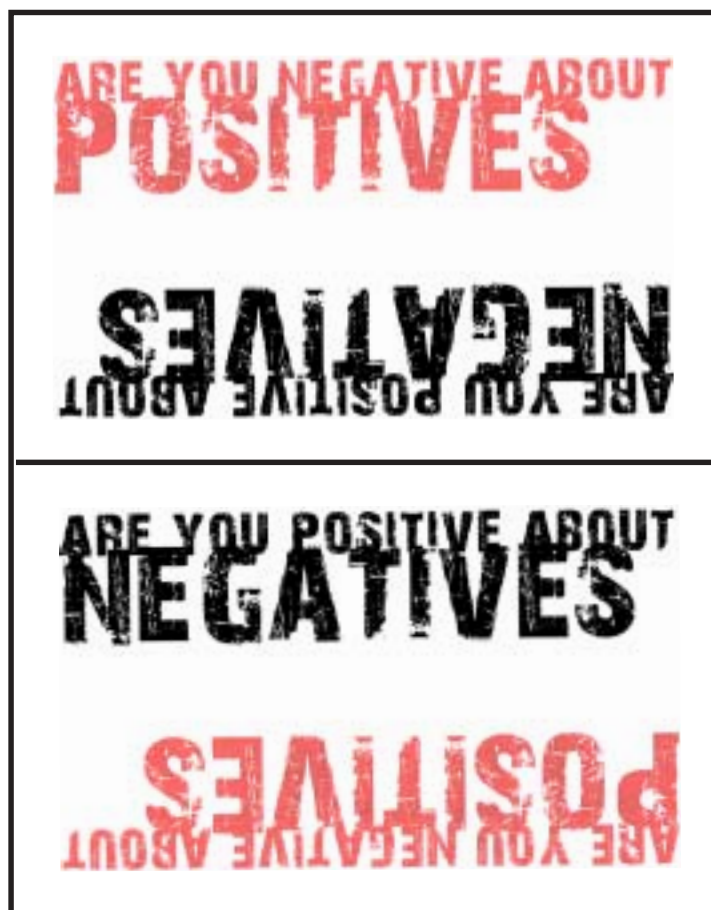


POSLINK

The Newsletter of People Living With HIV/AIDS Victoria



Issue 21 Feb / March 2005

Inside this issue:

Note from the President	2
Note from the EO	4

What's UP, News and Information

Barebacking and Nailbiting	1 & 5
HIV 'Superbug'	6
Planet Positive	6
Genesis in Melbourne	7
Mooning fund raising	9

Shared Stories

Genesis; Simon's Story	11
------------------------	----

Special Feature

Vanessa's Christmas Nosh	12
Treatments Update	17

BAREBACKING AND NAILBITING and other events

By David Menadue

Over eighty people attended the first event of PLWHA Victoria's positive education campaign on Sunday February 6 at St Martin's Theatre in South Yarra. Entitled "Barebacking and Nailbiting: Sex and other Catastrophes", the event took the form of a hypothetical where six panellists discussed the implications of three sexual scenarios laid out for them by host Vanessa Wagner.

The scenarios looked at sexual negotiation between

couples in and out of their relationships, disclosure of status, Internet chat rooms, drug and alcohol issues, viral load and its influence on transmission and a range of other relevant factors which can play a role in people's sex lives, whether they are HIV-positive or negative. Because the event was advertised as part of the Midsumma Festival, PLWHA Victoria were hopeful we would attract HIV-negative gay men as

well as the positive people who often attend our popular treatment events which are also compered by Vanessa Wagner. We hoped that by encouraging discussion of issues like sexual disclosure in this public setting, we would be contributing in some way to breaking down some of the barriers that can exist between people of different status when it comes to sex. The evaluation forms showed us that we were

(Continued on page 5)



President
Greg Iverson

Vice President
David Menadue

Secretary
Brett Hayhoe

Treasurer
Stephen Eustace
Positive Women Rep
Suzanne Lau-Gooley

Straight Arrows Rep
David Beech

Board Directors
Daniel Donnelly
Pat Garner

Rebecca Matheson
Tony White
Neville Braybrook
Albi Clark

Assistant Executive Officer
Alan Strum

Speakers Bureau Co-ordinator
Max NiggI

**Community Development &
Education Officer**
Suzy Malhotra

Administration Assistant
Frank Dimitriou

**PosLink Editor &
Treatments Officer**
Alan Strum

PLWHA Victoria
6 Claremont Street
South Yarra VIC 3141
Tel: 03 9865 6772
Fax: 9804 7978
info@plwhavictoria.org.au
www.plwhavictoria.org.au

Poslink is
sponsored with unrestricted
educational grants from:

Abbott Australasia
Boehringer-Ingelheim
Bristol-Myers Squibb
Gilead Sciences
GlaxoSmithKline
Merck Sharp & Dohme
Roche



Note from the President Greg Iverson

There is a particular issue that I would like to address in my report this time around. It started for me at an event that PLWHA Victoria held as part of the

Midsumma Festival this year.

It was a forum for negative and positive people to come together around the issue of disclosure and bare-backing. Both subjects that can be controversial, but cannot be ignored with the continuing trends that we are seeing within the community today.

This event was a great success and more events like these are planned for the future.

It was hosted by our favourite MC, Vanessa Wagner, aka Tobin, who as usual kept the day bubbling along with just the right mix of light entertainment and serious education.

I would like to take this opportunity to personally thank Tobin for all his work with us at PLWHA Victoria, and also within the wider community in relation to HIV education over the years. His fearless approach to standing up for his rights is an example to PLWHAs everywhere. His very public self-outing on the Big Brother Celebrity series shows the courage and fortitude that make up his character - although Tobin himself would laugh at me saying this.

During the forum, pondering the work that Tobin has done and his open stance on his HIV status, I started reminiscing on the 'good ol' days'.

I remember back in the heady days of the late 1970s and early 1980s, the excitement that was in the air around fighting for our rights to decriminalise homosexuality. It was an exciting, challenging and memorable time. Especially for those of us who were actively involved in this struggle through organisations like the various Gay Rights Lobbies around the country.

The atmosphere in the bars, clubs, pubs and meeting places was a very different one back then. There was a defiance in our approach to governments in those days - daring them to refuse us the rights that we had to exist. It manifested itself in many ways - marches started, protests were held in city centres, even riots in some famous instances.

It was a time of great community spirit. We all felt that we were fighting for what was rightfully ours - no shame was to be felt for the things we were asking for. We were out to claim our space in the diverse mix of society.

Out, Gay and Proud!!!

We perhaps didn't achieve everything that we had set out to, but we did make great in-roads into a wider acceptance from the general community which we still enjoy today. That particular fight is by no means over, but

we are a long way down that road compared to when I was a young and newly-out person.

Looking at Tobin that day and listening to what he had to say about his open, fuck-'em-all approach to his HIV status made me realise that this is what is lacking in our HIV community today.

That feeling of no shame, claiming what is rightfully ours in a society that reportedly prides itself in its diversity, acceptance and support; pride in the knowledge that we have survived and are continuing the fight for our rights; not being afraid to say who and what we are. To me, these are the ultimate goals and approaches that we should be taking.

If more of us were open about our status, then it would, undeniably, make the struggle for our rights and services just that much easier.

I know that many of you will be reading this and saying to yourselves "It's easy for him to discuss openness around HIV. Obviously he is out all the time being the President". Well, that's not quite true. My parents, for example are not aware of my HIV status and I certainly don't tell everyone I meet that I am HIV positive. In this role, there is a risk of that exposure. But that is a risk that I am willing to take. I believe that what I am doing in this role is important - both to me personally, to my friends that are still here, to those that have left us, to my gay community and to the PLWHA community as a whole, straight, gay, male, female or other.

Until recently, no-one at my work even knew that I was gay. However, knowing the demands that the presidential role with PLWHA Vic might make on my time, I was aware that they would have to be told of the community work that I was about to take on. Not only were they accepting of this, but I did not get one negative reaction to the revelation of my status (at least to my face or that I am aware of). I found the support that I have since received at my work overwhelming. I am lucky, I admit, to be in such a supportive work environment.

