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POSLINK

The Newsletter of People Living With HIV/AIDS Victoria

Sonny, Max and Jeffery at the Community Services & Health Industry Training Awards

Issue 24 Aug / Sept 2005

Inside this issue:

Victory for PLWHA Victoria and ParaQuad Victoria: The Community Services & Health Industry Training Awards

In 2003 PLWHA Victoria commenced a collaborative process with ParaQuad Victoria to deliver training and professional qualifications to members of the Speakers Bureau. The rational behind this innovative relationship was to enhance the speakers' capabilities to deliver effective educational and preventative messages as part of their lived stories to educational institutions and members of the public.

PLWHA Victoria was delighted to be co-nominated with ParaQuad Victoria as a finalist for this year's award for "Innovation in Training and Assessment: Innovative Service Delivery – Private Provider." This award is part of the Community Services and Health Industry Training Awards for the community and health sectors and recognises the strategic importance of training providers and professional development.

Max Niggl and Sonny Williams from PLWHA Victoria attended the award gala dinner on Thursday 21 July at the Plaza Ballroom in the Regent Theatre. PLWHA Victoria were elated to be the joint winners with ParaQuad Victoria in this category. Jeffery Robertson, a member of the Speakers Bureau, was also the winner of the student category for 'Lifelong Learner.'

Commenting on the success, PLWHA Victoria's Executive Officer Sonny Williams said, "We are extremely proud to share this award with ParaQuad Victoria and I am keen to further develop our strong

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Note from the Executive Officer

Sonny Williams

I am pleased to report that last Thursday July 21, PLWHA Victoria in partnership with ParaQuad Victoria won the Community Services & Health Industry Training Award for 2005 in the "Innovative Service Delivery – Private Provider" category. PLWHA Victoria was co-nominated with ParaQuad Victoria as one of four finalists. I am also pleased to write that in the Student category of "Lifelong Learner," with nine other finalists, Jeffery Robertson (a member of the Speakers Bureau) not only was nominated as a finalist but won also his category.

An outreach service has commenced at the Positive Living Centre every Thursday from 12pm until 8pm with staff available on a rotational basis.

The Positive Living Centre has generously made available office space for us to operate from; we all look forward to meeting new and existing members who drop into the PLC.

PLWHA Victoria are about to commence a Healthy Living Skills National pilot program covering aspects of diet, exercise and a quit smoking component. This is a year-long program which is being coordinated by Suzy Malhotra who is looking for people to participate; Suzy can be contacted on 9865 6756. As a pilot project funded by the AFAO National Education Team (ANET), this program has the potential to be implemented on a national level. A comprehensive evaluation process will be built into this program.

The Positive Education project is currently under an independent evaluation process, the recommendations from the evaluation will inform best practice for future programs. Finally the next Planet Positive is to be held at VIBE on Smith St on 14 September at 7pm. I encourage people to come along, to catch up with friends and make some new ones❖

Note from the President

Greg Iverson

More than halfway through the year! Where is it all going?

Our new Executive Officer, Sonny, has settled in well and is implementing many changes, both to the running of our office and to the activities that we are undertaking.

Some of you may have seen Sonny volunteering his time down at the PLC. As well, you may have noticed a greater presence of our officers, Alan, Max and Suzy, down there. This is all part of continuing to working closer with the other branches within the HIV sector.

One of the results from this building of closer ties is that we have noticed many new faces turning up at our regular events, like Planet Positive. It is always encouraging to see new people engaging with us. We would like to see much more of this.

I would like to put out a call to our membership to start considering standing for the new PLWHA Victoria Board for 2006. The AGM may still be a few months away, but when the new Board starts up, there will be work to be carried over from this year, as well as some new projects that have to be started straight away.

Those first few months on a Board can be a bit confusing for new members. You do have to hit the ground running. I have spoken before in these columns about the idea of 'mentoring' people for more involvement with us and this is one of those avenues that I have always had in mind.

It would help any potential Board member to come and observe our meetings prior to the commencement of any term serving on the Board and to give them an introduction to the processes that are used. Our meetings happen on the 2nd Wednesday of every month. Just give the office a ring and let our staff know you would like to attend.

This process is important for a number of reasons. It allows our organisation to see what services you can bring to the Board (for example, we would love to have a solicitor or someone experienced in law on the Board) and also assists the potential member in deciding if this is the sort of work that they would be interested in doing. Don't get me wrong - you do not need any qualifications to serve on the PLWHA Victoria Board apart from being a positive person and having a wish to help in the continuing advocacy work that we do for the all plwhas in Victoria.

And speaking of our advocacy work - this has been ramped up a bit of late. Apart from the ongoing consultation around the changes to the DSP and the welfare sector as a whole, we are also actively pursuing the Victorian State Government over the report on housing for the HIV sector that was recently undertaken. So far, the involved departments have refused to release this report, despite (or indeed maybe because of) the positive recommendations it contains. Along with the VAC/ GMHC and groups like AHAG, we are making some headway in this, but it is a slow process. I look forward to being able to give more news on this issue in the near future.

The other major items recently released (this time on the federal level) are the National HIV, STI and Hepatitis C Strategies, and the first draft of the implementation for these.

These final strategies have many positive approaches within them and talk a great deal about the on-going commitment by others in the partnership to keep the community sector involved. The initial draft for implementation however is another issue.

The community sector is glaringly absent in quite a few vital areas. This is not of great concern though, as the Department of Health and Ageing have made it clear that it is only the first draft and have welcomed our input through NAPWA and AFAO in reshaping the approaches to this implementation. I will keep you informed about the progress in these areas as they come to hand.

Until the next issue, play safe and stay well!!❖

What's Up:
News and Information

Victory for PLWHA Victoria and ParaQuad Victoria: The Community Services & Health Industry Training Awards

(Continued from page 1)

working relationships with them. I believe that this award will provide PLWHA Victoria with far greater recognition in the Community Services and Health Industry training sectors and open up many new opportunities for training and service delivery within our organisation and for our members."

