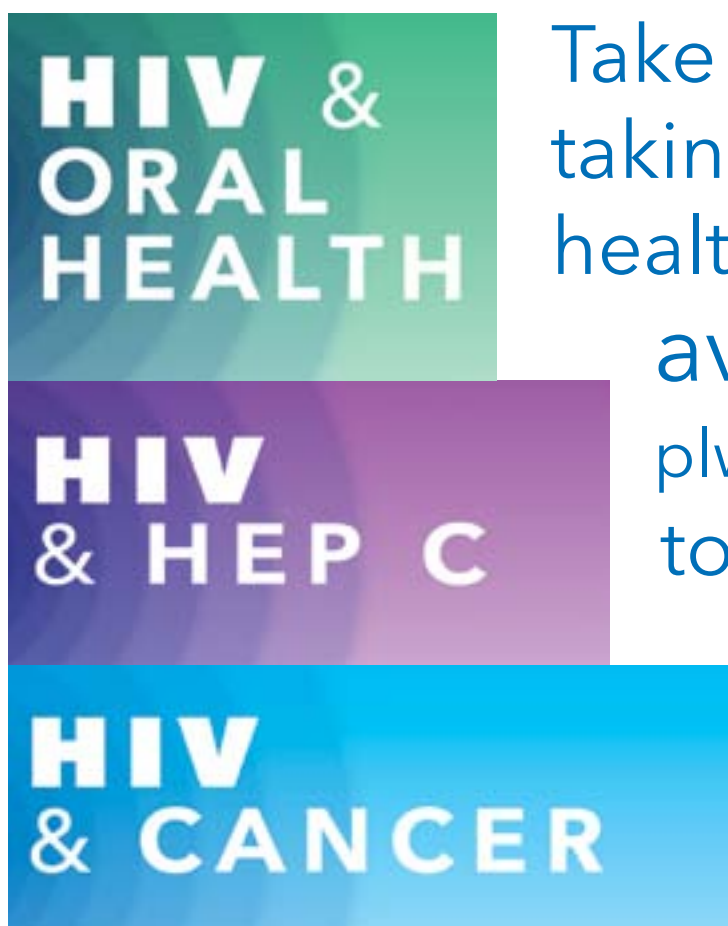
www.loveyourliver.com.au

The health of your liver should be regularly checked by your doctor. Having a healthy liver is important to everybody, but it is particularly important for people with HIV as the liver plays a key role in breaking down and processing medications used to treat HIV and other infections.

Damage to your liver may result from alcohol, hepatitis viruses, poor diet and toxins (from substances such as paracetamol, tobacco and marijuana), as well as some genetic defects and auto-immune disorders. Once damaged, your liver requires extra care and can be assisted by limiting alcohol consumption and following a nutrition management program.

loveyourliver.com.au is a great website created by Hepatitis Australia which provides tips for good liver health, delicious liver-friendly recipes and information that will help you to get to know one of your most hardworking and vital organs – your liver.

Visit: www.loveyourliver.com.au



Take the next step to taking care of your health. Factsheets available now plwhavictoria.org.au to receive your copy in the post contact 03 9863 8733 or email info@plwhavictoria.org.au

Membership and subscription form



PLWHA Victoria Membership

Membership of PLWHA Victoria is **FREE** and is open to any person in VIC/TAS living with or affected by HIV.

Members receive a free subscription to Poslink, an Annual Report and occasional email updates.

For more information, visit plwhavictoria.org.au/members

☐ **Full member** (I am a VIC/TAS resident living with HIV) As a person living with HIV, you are entitled to full voting rights. You must tick the Privacy Information Statement at the bottom of this page.

☐ **Associate member** (I am not living with HIV eg; a partner, family member, carer, healthcare worker).

Note: Applications for membership must be approved by the PLWHA Victoria Board of Directors. Full members may be asked to provide verification of HIV status. The Rules of the Organisation are available online at plwhavictoria.org.au or can be requested by contacting 03 9863 8733.

Privacy Information Statement

PLWHA Victoria collects your personal information in accordance with our Privacy Policy (plwhavictoria.org.au/about/privacy).

Your details are strictly confidential and only used to add you to our membership database. We will send you information about PLWHA Victoria, our newsletter and email updates.

We store your personal information in hardcopy and or electronically. Access to your information is strictly limited to PLWHA Victoria and will not be shared with any other organisation or individual.

You can access and correct your personal/health information by contacting us on 03 9863 8733 or info@plwhavictoria.org.au

☐ I have read the Privacy Information Statement and consent to my information being collected and stored by PLWHA Victoria.

Please return the completed form to:

PLWHA Victoria
Reply Paid 87634
Southbank VIC 3006
No stamp necessary.

Fax
03 9863 8734

Name

Address

State

Postcode

Email

Signature

Date

Poslink Newsletter

Members can receive Poslink, we produce six copies of Poslink each calendar year. Please complete the following:

Individuals

I would like to receive Poslink via:

☐ Post/Mail ☐ Email

Organisations

We would like to receive Poslink via:

☐ Post/Mail ☐ Email

Quantity

☐ I/We **do not** wish to receive any correspondence from PLWHA Victoria.

Make a Donation

PLWHA Victoria is a not for profit organisation dedicated to supporting people living with HIV. All donations over \$2 are fully tax deductible. For further information on making a donation please contact 03 9863 8733 or info@plwhavictoria.org.au

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Email: info@plwhavictoria.org.au



Acknowledgement

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



GILEAD



TOP TIPS

For Living Well with HIV

New booklets in:
Thai
Vietnamese
Arabic
Amharic
Available from your
local PLWHA Organisation
or AIDS Council



napwa

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



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