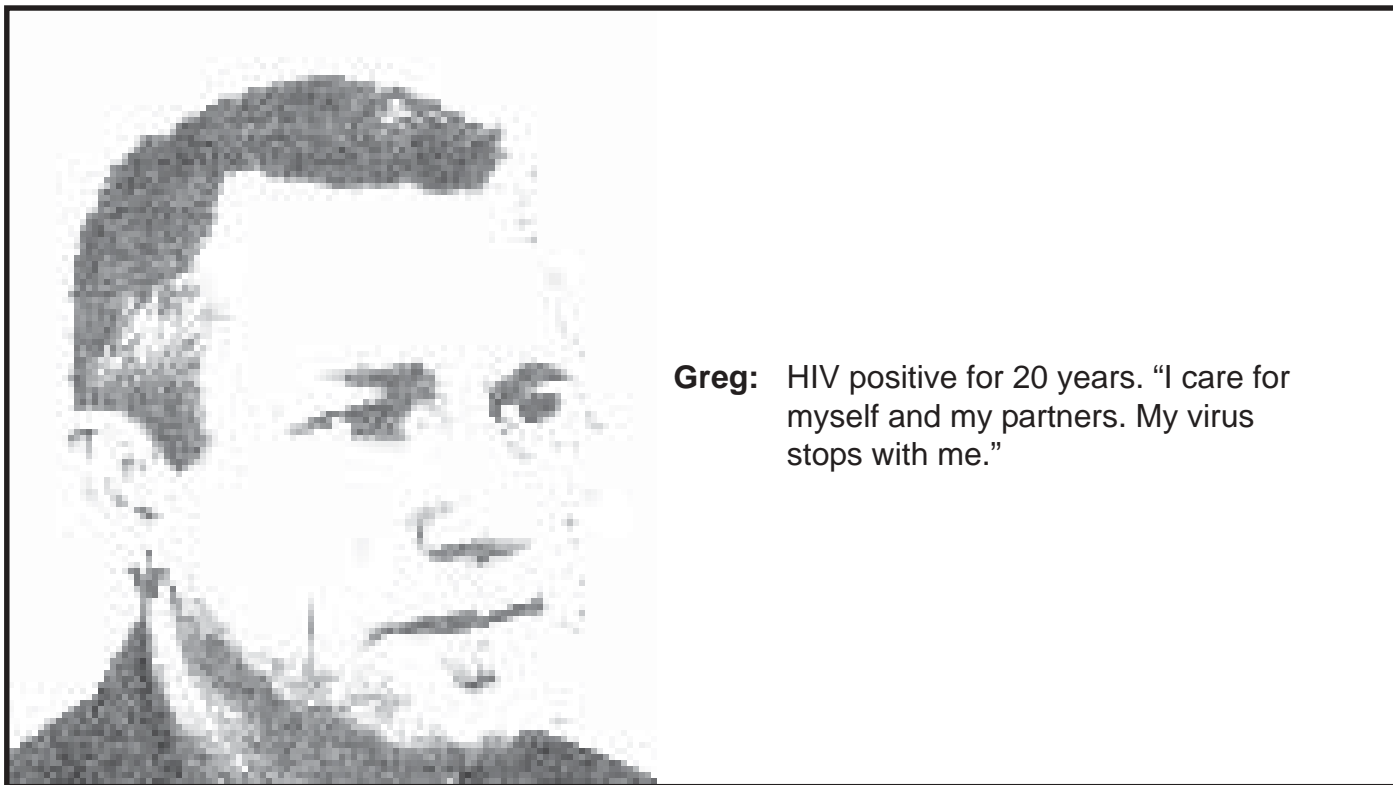
I am not advocating that everyone reveal their status in every situation; that is not appropriate. But I can see a parallel to the 80s, when people were screaming for more of us to break down that damn closet door and come out.

There is an undeniable strength in numbers and I feel that it is the responsibility of those PLWHAs that can do so, to break that second closet door down, even in the smallest way.

So, where can we start?

Firstly, and I feel most importantly and easily, within our own circle of friends.

There is a growing gap in the 'sero-divide'. This divide is that area that exists between the HIV +ve and the HIV -ve people in our communities. This distinction is almost palpable in some of the venues I frequent, and even more



Greg: HIV positive for 20 years. "I care for myself and my partners. My virus stops with me."

so in the wider straight population. There is almost a reluctance in many situations to even discuss HIV nowadays, even amongst our own peers. This is a shame and it is something that we, as PLWHAs, have to fight against.

Some of this reticence to discuss HIV within the circles that we travel in, can be put down to 'HIV Fatigue', as it has become known. That symptom of having the education thrust at us for so many years now that we all feel they have heard it all. A lot of us have tuned out. We feel that we don't need to be told anymore about this epidemic because we feel that we know all about it.

Well, if that is the case, then how do we explain the recent rises in HIV infections across the country. If we know it all and have heard it all before, then why has this occurred?

Some will say this is because the rise in infections stem from newly-out people, who maybe haven't been indoctrinated with the myriad of safe sex messages over the years like the rest of us.

But the figures do not support this.

The group that is largely making up these new sero-conversions are gay men aged around 35 - 40; the exact same group that has heard all these messages many times before and often are the loudest to protest that they don't need to be told this again!

Well, maybe they **do** need to be told just one more time.

The figures certainly suggest this.

As someone once said at a conference that I attended - "HIV is not the sum of me, but I would have been a very different person if HIV hadn't entered my life. It has made me tougher and stronger as an individual; it has fed my attitude on my approach to life in a

very different way; it has made me what I am today" - ME.

I know my worth as a human being. I am comfortable with who I am, and although my HIV status does not rule my life, it is undeniably a part of it.

I know how to not infect someone, how to play it safe and how to care for my partners. This virus stops with me!

Yet trying to communicate that alone these days, even to those who would say they have heard it all before, seems to be becoming more and more difficult. And I have to ask, are we (as in the HIV community) responsible for having let that situation develop?

Sometimes I admit to feeling like Peter Finch in that scene in the film Network. I have finally had enough and I am not going to take it anymore!

If I cannot, as a gay man, even talk to other gay men about HIV - then what does that indicate to the rest of the wider society?

If I cannot feel comfortable to walk into a gay bar because my lypodystrophy marks me out as a positive person, then what is that saying about the gay community?

If I am afraid to reveal my status to someone who I would like to sleep with, then what does that say about my own self-opinion?

And if we cannot talk about it amongst ourselves as a gay community, that has had all that education over the years, then how do our fellow PLWHA's in the straight community get their message across? If it is hard for us, it must be doubly hard for them.

PLWHA Victoria's attendance at the Pride March this year was a personal highlight for our members who chose to march. It is encouraging to know that we are consistently one of the groups that receive the greatest support from

the crowds lining the street. Let's make that support grow.

Each year our numbers at this march increase. We had a contingent of around 55 people all up this year and next year we would like to see even more. For those members who would like to join us next year but are a bit trepidatious about 'outing' your status in public, can I encourage you by letting you know that it is not just positive people who march under our banner, but our negative supporters, friends and families as well, gay and straight.

But it saddens me slightly to think that there *is* still a fear of this outing - over 20 years after the start of this epidemic, especially in my gay community.

We can as individuals, only take small steps in this struggle and I encourage all PLWHAs to do that.

But as a group, we can make much bigger steps to a wider acceptance.

Get involved.

Get active.

Get angry. In this time of growing conservatism that is rearing it's head again, it's about time we did!

On another note you'll notice the advertisement above featuring me talking about caring for myself and my partner. Yes it does mimic the VAC?GMHC 'staying negative' campaign. While it is important that HIV negative people receive support to maintain their negative status, we have had feedback from many HIV positive people who feel alienated by the staying negative campaign. As such we decided to put a little something together quickly that provides support with pride to our HIV positive members.



Note from the Acting Executive Officer Alan Strum

Hello to everyone. The office has been a hive of activity this year with fund raising and other events taking up much of our time.