We acknowledge the training award interview panellists whose task of choosing the award winners was extraordinarily difficult was such a string field of contenders. Thanks also goes to Simon Payne, Training Manager at ParaQuad Victoria, for his commitment and support to this project❖

Young woman sentenced to 2 years prison

In the UK the first woman to be successfully prosecuted for knowingly transmitting HIV to her boyfriend has been sentenced to two years in a young offenders institute. The 20 year old woman was diagnosed with HIV half way through a relationship with a young man of the same age. During the hearing, she reported feeling unable to tell her boyfriend about her HIV diagnosis out of fear that he would leave her. After the couple broke up, the young woman showed the young man falsified documents to prove she did not have HIV when confronted about her HIV status❖

South African police shoot HIV activists

HIV protesters entering the Frontier Hospital in Queenstown South Africa were beaten and shot at with rubber bullets by the Police. This resulted in 40 injuries and 10 people requiring treatment for gunshot wounds. The Treatment Action Campaign group had organised the 700 strong force to march peacefully on the Frontier Hospital to protest the lack of access to antiviral drugs in South Africa. Less than 200 people receive antiviral drugs at the clinic while another 2000 patients desperately require access to the lifesaving treatments❖

Australia increases funding

At the 7th International Congress on AIDS in Asia and the Pacific in Japan, Foreign Minister Alexander Downer pledged an additional $5 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria. This brings Australia's contribution to $75 million for the fund over the next three years. To date the global fund has committed over US $3 billion towards preventing the three diseases in 128 countries. For more information on the fund visit www.theglobalfund.org❖

What's Up: News and Information

Love, sex and the whole damn thing!

PLWHA Victoria is hosting the first of three treatment interactive events for 2005 called 'Love, sex and the whole damn thing!' Vanessa Wagner will explore the machinations of relationships for gay men living with HIV/AIDS: from sero-concordant and sero-discordant couples (with and without HIV) to singles, boyfriends and to Mr Right-Now.

This event will focus on issues relating specifically to gay men. This follows a recommendation from an evaluation of PLWHA Victoria's recent Positive Education Project, 'The Words to Say It', that the organisation targets specific community groups with specific events. The event will take place on Sunday 21 August from 1.00pm to 5.00pm at Vibe Café and Bar, 123 Smith Street, Fitzroy. For further information please contact Alan on 9865 6718❖

Major HIV Conference in Brazil

The 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment commenced on 24 July in *Rio de Janiero, Brazil*. Over 5,000 participants have gathered at the conference to learn and discuss key health issues associated with HIV/AIDS. There is a high level of expectation from the HIV community placed onto this conference as the results from many new compounds in clinical trials will be presented. Poslink will provide a full conference report in the next issue❖

Revisioning Group at the VAC/GMHC

Revisioning is a behaviour change group for gay men. The 10 week program is for gay men who use violence in their relationships. Participants can build their confidence and self-control, learning to deal with conflicts and difficult emotions in relationships and other parts of life, without the use of abusive or controlling behaviours.

A new Revisioning group will be starting in the next few weeks. The group runs for 10 weeks on Tuesday nights. For further information call Nicci Rossel on 9865 6700 or email: nicci_rossel@vicaids.asn.au. Prospective group members can also phone the Counselling Services Duty Worker on 9865 6700 between 2-4pm weekdays to arrange an interview❖

Women Living with HIV/AIDS in Australia

The Australian Research Centre in Sex, Health and Society has released a report on Women Living with HIV/AIDS in Australia called 'The Journey Continues'. The report was collated from data collected in the Futures IV survey. Out of 1064 completed surveys, 96 were from women. This is equivalent to approximately 8% of the female HIV population in Australia. Table 1 highlights a few key points about women with HIV/AIDS in Australia from the report. Copies of 'The Journey Continues' are available at the PLWHA Victoria office or at www.latrobe.edu.au/arcshs❖

Table 1: Some highlights from 'The Journey Continues'

- 19.0% of women had been diagnosed with an AIDS-defining illness within the last 2 years
- 40.3% indicated they had experienced HIV-related illnesses
- 38.4% had been diagnosed with a major health condition
- 77.1% reported low energy
- 39.4% experienced a sleep disorder
- 36.7% reported lipodystrophy
- 35.0% experienced confusion or memory loss
- 30.8% had weight loss
- 30.3% were Hepatitis C positive
- 21.4% were taking prophylaxis to prevent infections
- 95.7% had a cervical pap smear in the last 12 months
- 69.9% were currently taking anti-HIV drugs (equal to men)
- 45.2% on treatment had taken a break from anti-HIV drugs
- 63.0% saw their doctor before, during and after the treatment break
- 24.5% had participated in an HIV clinical trial
- 63.8% had children
- 64.9% had told their children about their HIV status
- 63.8% were in a regular relationship
- 35.5% had used marijuana in the last 12 months
- 43.0% smoked cigarettes in the last 12 months
- 56.1% were in paid employment
- 33.0% were living below the poverty line

What's Up:
News and Information

Universal access to HIV treatment in Africa by 2010

At the recent G8 meeting in Scotland, leaders from the 8 nations have pledged to work with African Governments and UN health agencies to reduce HIV transmissions, to support orphans, to provide care, and to aim for universal treatment for all who need it in Africa by 2010❖

Singapore changes law

With a 28% increase in new HIV infections in Singapore, the Government is introducing a new law of compulsory notification under the Infectious Diseases Act. Spouses of HIV positive people will be informed of their partners diagnosis through a soon to be formed HIV Prevention Unit❖

3 x 5 target won't be met

The World Health Organisation has announced that the ambitious program of supplying HIV drugs to three million people by the end of 2005 will not be met, but that they expect to still reach the target by mid 2006. Problems with infrastructure supply channels is one of the reasons quoted for the delay in access to treatment. One million people world wide now have access to HIV drugs through the treatment program. Over 500,000 people now have access to HIV drugs in sub-Saharan Africa but it is estimated that 4.7 million people need access to HIV drugs in this region alone❖

What's Up: News and Information

The Straight Arrows racers and HART instructors!

Suzy Malhotra

Thrive and Survive – Straight Arrows and PLWHA Victoria Event

On Thursday 9 June 2005, PLWHA Victoria and Straight Arrows held a joint workshop and motorcycle rider training day at Honda Australia Rider Training Centre (HART), Tullamarine. *Thrive and Survive* aimed to bring together members of Straight Arrows to discuss the reality and experiences of living with HIV/AIDS and also to enjoy a fun team-building afternoon by learning to ride a motorcycle or scooter around the HART track.

The workshop tackled the issues of relationships, disclosure and sexual behaviours for heterosexual people living with HIV/AIDS. It was facilitated by Alex Nikolovski from the AIDS, Hepatitis and Sexual Health Line who very generously donated his time and expertise.

The real fun began in the afternoon where each of the 9 participants was given the opportunity to get on a motorcycle (or a scooter for the faint-hearted!) and learn the basics of riding. Surprisingly there were very few falls, cuts or grazes – thanks mostly to the careful guidance and direction given by The HART instructors.