Firstly, it is important for me to farewell Mark Thompson from the PLWHA Victoria offices. Mark resigned in January after serving for 18 months as the Executive Officer and we wish him well with his future endeavours. In Mark's absence I will be doing both roles associated with the Executive Officer's position and that of the Treatments Officer's position, so if I sound a bit flustered on the phone you will know why.

Over the next few months I will be focusing on preparing the office and staff for the commencement of a new Executive Officer following our planned recruitment processes. This will also mean commencement and implementation of our Strategic Plan that was further developed at a highly successful planning weekend in January with the Board members and staff of the organisation.

In December PLWHA volunteers distributed 26 Christmas hampers to our friends who were in hospital away from their family and loved ones. Sometimes it is easy to under-rate the effect a simple activity like this can have on someone who is feeling isolated. We received a message from a nurse who was on duty Christmas day who informed us that one Christmas hamper totally changed the state of mind of one of his patients who was experiencing a day filled with doom and gloom. He said his patient felt loved and cherished for this first time in

quite a while. Thank you to all the volunteers who delivered Hampers on Christmas day.

Midsumma has become a major focus of the organisation for many activities. No Attitude Guys! kindly elected the PLWHA Victoria Emergency and Distress Fund to be the recipient of monies raised from the highly entertaining Mooning competition at the Laird Hotel.

Following Mooning, we had over 50 members and friends marching at the Pride March. It was wonderful to hear the cheers from the crowd supporting the organisation and our community as we marched down Fitzroy Street. I hear we were given the second loudest cheer following our friends representing the Victorian Police Force.

The following week we held our education forum; BareBacking and Nail-Biting, hosted by the glamorous Vanessa Wagner. This forum was based on the highly successful model developed by PLWHA NSW under the 'Words To Say It' banner. The forum was highly successful with participants openly expressing their thoughts and concerns over issues relating to disclosure, relationships and sexual negotiations. Suzy Malhotra will also be working with Positive Women and Straight Arrows to provide similar education forums for their members over the coming months.

We had a stall at Carnival and handed out numerous post cards with our Positive Education campaign messages around HIV positive and HIV negative assumptions and attitudes around sex. And we still have Chill Out in

Daylesford and another education event to take place in Bendigo.

I have to say I am in awe of the staff, board members and volunteers of the organisation. They have worked long arduous hours over the last few months to ensure these activities would be successful and, in doing so, have greatly raised awareness of many HIV issues to the general community at large.

On a final note the world is now recovering from the devastation of the Tsunami. The death toll, injuries, destruction and displacements is something that will haunt many of us for years to come. The response from people and governments around the world has been phenomenal. It has been wonderful to see how well the world can respond to such an emergency. But I have to wonder, if the world can respond so well to this tragedy, why has HIV taken such a back seat for so long. 3 million people die from AIDS every year. Isn't this just as devastating? The international community really needs to take a hard look at their focus on world relief. HIV/AIDS waits for no-one. Maybe the response to the Tsunami will be a wake up call for governments to reassess their role with this international calamity.

**ARE YOU POSITIVE ABOUT
NEGATIVES**

**POSITIVES
ARE YOU NEGATIVE ABOUT
POSITIVES**

**NEGATIVES
ARE YOU POSITIVE ABOUT**

ARE YOU NEGATIVE ABOUT POSITIVES

MOST HIV-NEGATIVE PEOPLE WHEN SURVEYED SAID THEY AVOID HAVING SEX WITH POSITIVE PARTNERS – YET STILL EXPECT THEM TO DISCLOSE THEIR STATUS. GIVEN THE ODDS OF REJECTION, YOU CAN UNDERSTAND WHY POSITIVE PEOPLE MAY HAVE DIFFICULTY DISCLOSING THEIR STATUS. SO WHAT'S THE ISSUE IF YOU'RE HAVING SAFE SEX?

ARE YOU POSITIVE ABOUT NEGATIVES

IT IS NOT MANDATORY TO DISCLOSE YOUR STATUS BEFORE SEX, BUT YOU MUST USE CONDOMS AND LUBE WHEN HAVING SEX WITH SOMEONE OF UNKNOWN STATUS. CARE FOR YOUR PARTNERS MEANS USING CONDOMS AND LUBE.

BAREBACKING AND NAILBITING and other events

(continued from page 1)

successful in attracting a considerable number of HIV-negative men (and a few women) to the audience to help achieve our aim.

The evaluation forms also showed us that the audience loved the pace of the event, the witty compering of Vanessa and the generally humourous, light-hearted tone of the day—the lack of a “preaching tone” about safe sex whilst still making important points about a serious subject was appreciated. It was also clear to those of us sitting in the audience that the many interactions between the compere, the panellists and the audience made for a lively and entertaining experience. Surprisingly there was little disagreement about the need for safe sex in situations where a partner's status was unknown – the phenomenon of “barebacking” was not something that this audience wanted to defend unless it was between people of the same status. The only point of conjecture on the day was from

one audience member who stated that, “only positive people go to a certain part of one sex venue in Melbourne if they want to have unprotected sex”. This was news to the HIV-negative person sitting next to me who had never heard of this understanding before – showing, I think, that some of us do make assumptions about sexual behaviours and venues which are not shared by everyone else concerned!

Panellists for the event covered a wide cross section of experience and knowledge – and they had to put on their best acting abilities as they were often asked to play other characters as part of the hypothetical. This was most challenging for panellist Greg Iverson, President of PLWHA Vic, who at one stage had to don a scarf and become a female sex worker for one of the scenarios – with Greg's prior acting experience standing him in good stead! VAC/GMHC HIV Services Manager Brent Allan was on the

panel as was *Positive Living* editor Paul Kidd, counsellor Judith Gorst, social researcher Jeffrey Grierson (of *HIV Futures* fame) and Prahran Market Clinic GP, Dr Beng Eu.

The PLWHA Victoria positive education program, “The Words to Say It”, will present other events over the next six months. This will include a forum on disclosure to be held in June, a forum on sexual health to be held in Bendigo in April and forums for Straight Arrows and Positive Women Victoria. A peer support group will also be conducted shortly on “Positive Sex” for HIV-positive gay men who are interested in discussing their particular issues around sex for positives. Details will be available soon. For further enquiries contact Suzy Malhotra, Community Development and Education Officer at PLWHA Victoria on 9865 6756.

What's Up, News and Information

HIV 'Superbug' Over Rated

New York health officials have released a warning alleging the emergence of a new highly drug resistant and virulent form of HIV but People Living with HIV/AIDS Victoria's Treatments Officer, Alan Strum, disputes the relevance of the warning to the broader community and says the information is out of context.

"The information provided by the New York health officials talks about one person with HIV who did not cope well with the virus and progressed to AIDS very quickly. Added to this, the virus he caught was resistant to 3 classes of HIV drugs and that has made it difficult to treat," said Alan. "We have known for a long time that it is possible for HIV to develop resistance to drugs, that it is possible to catch or transmit drug resistant HIV and that the way the virus affects a person's immune system is dependant upon their genetic makeup. The case put forward by health officials in New York is a worst case scenario with a bad outcome for this particular person. This is not a new 'superbug' and I don't think there is any particular good reason for people to be concerned. However, I do believe the situation in

New York simply requires good epidemiological investigations and monitoring."

Alan advised the PLWHA Victoria office has received a number of enquiries from people with HIV who are concerned about the New York media release, thinking that they may be at risk of catching a more virulent form of HIV. "The reality is that we know it is possible for people with HIV to catch HIV again. This is called 're-infection' or 'super-infection'. But we don't know how many people are susceptible to re-infection or how often it happens. The only way for people to protect themselves from infection or re-infection with HIV is to use condoms. Condoms also help to reduce the risk for sexually transmissible diseases such as syphilis. However, the choice not to use condoms among sero-concordant partners (same HIV status) is a personal choice based on a number of personal needs and sexual health information. The information from New York is only one piece of the sexual health picture that people need to be aware of when deciding when and with whom to use condoms."

Chirac offers solution for global HIV funding

In a bold move at the World Economic Forum in Switzerland in January, the President of France, Jacques Chirac, called on world economic leaders to introduce an international tax on financial market transactions, advising the funding could be used to fight AIDS on a global scale. President Chirac advised that among the \$3 trillion worth of international transactions per day a small tax would be able to raise more than \$10 billion per year.

World leaders and market analysts were immediately sceptical towards the idea of international taxation schemes that might slow down market transactions or encourage companies to move their financial centres to countries where such a tax would not apply.

3 x 5 reaches 700,000

The United Nations has reported that 700,000 people living in resource limited nations have been able to access antiviral treatments through the courageous 3 x 5 program (3 million people on treatment by the end of 2005). This was up from 440,000 in July 2004 which was considered to be a major achievement for the successful role out of a number of treatment programs and health services. 700,000 still only represents 12% of the population of people who vitally need access to treatment and \$2 billion is still required in order to be meet the cost of the 3 x 5 program.

New Website

PLWHA Victoria has a new website thanks to Greg and Stephen Eustace. Both Greg and Stephen have spent many days developing the new site. This is

just the first of many steps that will be required to get our website ship shape and ready for all our future projects. Thanks Stephen and Michael. www.plwhavictoria.org.au

Planet Positive

PLWHA Victoria has received a number of calls from our members enquiring about the next Planet Positive. The next Planet Positive will be at 6pm on Sunday, March 20 at the Builders Arms Hotel, 211 Gertrude Street, Fitzroy. Management at the Hotel are welcoming our members with open arms and providing one free drink to each person who attends our social evening making them one of our new sponsors for the event.

For any enquiries please contact Suzy Malhotra on 9865 6756.

What's Up, News and Information

Genesis starts in Melbourne

In December PLWHA Victoria and the VAC/GMHC ran a joint pilot program for recently diagnosed (<2 yrs) gay men with HIV called Genesis. The program ran for two consecutive Saturdays covering topics such as general health, treatments, sexual health, safe sex, disclosure, sexual negotiation, living with HIV and orientation to HIV services.

The Genesis programs have been running successfully in a number of states providing excellent peer support and education to people who have been recently diagnosed with HIV.

The first day of the program was fairly heavy going with lots of medical information being thrown at the participants. However, participants had plenty of time throughout the two days to share their experiences of living with HIV and how they were dealing with their diagnosis. The group particularly appeared to appreciate our peer educator's perspective on living with HIV and the issues that he has had to deal with over the years as an HIV positive man.

Feedback from the group has been excellent with all participants indicating how important it was to meet other HIV positive gay men, share their stories and be oriented into HIV information and services. PLWHA Victoria also received feedback from service providers with comments such as one doctor stating that their patient was able to talk about their healthcare needs for the first time and another health care provider stating that their client felt empowered for the first time since their diagnosis.

The participants from the program also attended a dinner at the PLC six weeks later followed by a few drinks down at the local pub where they continued to share their experiences. They now have their own email group and continue to keep in touch with each other.

PLWHA Victoria and the VAC/GMHC will continue to run the Genesis programs on an as needs basis for gay men. Anyone who is interested in attending the program should contact Alan on 03 9865 6718. Please see 'Simon's Story' later in this edition to read about the benefits of the program from a participants perspective.

Marching with Pride

Over 50 members, family and friends marched with PLWHA Victoria at this years Pride March in February. We waves our flags, held our organisation's banner high, and gave out condoms while walking down Fitzroy Street. On some of our banners and contained in the condoms was a message for HIV positive and HIV negative people regarding disclosure information with the slogans 'ARE YOU NEGATIVE ABOUT POSITIVES' and 'ARE YOU POSITIVE ABOUT NEGATIVES'. These messages are aimed at raising awareness of the importance of maintaining safe sex practices, especially with people of unknown HIV status, and of the difficulties HIV positive people have declaring their HIV status when there is a good chance they will be rejected by an HIV negative person if they are upfront about their HIV status.

Advertisement

HIV RESEARCH STUDY

We require HIV+ males who are currently on treatment to participate in a confidential research study.

The study is being conducted by an independent and highly ethical market research agency on behalf of a pharmaceutical company aiming to achieve a better understanding of patient experiences and needs.

Your time will be financially reimbursed

**Please call Virginia on
02 47294646**

What's Up, News and Information

New DSP Alliance

In February PLWHA Victoria was invited to attend a forum to discuss the government's approach to possible reform of the Disability Support Pension (DSP). The forum had been organised by a number of national and local disability support service providers and advocates such as the Australian Federation of Disability Organisations.

The forum focused on the threat that had occurred in 2001/2002 when the Howard Government had attempted to introduce reform to the DSP including access to the DSP and

the incentives that had been offered (or not) to encourage people to go back to work. Many of the proposed changes that had been put forward would have caused much hardship for people trying to gain access to the DSP and those who were already existing recipients of the DSP. Luckily, the Labour dominated Senate rejected the Bill at the time.

Of course now we are living with a Government that has the majority of the vote in the Senate, and disability and support service providers and advocates are understandably nervous about the potential

changes the Government may attempt to introduce to parliament. As such, the disability service organisations have formed an alliance based on a 'Principles for Reform' document that has been endorsed by all members including PLWHA Victoria and NAPWA. It is hoped that the document and the Alliance will act as an incentive to encourage the Howard Government to commence any proposed reform processes to include a full community consultation procedure to ensure that any changes proposed will not disadvantage anyone on the DSP or who needs access to the DSP.

Speakers Bureau update

As many of you know the Speakers Bureau Coordinator's position (four days per week) has now been funded by the Department of Human Services.

This is the first time that the Department has recognised the need for a Coordinator and will allow PLWHA Victoria to take the Speakers Bureau to a new level of excellence.

The Coordinator has presented a Strategic Implementation Plan to the PLWHA Board of Directors which was well accepted.

In addition we will be re-establishing the Speakers Bureau Reference Group to assist the Coordinator in the reinvigoration of the Bureau. (see the advertisement in this edition of Poslink) . This group will utilise the fundamentals of peer based community development in monitoring the Bureau's core values and standards of excellence.

We will continue our close collaboration with Straight Arrows and Positive Women enabling a diversity of speakers to suit our client's requirements.

The speakers will receive greatly enhanced training to assist them in becoming the best possible educators of the community about the day to day issues of living with HIV/AIDS.

In addition there will be a series of guest speakers at our professional skills development meetings to further the speakers' knowledge base.

Sponsorship from Merck Sharp & Dohme Pty Ltd that specifies the provision of professional training and education of the speakers will allow us to provide professional media training and how to achieve our goals in life and overcome any self-esteem issues.

The Bureau will also re-commence a trainee speaker program and we will commence recruiting in the next three months

If you are interested in joining the Speakers Bureau or the Reference Group please contact us for further information on 9865 6771 or email speakersbureau@plwhavictoria.org.au



PLWHA Victoria, members, family and friends at Pride March



What's Up, News and Information

New Mardi Gras

PLWHA NSW has been dependant on cash collection at the launch of Mardi Gras for 10 years. This year the board of New Mardi Gras (NMG) decided in their wisdom that PLWHA NSW should no longer benefit from the cash collection which they think would be best suited into propping up the finances of NMG. When they officially informed PLWHA NSW of this intention there was an instant

community uproar with their switch board becoming flooded with numerous complaints. The consequence of this is that there was an immediate reversal of the decision and PLWHA NSW was permitted to collect cash at the launch. It is the intention of the NMG that PLWHA NSW will not be permitted to collect cash at next years launch.

It is of course perfectly reasonable that NMG take

advantage of their events to raise cash for their own purposes but should this be done at the detriment of the HIV community and have they lost their perspective of community support and engagement? Perhaps NMG should be looking at things from an all inclusive community perspective rather than one of exclusion. After all, they are meant to be one of our countries' lead organisation in advancing diversity.

Fundraising Success for PLWHA Emergency Fund

PLWHA Victoria has had a welcome boost to our Emergency and Distress fund following the success of this year's Mooning competition at the Laird Hotel on 25 January. A \$5 entry fee and raffle ticket sales raised just over \$5,000 for the organisation's Emergency and Distress fund.