The day was very successful and enjoyable – despite the cold and wet weather! The men and women who participated felt they were given a chance to talk about their experiences of living with HIV/AIDS in a safe and welcoming space, and the afternoon spent racing around the track was a great way to make new friends, to kick back and have some fun.

Thanks to Mark Collins and the fantastic staff at Honda Australia Rider Training Centre for donating their venue, time and expertise in putting on a fun day. A big thank you too to the ever resourceful David Mc Carthy for making this day happen. We hope to have more of these types of events/workshops happening in the future with PLWHA Victoria and Straight Arrows. So if you missed out on this event, hopefully there should be something coming up in the not too distant future❖

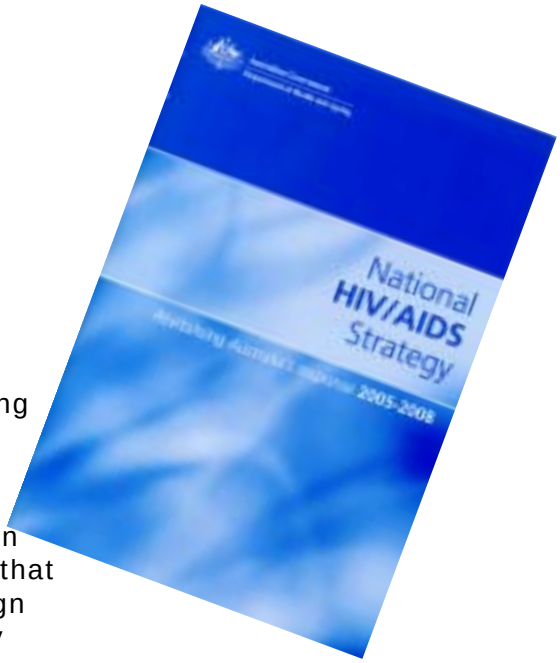
This event was sponsored by

HONDA
The Power of Dreams

What's Up:
News and Information

The National HIV/AIDS Strategy: a promise to the community?

By David Menadue



The 5th National HIV/AIDS Strategy document – as launched by Health Minister Tony Abbott in late June – looks at first to be as boring and colourless as any government policy document of its kind but I think it deserves a closer read. It is an important document for people living with and affected by HIV because it sets out what the Government commits to, over the next three years, in initiatives to prevent HIV infections and to care for people with HIV in the community.

As with any strategy document, the true worth will be seen in how the promises made will be translated into action – in the form of an Implementation Plan, hopefully to be devised in the next few months, and hopefully with appropriate dollars attached. A couple of important promises made in the Strategy include:

1. A new targeted national education and health promotion campaign for priority groups, particularly for gay and homosexually active men. The substantial increases in HIV infections in the gay community (close to 20% nationally) in 2002 have dropped in most states but not to previous levels. Approaches to HIV prevention will include education about the role sexually transmissible infections play in HIV transmissions, working with Internet chat sites, producing culturally appropriate messages for changing gay communities and involving positive people in prevention messages. There is a hope that the very successful campaign run on Sydney television by NSW Health recently – a series of HIV awareness messages aimed at twenty-something party-goers (gay and straight) – might have national coverage as part of this campaign.

2. A new priority of the Strategy will be addressing the care and support needs of people with HIV. As people with the virus live longer and grow older, the complexity of their care and support needs becomes greater. We are hopeful that a national mapping exercise will be conducted to examine (and address) services for positive people in each of the states and territories – particularly in areas like supported accommodation, cognitive impairment, mental health, drug and alcohol and welfare (including addressing high levels of poverty).

3. Managing the side-effects of treatments, maintaining adherence to regimens and ensuring access to the latest treatments are major priorities of the Strategy. This includes managing long term toxicities like lipodystrophy and their impact on the physical and mental wellbeing of plwha. Access to the latest therapeutic drug monitoring and genotypic testing is mentioned – although that didn't stop the MSAC recently rejecting an application to have genotypic tests given Government funding. Interestingly the Government has accepted that structured treatment breaks are a reality in the world of HAART, suggesting that if they are taken, they must be taken with consultation with a doctor.

4. There is a specific section on the particular challenges for women with HIV and the need to increase the visibility of HIV-positive women in the epidemic and encourage their involvement in service delivery and educational initiatives.

5. Measures to address possible future shortages in HIV-trained GPs and to help reduce some of the current financial disincentives for doctors to work in this complex area are to be examined as part of the Strategy.

Other initiatives are included to address the needs of other

priority groups including injecting drug users, Aboriginal and Torres Strait islander people, people from countries with high sero-prevalence, people in custodial settings, and the increasing work which Australian community agencies are doing to help our international neighbours with HIV prevention and care.

Apart from the promises made for initiatives though, the other crucial part of this document is the principles it espouses to underlie the HIV/AIDS response. The principle of an equal partnership between community, the medical profession, researchers and government is a central tenant that has helped Australia deliver one of the best responses to the virus so far. The acknowledgement of the centrality of positive people to the response, the principle of harm minimisation as the approach to injecting drug use and the need for the government to provide leadership in combating HIV/AIDS are all stated in the document. As such then it is a promise and commitment from government to keep up the funding and support for Australia's community response and to keep HIV as a government priority. Some community leaders had been worried that we would not even get a Strategy document out of the current government or maybe one that we could live with. This document has been broadly accepted by community players but we are all waiting to see how well it is resourced and implemented❖

Free Wills

PLWHA Victoria offers members a limited* free will-making service via De Ayers.

For further information, please contact Frank on 9865 6708, and he will arrange for De to get in touch with you.

*Service covers up to six beneficiaries and no provision for setting up trusts, fund management or the like.

Max Niggl
PLWHA Victoria's
Speakers Bureau Co-ordinator

Contact:
03 9865 6772
speakersbureau@plwhavictoria.org.au

PLWHA Victoria Speakers Bureau

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

Speakers Bureau Reference Group (SBRG)

Earlier this year, Terms of Reference for the SBRG were developed in collaboration with Straight Arrows and Positive Women as part of the 2005 Speakers Bureau implementation Plan.

Expressions of interest were then circulated to members of the Speakers Bureau. The members of the 2005 SBRG are David M., David T., Eric G. Jeffery R., Michelle W. and Suzanne L.

The group met for the first time this month and discussed an exciting range of ideas for the Speakers Bureau. Members of the group are happy to discuss their role and any matters concerning the advancement of the Speakers Bureau.

If anyone would like a copy of the Terms of Reference for the SBRG please contact the office on 9865 6771❖

Speakers Bureau Training Day

The Bureau held a full day workshop on Saturday 16 July. The workshop was an introduction to the Speakers Bureau and the basics of public speaking. With 4 PLWHA Victoria Board members and the Executive Officer attending, the day was both informative for those attending and an ideal way to meet Board members and Sonny Williams. Members of the Bureau will have further training opportunities at workshops and meetings throughout the rest of 2005❖

Certificate IV Assessment and Workplace Trainer qualifications

With the support of Paraquad Victoria as a registered training organisation, we have again been able to offer Certificate IV training to our speakers. Paraquad Victoria have had an overwhelming response from members of the Bureau resulting in the two courses for this year being completely filled. Interviews are currently being conducted.

In 2004, we had six speakers receive this Nationally recognised qualification. The speakers gained significant benefits from the training and enhanced their ability to deliver effective speaking engagements.

In a unique training environment, participants were able to develop an understanding of the challenges faced by members from Paraquad Victoria, PLWHA Victoria and Royal Victorian Institute of the Blind.

Speakers Bureau members are now delivering training in disability modules at TAFE Colleges, chronic pain management and some are undertaking counselling training❖

Speakers Bureau training is sponsored by an unrestricted educational grant from

MERCK SHARP & DOHME

Speakers Bureau talks are subsidised by an unrestricted educational grant from

Abbott Virology

Community Letters: The Scratching Post

The Scatching Post is your connection to the community. You can write to us to share information or voice your opinion or concerns on issues that affect the HIV community. Letters can be emailed to poslink@plwhavictoria.org.au or posted to 6 Clarement St, Sth Yarra 3141.

May 31 came with great excitement. I was off to see the specialist in the hope that he could fix some sun damaged skin on my forehead and also have removed a wart like growth near my eye.

All was going well, I had fair skin and the specialist told me laser surgery would work well in small areas where work needed to be done. I was so excited, a chance to have my self-conscious blemishes removed.

I was then informed that some tests would need to be conducted first. One was to be for HIV. I told him I sero-converted in November 2004. The specialist would help me but laser was not an option as "it was dangerous and things travel in the air." I was crushed. Is this scientific? Does anyone know of a surgeon who will work on positive people with laser? I am lost. Any information would be great.

Signed
SW

Response from Alan:
At first glance it would appear that discrimination might be taking place but your doctor has offered you other forms of surgery so we thought there may be some merit in what he or she is saying. As such we did a literature search on HIV transmission and laser surgery. We came across one paper that talks about laser surgery causing a "plume" of vapour that can contain infectious virus (not specifically HIV). To clarify further we spoke with a plastic surgeon who advised that ablative laser surgery is a risk to the operator (doctor) and that other forms of surgery are less risky for the operator and probably have better outcomes for the patient. So your doctor has given you correct information. While universal precautions may be in place, in this situation it would appear that that they do not necessarily remove the risk of transmission to the operator. As such your doctor is under no obligation to provide the laser surgery service to people with blood borne viruses, especially given that appropriate alternatives are available and are being offered. If you are uncomfortable with your doctor we can refer you to another❖

-COME AWAY- –REST AWHILE-

"COME AWAY – REST AWHILE" IS A WEEKEND RETREAT ORGANISED BY THE CATHOLIC AIDS MINISTRY. THIS RETREAT IS OPEN TO ALL HIV+ve PEOPLE AND WILL BE HELD AT

QUEENSCLIFF ON
SATURDAY AND SUNDAY
SEPTEMBER 10 & 11.

IN-HOUSE ACCOMODATION WILL BE AVAILABLE ON THE FRIDAY AND SATURDAY NIGHTS.

FOR FURTHER INFORMATION AND COSTS PLEASE CONTACT THE CATHOLIC AIDS MINISTERY CO-ORDINATOR ON 9417 7829.

Negative Partners Group

Do you have an HIV-ve partner who could benefit from sharing stories, gaining support and gathering more information to support your relationship and themselves?

If so, the VAC/GMHC are currently recruiting HIV-ve men for the Negative Partners Group.

For more information please call the duty worker at the VAC/GMHC on 9865 6700 ASAP as the group is commencing soon.

This will be a safe and confidential space.

Shared Stories

Email your story to poslink@plwhavictoria.org.au

MY HELL

This is a tale about me
I'm slim "young" and 63!
If you'll listen I have a story to tell
One about me and my own private hell.
Now what in the future do I see?
A future governed by H.I.V..?
It all began a fair while ago
My feelings I did never show
I would smile and laugh and never cried,
Although inside many many times I died.
I was in a tunnel that had no end
But still I never went quite round the bend.
I'd loved and cared, my thoughts I'd never shared
But somehow everything went
So very wrong,
I was alone on a highway,
So very long.
I lost myself in a rough bush shack
And worked on a way to find a better track.
It took 6 long years and mounds of beers
But at last I had conquered all my fears.
I returned to a world I'd left behind
And answered some Ads to just unwind,
The women seeking men had baggage in tow
There had to be somewhere else to go
So I tried Same seeking Same
Here I encountered, a whole new game.
Now don't get me wrong,
I had some wonderful days
To parties I went,
With Bi's and Gays.
But what attracts men to men,
I'll never know
I've tried it all,
And still don't know.
Sometimes with condoms
And sometimes without,
This is how finally my life
Was turned inside out.
Please picture this scene
Of how it should have been.
"Please, please a moment just
I fear a condom is a must
Some tactile pleasures we should forgo
But our futures we should not blow."
Now I have no-one else to blame
I should have known it was a deadly game.
All these years I've drank and smoked
While the fires of lust I've stoked,
Cancer and Cirrhosis of the liver
Oft times made me shiver,
Syphilis, Herpes and Gonnorhea
They were always a nagging fear
Now its another bloody long tunnel
Through which my thoughts I have to funnel.
Now to the bush once more
I'll go and just unwind,
To cleanse these thoughts from my cluttered mind.
I need a stupor induced by drink
I need to sit and think and think.
When at last I emerge into the light
It will be a beautiful day
No longer the night.
At this stage I have no fears on which to dwell
'Cos my mind and body feel real swell.
If towards death I start to linger
You will have every right to point the finger
But did you always cover your member
Can you honestly remember?
In life there are many things that make you cry
Yet news like this just makes me sigh.
There were so many ways my life could end
But now its too late my ways to mend.