The Emergency and Distress fund provides financial relief to people with HIV/AIDS who are experiencing immediate financial hardship. People who access the fund are unemployed or are unable to work and are on a Disability and Support Pension as a consequence of HIV. "Many people make the mistake of thinking that HIV is always a treatable manageable disease," said President, Greg Iverson, "but there are a number of people whose bodies just simply don't cope well with the virus or the drugs that are keeping them alive. Many of these people are not able to work and are forced to live below the poverty line. The Emergency and Distress fund



PLWHA Volunteers
Left: Pat
Right: Phillip

provides an instant cash boost for people who either need to buy food or who are having difficulty paying their bills."

Alan Strum, Acting Executive Officer said, "the prizes provided by the sponsors for the raffle are pretty amazing with a first prize of a \$300 gift voucher from Lucrezia & De Sade, 3 nights accommodation at the Gatehouse Hotel with free entry to Club 80 and even a private party at the Outlook Internet Café. We are still hoping to raise more money for the Emergency and Distress fund by continuing to sell Mooning raffle tickets at the Laird Hotel until the raffle is drawn at the Midsumma Carnival on 13 February."

PLWHA Victoria would like to thank the No Attitude Guys! Paul Evans and Tex McKenzie for organising the event. We would



also like to thank Ron Watkins, David Allen, Paul Jones and the staff at the Laird Hotel along with the many volunteers who helped to make the event such an incredible success. A special thanks also needs to go to the sponsors of the evening who were Lucrezia & De Sade, the Gatehouse, Club 80, Outlook Internet Café, Mad Max, Heaven@151, Piercing Urge, Beat Bookshop, Ten Plus, Degani Bakery, MCV, Dungeon Warehouse, Beyond, Melbourne Star, Stanley Tools, Gryphon, Bnews, Ticketek, Southern and Joy Melbourne.

The raffle ticket winning numbers are: 1st 0551, 2nd 0305, and 3rd 0774.

What's Up, News and Information

Royal Melbourne Hospital Representation

PLWHA Victoria sits on many committees that are responsible for monitoring HIV services. One of the committees that we attend is at the Royal Melbourne Hospital. Our representative on this committee is Suzanne Lau-Gooley. If you have had or are experiencing any difficulties with the HIV services at this hospital please call our office on 9865 6772 to discuss the issues so Suzanne can represent your concerns to the committee.

Expression of Interest - Sought For Stress Management Course/s for PLWHA Living in Rural and Remote Victoria

HIV infection may have a significant impact on the body's immune system however research has indicated that stress management courses utilising cognitive-behavioural techniques (such as relaxation exercises, active coping, assertiveness) can influence the impact of psychosocial and behavioural factors which affect the immune system.

The Victorian HIV Consultancy (VHIVC) is a state-wide multi-disciplinary team focussing on the palliative, complex and continuing needs of PLWHA. With a strong focus on the psychosocial as well as biomedical issues of HIV/AIDS the VHIVC is interested in facilitating stress management courses for PLWHA who are living outside metropolitan Melbourne, in or near to their own geographical communities. That is, the course *could* be run in Sale, Warrnambool, Bendigo, Horsham...

Currently, to gauge potential interest, the VHIVC is just interested in talking further with

PLWHA living in rural and remote Victoria who may be interested in participating in a stress management course or who just want to learn more about the relationship between HIV and stress.

Contact Diana Harte, Clinical Psychologist on 03 9276 6967. If unavailable please leave a message and a good time and day to return the call.

www.privatelivessurvey.com

Private Lives is the biggest and most ambitious research survey of the health and wellbeing of gay, lesbian, bisexual and transgender people ever conducted in Australia. It is being carried out through Gay and Lesbian Health Victoria (www.glhv.com.au) in partnership with the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University

The survey covers areas of general health, psychological wellbeing, health service utilisation, relationships, sexual and reproductive health, sexual activity, pregnancy and parenting, internet use and experiences of discrimination.

The survey takes about 20 – 25 minutes to complete online and is completely confidential. Participants must be over 16 and should identify as gay, lesbian, bisexual or transgender. No identifying information will be collected and the survey is set up at a secure URL provided by our net space provider. No staff at either the provider site or at ARCSHS will have access to participants' IP addresses, nor will email addresses be required.

The research that will be generated by the *Private Lives* survey will benefit the GLBT community as a whole by capturing a clearer

understanding of the way public health strategies affect individuals in our community. It will also help to guide the implementation of services that are more relevant and appropriate to individuals within it. Your input thereby has the potential to influence the scope of what the public health sector has to offer the queer community and to modify the way health professionals interact with individuals within that community. The data will be analysed and results published in a widely distributed report which will also be online at the survey site.

We would therefore really appreciate any support you can give us to make the survey as successful as possible, in particular participating in the survey if you are gay, lesbian, bisexual or transgender and/or telling as many GLBTI people you know who live anywhere in Australia about the survey.

If you want to participate please go to www.privatelivessurvey.com.au

POSLINK Personals

Do you want to make a new friend? Below is a small personal advertisement from a Poslink reader in the country area eager to meet some new friends.

*Area: Wimmera/Minyip
Macho hot early forties
farmer dude, seriously into
classical music looking for a
mate. Ref PH1*

You can reply to:
info@plwhavictoria.org.au
T 03 9865 6772
6 Claremont St, Sth Yarra, 3141

Shared Stories

Email: stories@plwhavictoria.org.au

Genesis...

...Simon's story

I was diagnosed with HIV on the 9th of September 2004; a day that I will never forget. I had been quite sick a couple of weeks beforehand and was advised by my doctor that it would be a good idea to cancel my holiday to Bali that was coming up on the 12th of September. I went off to work an hour after I was diagnosed. I felt quite happy and was laughing as if everything was normal. It wasn't until I got home and woke up the next morning that it had hit me. I was overcome with emotion, lying on the floor with uncontrolled crying. I had talked to my family and close friends about this and they were all very supportive.

After about two weeks I realised that I needed to talk to more people and find out more information about living with the HIV virus. I contacted PLWHA Victoria and was told about the Genesis course that was coming up. The person I spoke with asked if I would be interested in attending the course. My first reaction was to say yes. I thought this is what I needed to do. And then fear set in and I started having second thoughts like; what if I know someone in the course, or what if it gets out that I am positive. After I let go of these thoughts and summoned up the courage to attend I realised it was exactly what I needed.

There were six of us in the course plus 3 facilitators. We started talking and getting to know each other and fairly soon I realised that we all had very similar stories in that we were all newly diagnosed. During the course we had made commitments to each other for support and confidentiality which made me relax a little. Genesis is a course designed to educate and teach the facts about living with HIV and AIDS with everything from safe sex, health tips, support groups, different therapies, understanding the viral load and CD4 counts, and the importance of being able to talk to your Doctor openly and honestly. I also learned what services are available for people like me who are HIV + and where to find help if I need it. Whether it be a web site for information or a phone call for a chat, I found Genesis to be an extremely helpful and educational 2 day course and would recommend it to anyone who is newly diagnosed.

PLWHA Victoria Speakers Bureau

A joint educational program of PLWHA Victoria Inc.
Positive Women (Vic) Inc. and Straight Arrows Inc.

Expressions of Interest

Speakers Bureau Reference Group

Closing date: Friday 18 March 2005

The PLWHA Victoria Speakers Bureau is a diverse group of HIV positive people who present the human face of HIV/AIDS to the wider community by sharing their stories of living with HIV/AIDS thereby reducing stigma and discrimination. The Speakers Bureau is an innovative program that seeks to offer the best opportunities to PLWHA speakers and their audiences.

The Speakers Bureau Reference Group is a volunteer based non executive committee that will provide strategic direction but does not entail day to day management of the Bureau.

The Reference Group will assist in promoting the participation of PLWHA's from diverse backgrounds into the Bureau and enable the provision of appropriate learning and peer support environments for speakers, including training and professional skills development.

The Reference group will meet at least every two months and conduct an annual planning workshop.

There is a broad selection criteria for becoming a member of the Reference Group.

We seek applications of interest to become a member of this reference group.