Tony, Melbourne

Treatments Information Service

Just diagnosed?
Starting antiviral therapy?
Switching drugs?
Side effects?
General health inquiries?
Clinical trials?

Call Alan at
PLWHA Victoria on
9865 6718

Complementary Therapies

VITAMIN C MAY REDUCE BACTRIM TOXICITY

By Jim Arachne

Bactrim (trimethoprim-sulfamethoxazole) is the main drug used for the prevention and treatment of Pneumocystis carinii (now P. "jiroveci") pneumonia in immunocompromised people. For many years it has been a major drug for prevention of this pneumonia (often called just "PCP") in people with HIV.

However, sensitivity/toxicity reactions may lead to people being unable to use it. Generally these reactions are much more common in people with HIV (especially those with AIDS) than in people taking bactrim who are HIV-negative (2). These reactions may show up as fever, skin rash and immune suppression as well as other symptoms which may be life threatening.

The precise reasons for bactrim toxicity are not known. However, one likely possibility is that toxicity arises because some people can't detoxify a break-down product of Bactrim (sulfamethoxazole-nitroso, called SMX-NO for short) (3).

Vitamin C takes part in many detoxification reactions in the body and lab studies have shown it can stabilise the Bactrim metabolite that SMX-NO is formed from (4). In addition, people with HIV may often be deficient in vitamin C (5 & 6) so it's possible that vitamin C deficiency may underlie some of the reasons for their increased sensitivity to Bactrim.

A study was conducted at the University of Wisconsin-Madison to examine this possibility (1).

STUDY DESIGN:

51 people with HIV and 26 HIV-negative people (a control group) took part in the study. 41% of people with HIV were taking protease inhibitors and 63% were taking nucleoside analogues or NNRTIs.

11 people with HIV took 500mg to 1,000mg per day of vitamin C, 20 took a daily multivitamin containing 60mg of vitamin C and the rest received no supplements.

Samples of blood were taken from these trial volunteers and tested in the lab for the blood's ability to "detoxify" SMX-NO.

RESULTS:

Vitamin C levels in people with HIV who were not taking supplements were 46% lower than in HIV-negative controls ($p=.0005$). Researchers commented that some people had very low levels that are normally associated with signs of scurvy. They also found that vitamin C deficiency was associated with low T4 counts and was more pronounced in people with detectable viral load.

Plasma vitamin C levels were directly related to the ability to detoxify SMX-NO ($p<.0001$). The lower the vitamin C levels, the worse the ability to detoxify SMX-NO.

HIV+ people not taking any supplements were ~2.4 times less able to detoxify SMX-NO than HIV+ people taking vitamin C ($p<.0015$).

Taking a multivitamin with 60mg of vitamin C did not assist in detoxifying SMX-NO. People in this group were no better at detoxifying SMX-NO than HIV+ people not using any supplements.

Adding vitamin C to blood samples in the lab restored the blood's ability to detoxify SMX-NO.

COMMENTS:

This study showed that taking supplements of vitamin C strongly increases the detoxification, in a lab setting, of a suspected toxic break-down product of bactrim.

However, it's important to note that this study doesn't demonstrate that taking vitamin C will treat or prevent bactrim toxicity in people taking this drug. Trials with people taking bactrim would be needed to establish this. However there's good theoretical reasons to believe that such trials would show that vitamin C is effective in reducing Bactrim toxicity. It's likely such trials will never be done as vitamin C is not patentable and therefore there is no profit motive to conduct such research.

Based on the trial reported above, a reasonable dose of vitamin C to use would be 250mg to 500mg twice per day.

Continued page 14

Complementary Therapies

VITAMIN C MAY REDUCE BACTRIM TOXICITY

(Continued from page 13)

I've included a case history demonstrating at least one instance where vitamin C was apparently able to reverse Bactrim toxicity.

CASE HISTORY:

Not long before I wrote this article a woman with HIV came into the Positive Living Centre clinic here with an acute Bactrim sensitivity reaction. She had begun taking Bactrim 7 days earlier on her doctor's advice due to a low T4 count. She had not begun any anti-HIV medication at this stage.

She had a widespread, red, swollen rash on around 30 percent of her body. Her face was red and puffy and her eyelids were swollen half-shut. She said she had a fever today but not previously. She had been experiencing bad nausea for the last 3 days and had eaten very little.

She had visited her doctor with these symptoms. He had diagnosed them as a Bactrim sensitivity reaction and told her to continue taking the Bactrim. (The MIMS entry on Bactrim specifically advises to discontinue Bactrim with these symptoms and warns that they may be "early indications of serious reactions"). She had not been told about Bactrim de-sensitisation procedures or offered any treatment.

She was not taking any vitamin supplements and I suggested she begin on vitamin C immediately (in this case she had calcium ascorbate available). Because of the severity of the symptoms, and that she had been experiencing them for some days, I suggested a dose of 1 gram every hour until she bedtime and to resume this dose in the morning. She was told to watch for a diuretic reaction (i.e., the appearance of large amounts of clear urine) or for the appearance of diarrhea - although this could be due to Bactrim as well. These would indicate that she was taking more vitamin C than she could absorb. If either of these appeared she should cease the vitamin C until they subsided and resume at a lower dose. I asked her to phone me the next day.

She began on the vitamin C at around 4pm. She phoned the next day around 10am to say "all the symptoms have disappeared!" She estimated she had taken around 7 grams of vitamin C.

I suggested she stay on 500mg twice a day while she was taking Bactrim to reduce the odds of a recurrence❖

NOTE: This article was adapted from one written earlier for the free, e-mail newsletter "COMP_THERAPIES_HIV". To SUBSCRIBE to this newsletter and to read previous articles (COMP_THERAPIES began in April, 2001) send a blank e-mail to; comp_therapies_hiv-subscribe@yahoogroups.com

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References:

1) *Plasma Ascorbate Deficiency Is Associated With Impaired Reduction of Sulfamethoxazole-Nitroso in HIV Infection.* Trepanier LA and others. J Acquir Immune Defic Syndr. 2004 Aug 15;36(5):1041-1050.

2) *Adverse reactions to sulfosoxazole, sulfamethoxazole, and nitrofurantoin. Manifestations and specific reaction rates during 2,118 courses of therapy*. Koch-Weser J, and others. Arch Intern Med. 1971 Sep;128(3):399-404.

3) *Differences in metabolism of sulfonamides predisposing to idiosyncratic toxicity.* Shear NH, and others. Ann Intern Med. 1986 Aug;105(2):179-84.