For further information and to obtain a copy of the Terms of Reference for the group please contact Max Niggli on 03 9865 6771 or email speakersbureau@plwhavictoria.org.au

It has been less than 6 months since I was first diagnosed and am still learning to live with it. However, I feel that in doing the Genesis course I realise there is help out there. I am more educated in the facts of living with HIV and AIDS and I now know that am not alone.

Special Feature

Vanessa's Christmas Nosh

The following is from PLWHA Victoria's December Treatments Interactive Event called Vanessa's Christmas Nosh. The information presented is a summary of information provided by our panellists and roleplayers and should not be taken as direct quotes. This event focused on a number of issues about participating in clinical trials, using HIV drugs that are less toxic to the body, new drugs and partying safely. Afterwards PLWHA Victoria hosted a Christmas party for our members and attendees who all had an excellent time catching up with each other after the education event (in fact - lots of people just didn't go home!). Panellists were Dr Beng Eu, John Daye and Alan Strum.

Greg's Scenario: **Choosing drugs with low toxicity**

I've managed to avoid taking HIV drugs. And I have done everything humanly possible to stay healthy. But I have gotten to the stage where I don't want to see my doctor anymore because she keeps telling me that I have to start the drugs whether I want to or not. My T-cells have fallen to 150 and my viral load has climbed to 150,000. I guess I could be persuaded to take the drugs if I could be convinced that they will be easy to take and not too poisonous. I don't want to get the fat belly thing and I like my face just the way it is. Is it possible to take HIV drugs that won't harm my body?

John Daye

All medications have side effects and side effects may vary from drug to drug. There is a real opportunity now to access drugs that have a low side effect profile and that are easier to take and are equally effective at inhibiting the virus.

Beng Eu

There are a lot of drugs available now and you can choose drugs according to their side effect profile. Find out as much information as possible about the drugs before hand so you can decide with your doctor

what drugs will be right for you and be prepared for any of the possible side effects that may occur, especially those side that may occur within the first few weeks while the body is adapting to the new drug in the body. Most side effects go away after a few weeks.

It's important that people realise the reason behind taking HIV-drugs even if they are feeling well. Taking the HIV drugs while you are well stops problems from occurring later on like opportunistic infections or neurological complications due to HIV.

Alan Strum

I like to put things into perspective for people. People who need to start treatment today sometimes look at the history of some of the things that have happened to people's bodies over the years such as the lipoatrophy (thinning of fat tissue under the skin), the lipodystrophy (big belly), and high fats in the blood or diabetes. These things become quite daunting for someone considering treatment. So I talk about the history of the drugs and the urgency in which the drugs were introduced into Australia. Going back to 1996 there were a heck of a lot of sick people around. We had a number of new drugs back then such as the first protease inhibitors and drugs like d4T.

Australia actually had the highest uptake of antivirals per capita than any other country in the world. The consequence of that is there are a lot of people who are still around today whose lives were saved. The negative side of that was we jumped onto drugs that we really didn't know very much about. Australia was the first country in the world to identify lipoatrophy and lipodystrophy because we had so many people on these drugs so early. But the reality is we now understand better how these drugs work and the toxicities that these drugs can cause. And we also understand now which drugs have fewer toxicities. Drugs like 3TC, tenofovir and abacavir are much less toxic than ddI, d4T and AZT. Drugs like nevirapine and efavirenz are fairly clean. The new protease inhibitor atazanavir does not have the same problems with lipodystrophy (big belly) or fat and glucose metabolism as the older protease inhibitors. So there are less toxic drugs for people to start on now.

Vanessa

I think people need to be careful when looking at the list of side effects associated with a drug because they are unlikely to experience all of them if any at all. What do you do when someone is scared to take their drugs.

Special Feature

Vanessa's Christmas Nosh

Alan

I ask people to do things one step at a time; get the script from the doctor, pick up the drugs from the pharmacy, put the drugs into the bathroom cabinet where you can see them everyday and just get used to the drugs being in the house. After a while they can open the bottle and put the drugs into their hands to get used to the feel and the idea of taking the drugs. They can also use positive affirmations about how the drugs are going to 'kick virus butt' or something like that so taking the drugs can become an empowering positive experience for them.

John

The other thing to remember is that you have a choice over which drugs you want to take. If you go onto a particular combination and the side effects don't settle down after a few weeks you can go back to your doctor and talk about changing any of the drugs that might be making you to feel unwell.

Audience

I was diagnosed in June this year and I don't know whether to go on the drugs or not.

Beng

There may be some benefit in treating seroconversion, when someone first catches the virus, but there does not appear to be any benefit in treating if someone has passed the seroconversion period unless they have a low CD4 count and/or a high viral load &/or are experiencing symptoms of HIV.

John

I think there are a few circumstances where treating so early might be of benefit such as people who are co-infected



with Hepatitis C or have some other serious illness associated with HIV.

Audience

What about choosing your doctor?

Alan

Some people feel an aspect of loyalty to the first doctor they see but if you go to a shop you don't keep going to that shop if they don't have what you want. If you are not 100% comfortable with your doctor or if you feel there are things that you can't talk about then you have the choice to go to other doctors and see what they are like. But it is important to

remember that regular monitoring is required which is best done by one doctor. So, while you are shopping around you can have your original doctor doing the monitoring and see other doctors for other things over a period of time until you come to a decision on who you want to have as your regular HIV doctor.

Audience

If you delay treatments can you do any damage to your [immune] system?

Alan

It is very common to delay treatment. There is no indication to actually say that treating earlier is any better than treating later. However, one of the advantages of treating earlier is that it makes it easier to take drug holidays in the future. The higher the CD4 cell count when you start treatment provides more room to move if you choose to stop taking the HIV drugs later on.

Tony

Clinical Trials

I've had HIV for around 5 years and things have been pretty good. I eat really good food, take vitamins and exercise regularly. But lately my doctor has been telling me that it is time to think about taking the HIV drugs. I'm okay with this and understand the drugs will keep me healthy. The only thing that I feel a little confused about is that my doctor is suggesting I could participate in a clinical trial to try out a new HIV drug that's different to the ones that are currently available. I'm not sure how I feel about being a guinea pig and wonder if it's the right thing to do. Can you tell me what's involved, and why I should start

Special Feature

Vanessa's Christmas Nosh

Going to Mardi Gras?

Syphilis numbers are still high in Sydney.

Condoms help to reduce the risk of contracting syphilis but they don't eliminate the risk.

Syphilis can progress to tertiary syphilis quickly in people with HIV and can cause significant organ damage if left untreated.

Sexually active HIV positive gay men should have regular sexual health checks.

See you doctor for further information.

of a new drug and this is where you need to decide whether you want to add to the pool of information that benefits the international HIV community or whether you want to go onto the drugs that are already available.

John

Clinical trials offer opportunities for access to new drugs for people who are running out of options that will offer the possibility of controlling the virus. Also, when you are thinking about clinical trials you need to be able to ask the questions about what you can reasonably expect from participating in a clinical trial. You need to talk to your doctor about the benefits of the drug for yourself and the HIV community, and what you need to know about taking this new drug. It's your decision whether you want to participate in a clinical trial. Some trials have different arms in them too and you need to understand what the chances are of you taking the active new drug or the drug that it is being compared to. The CCR5 drug looks like it will be extremely potent but we have to remember that it is still early days.

Beng

You need to know how much information is known about the new drug and what phase or level of development it is at. Phase I trials are early phase safety studies. Phase II trials are more about finding the right dose for the best potency. Once you get to Phase III trials you are comparing the efficacy of the drug against standard practices. This is done in a very large group of people and there is usually lots of information available about the drug by this

treatment this way instead of just simply getting the drugs that are already available?

Alan

Participating in a clinical trial really boils down to your own personal beliefs, physical and emotional needs. There are often benefits of being in a clinical trial but you also need to realise that doctors benefit from enrolling patients into them. Clinical trials offer doctors the opportunity to improve their clinical research skills and opens up networking opportunities. They also receive financial incentives for enrolling patients. The financial incentive can be quite substantial but this money doesn't always go directly into the pocket of the doctor but rather into supporting the medical practice which helps to keep costs down for the

patients. The other thing is that the doctor is informing you of all of your options; from the drugs that are currently available to those that are available in clinical trials.

There is a new drug that is available in clinical trials in Australia called a CCR5 inhibitor that stops the virus entering into cells in the first place. Most of the drugs that we have at the moment treat the virus inside of cells. It is thought that because the CCR5 inhibitor treats the virus outside of the cells that it will be much better tolerated than many of the current drugs that are available. The CCR5 inhibitor studies are open for people who are starting treatment for the first time and for treatment experienced people. But the thing is that we don't know all the ins and outs

Special Feature

Vanessa's Christmas Nosh

stage. So it's important to know which level you are entering into a study as there are different risks at each level.

Alan

People also need to be aware of how much time is required to be involved in a clinical trial. Some trials can be very time intense and other aren't. Your doctor can generally tell you how much time is required for your involvement and how many appointments you will need to keep. There are many people who really love the extra contact and support they get from being involved in a clinical trial.

Audience

Beng, how is this CCR5 inhibitor different from T-20 (Fuzeon) and is it oral or injectable? Can they be used together?

Beng

The CCR5 drug is in oral form. It is an entry inhibitor which is similar to T-20. It stops HIV from entering into cells and the virus can't replicate outside of cells. Over time the non-replicating virus is removed from the body.

And yes, the two drugs can be used together.

David's scenario

Switching drugs

I have had HIV for quite a while now. Over the years I have taken lots of the different HIV drugs with a mixed bag of success; I've been on over 15 different combinations of drugs, not all of the drugs I took worked for me. My doctor now has me on a combination where my viral load is finally stable at 4000 and my T-cells are 460. I'm sort of happy that things are going well but my cholesterol is up, I have diabetes and I feel like my belly is getting bigger



every time I look in the mirror.

I feel like my body needs a rest from a general feeling of toxicity but I've been told I can't really go off the drugs cos they're working and I had a really low CD4 count before the drugs started working. I'm on d4T, 3TC, amprenavir, Ritonavir and Tenofovir. I've heard that there are new drugs that are different to the ones I am currently taking. Might a change to new drugs be of any help?

Beng

People who had a low CD4 count can't really afford to take a treatments break. Deciding what drugs you can change to would depend on the resistance that the virus has to all the available drugs. Unfortunately doing resistance testing doesn't always show what drugs won't work so there is risk involved in changing your drugs especially seeing you have been on so many of them and your current combination appears to be working. You could choose to go onto the CCR5 study but there is no guarantee that you will be randomized to the active CCR5 drug.

John

I think there are a range of new options that could be worth while experimenting with. In a situation like this there are a number of issues and sometimes one of the issues is about quality of life. If you did change you would need to monitor the virus closely (monthly) and go back to your current combination at the first sign of things not working. You could try the new injectable drug T-20 that stops HIV entering into cells, but it does come with its' limitations like 80-95% of people experiencing injection site reactions. But T-20 doesn't appear to have side effects like some of the other drugs. There is also fos-amprenavir available which has a lower pill burden to replace amprenavir. And then there is the next generation protease inhibitor atazanavir which doesn't interfere with the bodies fat metabolism or cause diabetes (ie. atazanavir doesn't seem to cause lipodystrophy, high cholesterol, high triglycerides or insulin resistance).

Special Feature

Vanessa's Christmas Nosh

Alan

If you are psychologically prepared to take the injectable T-20 then that could be a good option for you. It doesn't appear to have any side effects apart from the injection site reactions but you need to be aware that permanent scar tissue does build up under the skin that can become quite hard and thick. Atazanavir is looking like a great drug but we haven't really figured out where it fits in with multiple protease mutations. It does, however, have a signature mutation that reduces its' efficacy that you could test for.

Brent's scenario

Party Safely

[Editor's note: PLWHA Victoria does not endorse the use of recreational drugs. The only way to be sure of not being harmed from recreational drugs is not to take them]

I started taking HIV medications a few months ago and at the time my doctor told me that there are some medications I should avoid because they might interact with my HIV meds. I didn't tell him that I like to party hard every now and then, if you get what I mean, and with the silly season coming up there are lots of parties that I want to go to. I'm taking tenofovir + 3TC + Kaletra. I usually get a bit greedy on the dance floor and tend to take different things throughout the night. So, can I party the way that I usually party or will this be a problem?

Beng

Alarm bells ring here because you are on Kaletra. Kaletra contains ritonavir as a booster which can interact with lots of

different drugs [as can other protease inhibitors]. I talk with patients about the interactions that can occur with amphetamine party drugs like crystal, speed or ecstasy. If you take amphetamines with drugs like ritonavir or Kaletra then you need to go very slowly, take very small amounts of the party drug and be very very careful.

John

If you are injecting drugs then it is very important to only inject a very small amount. One of the most common problems about partying is that drugs that make you feel good can keep you awake for a long time and you can forget to take your HIV meds. So it becomes really important not to forget your HIV drugs during a long party period. And remember to take care of yourself; plan your recovery and when to take your HIV meds. Don't let yourself get dehydrated and drink plenty of water to take the strain off your kidneys.

Alan

You have to be very clear that mixing party drugs with protease inhibitors can be very dangerous. There are cases where people have died because the protease inhibitor increases the amount of the party drug in the body considerably and it can easily turn into an overdose. When I am asked about party drugs by someone who is on a protease inhibitor I ask them to look at changing their goals for the first few times they are going out. If you are going to take party drugs you have plenty of time throughout your lifetime to get high and 'have a good time'. So, instead of planning to get high the first few times you are taking party drugs, focus on just simply finding the right dose

of the party drug that is safe for you. It is important to only take 'baby' doses until you know how much is the right dose for you. You need to understand that you will get high on a small amount of party drug and it will last a lot longer. Protease inhibitors can increase the amount of ecstasy in the body by about 10 fold. If you feel the need to combine party drugs then it might be a good idea to find the right dose for one drug one night. Then the next time out find the right dose for the other drug and then maybe combine the drugs once you know what the right dose is for both drugs.

If you are the type of person who knows you are going to miss drugs because of your party habits then it might be important to talk to your doctor about being on a combination that is safe to stop for short periods of time. When doses are missed the virus can develop resistance to some drugs really easily like efavirenz, nevirapine or 3TC.

PLWHA Victoria would like to thank our sponsors for this event:

**Abbott Virology
Bristol-Myers Squibb
Boehringer-Ingelheim
Gilead
GlaxoSmithKline
&
Merck Sharp and Dohme**



Treatments Update: what's new, what's changed

FTC approved by PBAC

FTC (emtricitabine or Emtriva), a nucleoside analogue drug similar to 3TC, has been approved by the Pharmaceutical Benefits Advisory Committee for listing on the PBS. FTC has a long half life and remains in the body longer than 3TC which means that being late with doses is less problematic with regards to the development of resistance. The new drug will be listed in the PBS book and available at pharmacies on April 1.

SPD 754 purchased by Australian company

A Melbourne based company called Avexa has purchased the rights to a new anti-HIV drug called SPD-754 from Shire Pharmaceuticals. SPD-754 has been shown to work against 3TC and AZT resistant virus and has shown itself to be a highly potent antiviral. The company will start Phase II clinical studies in 2006 and expects the drug to be available for general use by 2009.

Tenofovir and mild kidney dysfunction

Controversy surrounds the affect of tenofovir on the kidneys with some studies indicating that tenofovir does not cause kidney problems while other studies show that it can cause problems in some people. A small study in Germany recently published in the *AIDS* journal compared kidney function in 82 people taking tenofovir versus 92 people taking other antiretroviral drugs. Results showed that significantly more people taking tenofovir had mildly impaired kidney function than those not taking tenofovir. However, the levels of cystatin C in serum and creatin in urine used to test kidney function were all still within the normal range.

Syphilis may be cyclical

A study investigating syphilis outbreaks across 68 cities in the USA since the 1940s has shown that outbreaks appear to be related more to loss of population immunity to syphilis rather than changes in sexual behaviours. The study showed that syphilis outbreaks tend to occur every 10 years.