4) *NADH-dependent reduction of sulphamethoxazole hydroxylamine in dog and human liver microsomes.* Trepanier LA. and Miller JL., Xenobiotica. 2000 Dec;30(12):1111-21.

5) *Decreased antioxidant defence in individuals infected by the human immunodeficiency virus*. Treitinger A, and others. Eur J Clin Invest. 2000 May;30(5):454-9.

6) *Oxidative stress and plasma antioxidant micronutrients in humans with HIV infection*. Allard JP, and others. Am J Clin Nutr. 1998 Jan;67(1):143-7.

PositiveWomen
Supporting Women Living with HIV/AIDS

What's going on at Positive Women

As seems to be the way in the sector at the moment, change is affecting our organisation too. We will say goodbye to our Director, Stephanie Moore, on the 19th August.

After being with the organisation for six years Stephanie has decided to leave and to seek new horizons and fresh challenges.
As she says, 'I've been here for six fantastic years, but it's time now for someone to approach the organisation with new ideas and fresh eyes. I am very excited about this new stage of Positive Women's development.'
We too are excited to welcome in our new Director when she is appointed; no doubt many of you will meet her around the traps. There will of course be an official chance to meet her when she begins work in August.

Positive Women, Straight Arrows and the Alfred will be officially launching the mural on the fence of Fairfield House in spring. All members of the HIV/AIDS community are welcome to attend. The invitation will be displayed at the PLC, PLWHA Victoria and at VAC, when we've settled on a final date. Please come along and enjoy a morning tea and a few speeches and admire the beautiful artwork.

There are a number of events that are occurring in the next three months, from Op shopping expeditions to an extraordinary insight into Funeral Services. Positive Women and Straight Arrows are holding a joint event at Le Pine Funeral Services on 24 August. There will be a guided tour of the facilities and a chance to meet the staff. We will also discuss the ins and outs of forward planning, pre-paying your funeral, what type of service you can have and much more. If you are a member of Straight Arrows or Positive Women, give either Karen or Rebecca a call and book a space. We will be having a peer support dinner afterwards in St. Kilda to talk over what we experienced.

Until next edition…
Karen Allan❖

STRAIGHT Arrows
Services & support for HIV+ heterosexuals & their families.

Camp Seaside 2005

[HIV+ve parent & their kids retreat]

Camp Seaside is a long-established retreat for parents living with HIV and their kids in Victoria. All HIV positive people who have children under the age of 18 living in Australia are welcome to apply.

Camp Seaside is located just outside of Melbourne on the Mornington Peninsula (5 minutes walk from a beach). Activities include horse-riding, art, beach activities and bushwalks. November 11 to 13.

Volunteers look after all the needs of the parents and their kids throughout the weekend. People stay in seven houses where meals are cooked for them. There are many volunteers who also create an action packed environment for the kids, while parents catch up on some well earned rest.

We are also seeking new volunteers for Camp Seaside! If you can cook a bit, help clean or enjoy working with children, then Camp Seaside would love to hear from you. A police background check is necessary for volunteers only in regard to crimes committed against children; no other non-relevant police records are checked.

If you are interested either in attending or volunteering at Camp Seaside, please phone Straight Arrows on 03) 9276 3792 or email: sarrows@bigpond.net.au. We would love to hear from you❖

Women Living with HIV

(Part 3 reprinted from Women Living with HIV from the AFAO publication Treat Yourself Right, published in 2000.)

Sex

Sex can be a really positive way to feel good about yourself and your partner. Having sex can make you feel desired and valued, happy and fulfilled. But sometimes, during stressful times, periods in which you are unwell, or while adjusting to an HIV diagnosis, you might become less interested in sex. This isn't at all unusual. Research suggests that positive women often lose interest in sex for the first year or so after diagnosis, but the good news is that for most women, sexual desire does return. For some women, especially during the period of early HIV infection, intimacy may be more important and play a more meaningful role than sex. Other kinds of physical affection and emotional connection are also rewarding and fulfilling. This can make it easier for you and your partner, and may compensate for a lack of interest in sex.

Safer sex

It can be hard to feel relaxed about sex when you have HIV because you may be afraid of transmitting the virus to your partner. Learning to talk about sex and negotiate safe sex with a partner may be difficult. Talking about your feelings to a counsellor, or to other women living with HIV/AIDS, may help you find ways of exploring your sexuality safely. Understanding the ways in which HIV can be transmitted may help you decide which sexual activities are safe, and which ones pose a risk. HIV can only be transmitted if:

- there is a way for the virus to enter someone's bloodstream or lymphatic system; and
- HIV is present in a high enough quantity for transmission to occur.

The question of how much virus needs to be present for transmission to occur can be confusing. You may have heard, for example, that it is impossible to transmit HIV to a sexual partner if you have a very low or undetectable levels of virus in the blood. Unfortunately, while this may seem a reasonable assumption, there is not enough evidence to support it. There are plenty of sexual activities, however, which you and your partner can continue to enjoy.

Kissing

Kissing is extremely safe. There is not enough HIV in saliva to cause infection and in any case, saliva harms HIV. The mouth is not a good way for HIV to get into the body.

Oral sex

Licking or sucking the vagina, or vaginal lips is very safe in terms of HIV. There is very little HIV in a woman's vaginal juices, and saliva damages the virus. Dental dams are not necessary for protection against HIV but may help prevent the transmission of other sexually transmissible infections like herpes. There are no reliable reports of anyone getting HIV from oral sex on a woman with HIV. Likewise, there is insignificant danger of a positive woman infecting a man by sucking his penis. Condoms can prevent both partners from other sexually transmissible infections.

Vaginal or anal sex with condoms

If you are having vaginal or anal intercourse with an HIV negative male partner it is recommended that you always use condoms with a water-based lubricant. This could be the male condom, or the new female condom

(available from most Family Planning clinics), which is inserted into the vagina and covers the labia. When using condoms, it is important to choose a water-based lubricant such as Wet Stuff or KY, since oil-based lubricants like Vaseline or hand cream can damage latex and cause the condom to tear or break. If both you and your partner are HIV positive it is still important to consider condoms or other barrier protection. If you are thinking of having sex without such protection, you may wish to discuss the potential health risks (such as other STIs) and weigh these up against the pleasure many people get from unprotected sex.

Hands & fingers

There is no risk to your partner if he or she penetrates your vagina or anus with fingers or hands — unless there are cuts, sores or scratches on your partner's hands. If there are, he or she should consider using latex gloves for barrier protection.

Sex toys

Penetrative sex toys like vibrators or dildos can spread a range of infections. To prevent this, always wash them or change the condom between users.