Rifampicin drug interaction

Roche Products have released a warning to doctors regarding the results of a drug interaction study in 28 healthy volunteers. Results showed that the anti-tuberculosis drug, rifampicin, causes liver toxicity when taken with 100mg ritonavir

and 1000mg saquinavir. Roche recommends these drugs not be used together.

Rare sexually transmissible infection in UK

A rare form of Chlamydia called Lymphogranuloma venereum (LGV) has been identified in the UK among HIV positive men. This infection used to be endemic in Europe and the USA prior to the introduction of antibiotics and is still prevalent in parts of Africa, India, South East Asia and the Caribbean giving rise to the theory that travellers are catching the bug and bringing it back to developed countries. Unlike the regular form of Chlamydia, LGV can penetrate the tissue that it infects. Depending on the location of the infection symptoms can include enlarged and tender glands in the groin or proctitis with pain and bleeding in the bum. 24 cases have now

T-cell Variety Hour

The radio program on

HIV - AIDS

NEW TIME

NEW DAY

Thursdays 8pm to 9pm

**JOY Melbourne
94.9 FM**



The Victorian AIDS Council/Gay Men's Health Centre

Treatments Update: what's new, what's changed

been reported 17 of whom have been identified as being HIV positive gay men. Cases of LGV have also been reported in the Netherlands, Belgium, Germany, France and Spain. Poslink spoke with Professor Kit Fairley from the Melbourne Sexual Health Centre who advised that only one case of LGV has been identified in Melbourne to date. Professor Fairley suggested that all HIV positive men who are sexually active should have regular sexual health check ups to ensure bugs like LGV can be identified and treated early.

New drug target discovered

Inhibitors of deoxyhypusine synthase (DHS) may be good molecules to develop as new drugs to fight HIV. DHS is an enzyme that controls the production of the amino acid hypusine. Amino acids are the building blocks of proteins. There is only one protein molecule known to contain hypusine which is responsible for the production of new HIV molecules. Investigators found that a DHS inhibitor, CNI-1493, was able to inhibit HIV replication in cell cultures. The really good news is that HIV was not able to develop resistance to the drug.

Buffalo hump and insulin

Accumulation of fat between the shoulder blades that has been called 'buffalo hump' occurs in 2 and 13% of

people with HIV and is recognised as part of the lipodystrophy syndrome. Very little is known about why buffalo humps occur. However, two Australian studies have now shown an association between high insulin levels and the formation of buffalo humps. The investigators warned that use of human growth hormone as a potential treatment for lipodystrophy may not be appropriate as it can cause increases in insulin levels.

Anal cancer and HIV

A study in the USA observing 8640 people with HIV has found that 18 people in the cohort were identified with anal cancer. The investigators advised this figure is 120 times higher than the level of anal cancer in the general population, that the incidence of anal cancer increased following the advent of HAART, and that unlike other cancers, HAART did not help the immune system to fight the cancer.

HIV patch

A study in monkeys has shown that the therapeutic vaccine DermaVir patch may be beneficial at stimulating the immune system's response to HIV. The patch contains gene expressions (a plasmid DNA) of all HIV particles except integrase. The HIV particles are taken up by the immune cells in the skin and are presented to the immune system, ultimately

stimulating the immune system to recognise the particles more efficiently. It is anticipated that the patch may only need to be worn by people with HIV every few months or every couple of years. Studies in humans are currently underway in Europe. *[Editor's note: It is hoped that therapeutic vaccines will allow the immune system to control HIV infection better, reduce viral loads and ultimately slow disease progression. It will be interesting to see how DermaVir affects the viral load in humans with HIV.]*

Merck HIV vaccine

Merck has announced the commencement of a phase II 'proof of concept' trial for their HIV prophylactic vaccine. The vaccine consists of 3 HIV genes inside of an adenovirus (a virus that can express the HIV proteins without causing harm or HIV infection) that can infect human cells and hopefully stimulate CD4 cells to recognise and attack HIV. The vaccine will be given to 1500 men and women in North and South America, the Caribbean and Australia. The study is designed to see whether the vaccine will be able to prevent infection or delay the course of HIV disease.

Treatments Update: what's new, what's changed

WOMEN'S SECTION

Caesarean birth and HIV

A European Collaborative Study following 1147 women with HIV has shown that antiviral treatment reduces the risk of HIV transmission to babies to 1-2% but the study also has shown that the additional use of elective caesarean delivery can further reduce transmission to 0.5-1.0%

FDA warns against indinavir use for pregnant women

The Food and Drugs Administration in the USA has warned against the use of indinavir in pregnant women following the results of the PACTG 358 study. Indinavir levels were 74% lower at 30-32 weeks gestation than they were at 6 weeks after giving birth in 11 HIV positive pregnant women.

HAART leads to increases in premature births

The European Collaborative Study has been collecting data on the outcomes of pregnancy in HIV positive women since 1986. 4372 live births were recorded between 1986 and April 2004. The incidence of premature births increased from 16% to the end of 1989 to 25% in 2004. The increased risk of curtailed duration of pregnancy occurred with the advent of HAART, particularly when HAART was commenced prior to pregnancy.

HIV positive? Can you help us with our research project?

The project:

The impact of pre- and post-test counselling on subsequent health outcomes and well being of plwha in Victoria

The researchers:

ARCSHS - Jon Willis, Jeffrey Grierson, Marian Pitts and Kirk Peterson
Alfred Hospital Social Workers: Angelo Moreli, Sharon Horvat-Danilovic, Rebecca Casey, Deborah Cox and Leanne Dalla Vecchia

What we're looking for:

About forty positive men and women who will participate in focus groups or one-on-one interviews which

- Explore your recollections of pre- and post-test counselling
- Examine the information and advice from such counselling that you rate as valuable
- Examine the extent to which pre-test counselling prepared you appropriately for a positive result
- Explore whether you gave informed consent for the HIV test and whether informed consent affected your reaction to results and health outcomes.

How to participate:

Ring Kirk Peterson or Sharon Horvat-Danilovic to find out more information and register your interest in participating in the project. We'll let you know straight away, or get back in touch with you soon to organise a time for the interview. The numbers are:

03 9285 5396 (Kirk) 03 9276 3026 (Sharon)
Remember, your experience and your confidentiality are important to us.



Planet Positive
MELBOURNE

**An Evening for
Positive People
& their Friends**

**Sunday March 20
From 6pm till late**

**Builders Arms Hotel
211 Gertrude Street
Fitzroy**

NO COVER CHARGE

Light catering provided

First drink free

planetpositive@optusnet.com.au

Planet Positive is a project of PLWHA
Victoria

This event is sponsored by the
Builders Arms Hotel



Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund Poslink and Treatment Interactive Events in 2005.



Membership application

All details contained herein will be treated strictly confidentially.

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 give permission to receive information from PLWHA Victoria.

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.

Signed _____ Name _____

Address _____ Postcode _____

Telephone (optional) _____ E-mail address (optional) _____

Please fax or post your membership application to: PLWHA Victoria
6 Claremont Street
South Yarra VIC 3142
Tel: 03 9865 6772
Fax: 03 9804 7978

*Copies of the Rules of the organisation are available from the PLWHA Victoria office.

Disclaimer: The views expressed in *Poslink* are those of the authors and do not necessarily reflect the views of PLWHA Victoria or its management unless specifically stated. Submission of materials to *Poslink* will be understood to be permission to publish, unless otherwise advised. While all care is taken to ensure the accuracy of information in *Poslink*, the information contained in this publication is not intended to be comprehensive or current advice and should be not relied upon in place of professional medical advice. You should seek specialist advice from a medical practitioner in relation to care and treatment. *Poslink* makes no warranties or representations about the content or information in this publication, and to the extent permitted by law exclude (and where law does not permit an exclusion, limit to the extent permitted by law) all warranties and representation and any liability for loss (including indirect losses), damage and expenses incurred in connection with, or reliance on the content or information contained in, *Poslink*. The intellectual property rights in all materials included in *Poslink* are either owned by, or licensed to, PLWHA Victoria and all rights in those materials are reserved.

advocacy · advice · representation · information · support

Poslink