Negotiating sex

Of course, all of the above presumes that you and your partner (regular or casual) communicate well, respect each other's rights and safety during sex, and that your partner(s) is prepared to wear a condom. But it's not an ideal world. It can be difficult to convince some men to use condoms. If this is the case, you could consider seeking some kind of support or counselling. If you have a regular partner, he may be prepared to be part of this process. Family Planning clinics across Australia or a general practitioner (GP) you feel comfortable with, may be able to assist, or refer you to an appropriate service.

Menstruation and sex

Menstrual fluid does contain HIV, although there has been little research about the levels of virus present. Menstrual fluid is composed of blood, uterine tissue and other

substances, so having sex during your period could increase the risk of transmission. Consider using barrier protection such as condoms or dental dams to reduce the risk that your partner will be exposed to blood or menstrual fluid during sex. Some women use a diaphragm during menstruation, as it prevents the menstrual fluid entering the vagina during sex.

Menstrual irregularities

Menstrual irregularities are not uncommon in women, regardless of HIV status. If you experience menstrual irregularities, it is important to remember that HIV or HIV treatment may not always be to blame. Often, the problems are caused by hormonal changes that occur naturally in most women over time. They may also be due to conditions not related to HIV. However, HIV and antiviral drugs may have some effects on your menstrual cycle. Although the effect of HIV on female hormone function has not been extensively studied, it is thought that changes in the immune system could cause hormonal changes and lead to menstrual irregularities.

Menstrual problems sometimes experienced by positive women

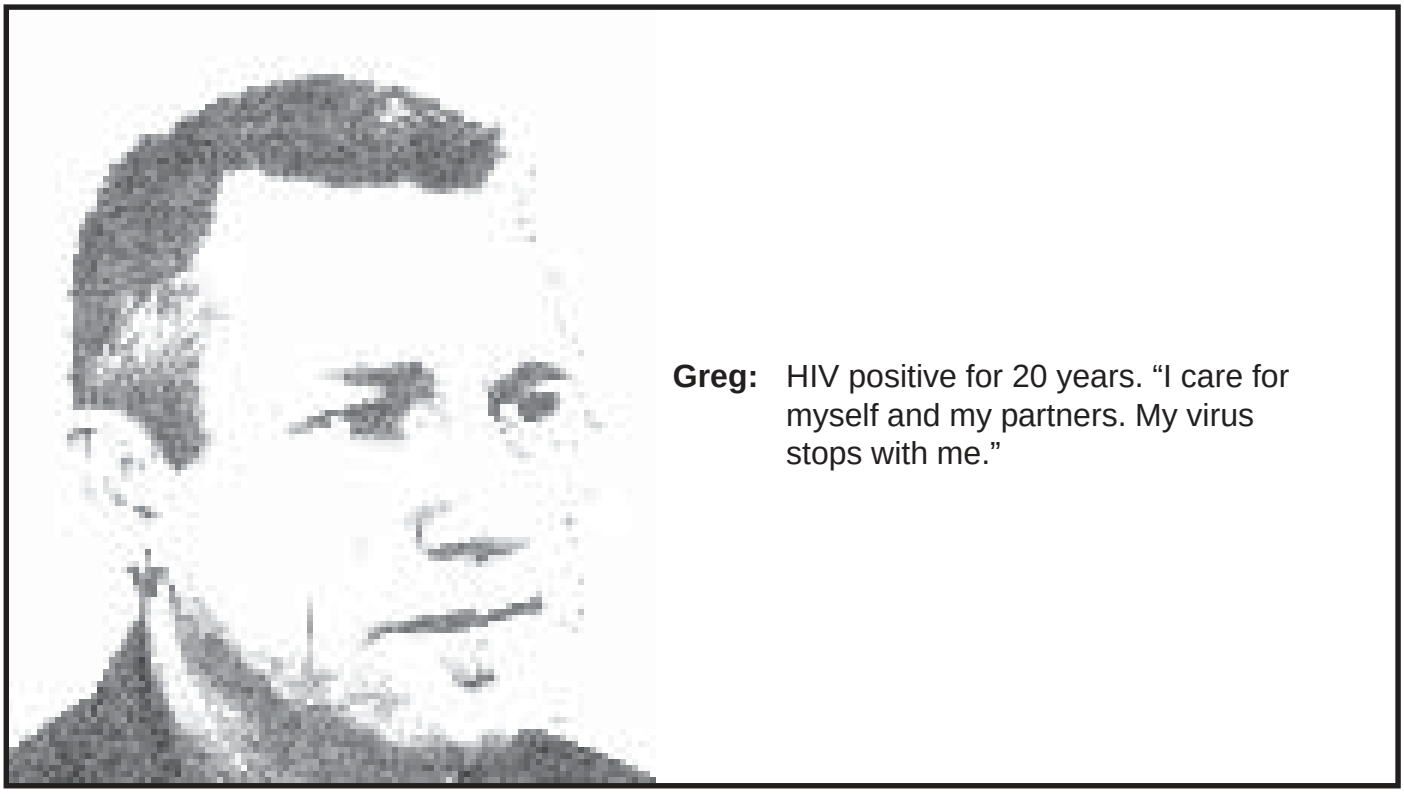
A number of menstrual problems are reported by some positive women. These can include:

- heavier than usual bleeding (called hypermenorrhea);
- lighter than usual bleeding (called oliogomenorrhea);
- periods which are more painful than usual (dysmenorrhea);
- a worsening of premenstrual symptoms;
- irregular or 'breakthrough' bleeding;
- no bleeding at all (amenorrhea).

Amenorrhea is common in women who have been diagnosed with a chronic illness, or who have had severe weight loss. Women with serious illness such as AIDS may experience amenorrhea. Women who miss their periods may have pelvic pain, swollen breasts or hot flushes. It is possible that there may be other causes (for example, if you do not have a period, you could be pregnant). It's important to report any changes in your menstrual cycle to your doctor or women's health specialist. Your health practitioner should take a full gynaecological history, a pelvic examination, and some blood tests may be necessary. Menstrual problems can affect your physical and psychological well-being, but they are usually readily diagnosed and treated.

Can menstrual problems be related to HIV treatment?

Many women report changes in their menstrual cycle when they start conventional drug treatments for HIV. Antiviral drugs including AZT, ddI, ddC and d4T have been known to cause menstrual problems in some women. However, little research has been done on the effects of treatment on a woman's menstrual cycle, and much of the information available is inconclusive. In other words, it may be difficult to know whether the problem is directly related to treatments, or has some other cause. New research has indicated that menstrual irregularities, in particular unusually heavy bleeding, may also be a side effect of some protease inhibitors, such as ritonavir. It is important to



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

do something about abnormally heavy bleeding, since it can lead to anaemia. Anaemia means that your blood cannot transport enough oxygen to the body’s tissues. It can be caused by an abnormally low level of red blood cells. Unusually or extremely heavy bleeding can deplete the numbers of these crucial cells. Anaemia can cause serious complications, especially for HIV positive women. If you experience excessively heavy menstrual periods, tell your doctor as soon as possible, get a full blood count taken, and have your iron levels checked as well.

Menstruation and pregnancy

If you are having irregular or problem periods, it may be difficult for you to become pregnant. If bleeding is occurring at irregular times it will be harder to monitor your menstrual cycle and to predict when ovulation (egg release) will occur. If you are trying to get pregnant check with your doctor that the irregularities you are having are normal, and will not interfere with a pregnancy❖

Treatments Update:

what's new, what's changed

Alan Strum
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Highlights of the 6th International Workshop on Clinical Pharmacology of HIV Therapy

Atazanavir blood levels
In some people atazanavir is not well absorbed or blood levels may be low due to drug interactions. A study testing the levels of atazanavir in the blood (therapeutic drug monitoring) has shown that changing the dose of atazanavir with ritonavir from 300mg/100mg to 400mg/200mg increased the lowest amount of drug in the blood (trough) by three fold. A 300mg/200mg change did not achieve any appreciable increases in atazanavir levels. [*Editor's note: This is important information for people on atazanavir who have had therapeutical drug monitoring done that showed their atazanavir levels were low. If your levels were low on the 300/100mg dose you may need to be on the 400/200mg dose (watch out for a drug interaction with tenofovir)*]❖

A study from Italy showed that lowest blood (trough) levels of atazanavir of <150ng, 150ng-850ng and >850ng were associated with undetectable viral load responses of 58%, 75% and 100%. These levels also correlated with bilirubin levels that can cause yellowing of the skin; 0%, 17% and 40% (> 2.5 mg/dL)❖

Atazanavir and reflux
People who experience heartburn or reflux are not always able to take atazanavir as proton pump inhibitor antacids have been shown to reduce the levels of the atazanavir in the blood. Bristol-Myers Squibb presented a study showing that an antacid treatment called famotidine (an H2 antagonist) can be taken with atazanavir when atazanavir is boosted with ritonavir (r). Famotidine reduced atazanavir (300/100r) levels by 18% (AUC). This difference was considered to be negligible. Atazanavir/r dosed at 400/100mg with famotidine resulted in similar levels of atazanavir as the standard 300/100mg dose without famotidine. No information was provided on the additional reduction in atazanavir levels if tenofovir was also to be used in the combination❖

T-20 without needles!
The new fusion/entry inhibitor called T-20 has to be injected twice a day and is associated with painful injection site reactions. A study was presented that investigated the use of the Biojector needle free gas powered injection gun. The study was done in 23 people who switched from regular injecting practices to the Biojector. Results showed that the same amount of T-20 got into the body and the injection site reactions were halved. Interestingly, people who had a detectable viral load experienced a decrease in their viral load with the Biojector. Roche has filed with the US Food and Drug Administration to seek approval for T-20 to be infused with Biojector. [*Editor's note: Biojector is the only gas injection gun that is large enough to inject the 1mL solution of T-20. The gun itself is quite big and is not easily portable. People will still need to learn injection techniques for times when the gun might not function properly. Also, Biojector is not a registered product for use in Australia. If Roche decides to move forward with this gun they will need to register the product in Australia before it can be distributed and this can take quite a while*]❖

Tenofovir drug interactions
Tenofovir + Fos-amprenavir
A study in 30 HIV negative volunteers has shown there does not appear to be a drug interaction between tenofovir and the protease inhibitor fos-amprenavir❖

Tenofovir + atazanavir
Bristol-Myers Squibb provided further information on the tenofovir and atazanavir drug interaction which has resulted in the need for boosting atazanavir with ritonavir (300/100mg) to make sure atazanavir levels are effective when taken with tenofovir (protease inhibitors work best when boosted with ritonavir). Separating the dose of tenofovir from atazanavir did not have any major benefits. The investigators looked at a higher dose of atazanavir/r at 400/100mg with tenofovir in an attempt to reach the same levels of atazanavir as the standard 300/100mg dose (when dosed without tenofovir). While atazanavir levels were

substantially increased at this dose results also showed that tenofovir levels were substantially increased resulting in the company advising that atazanavir/r should not be dosed at 400/100mg with tenofovir (tenofovir increased by 50% - AUC)❖

Tenofovir long half life might not be good for drug holidays
A study in a small number of people has shown that half life or the time it takes for half of the amount of tenofovir to leave the body could be as long as 7.5 days. Tenofovir could still be found inside cells for up to three weeks in 3 people who stopped the drug. This has major implications for people on tenofovir who wish to take a break from their drugs. The long half life might leave tenofovir prone to the development of resistant virus during a drug holiday❖

Drug differences in women
Ritonavir boosts saquinavir more in women
It is slowly becoming more recognised that women appear to be more affected by side-effects from anti-HIV drugs than men. One study looked at the levels of saquinavir (HGC) with ritonavir in 34 HIV positive people, six of whom were women. Results showed that the women generally had twice as much saquinavir in their blood (AUC) than men. Further research showed that women have fewer drug clearing mechanisms (P-gp and MRP1) on the surface of cells which leads to the idea that women absorb more drug across the gut and release less drug through the kidneys and liver which leads to higher drug levels and increased side-effects. However, a second study in HIV negative volunteers (14 women: 24 men) showed that there were no differences in the levels of saquinavir when not boosted with ritonavir leading investigators to think that the sex differences in drug levels may be due to differences in the boosting effect of ritonavir in men vs women❖

Age, menopause and efavirenz
A British study looking at efavirenz levels (troughs) in premenopausal (<40), perimenopausal (40-50) and postmenopausal (>50) women has shown that women who are over 50 have higher levels of efavirenz and may run a higher risk of toxicity from the drug. This has lead researchers to think that age and menopause may reduce the number of liver enzymes responsible for eliminating some drugs❖

Drug levels and Hepatitis
Kaletra
Drug levels with Kaletra were the same in 18 people with HIV and Hepatitis C who had normal liver function compared to 22 people who had HIV only❖

Fos-amprenavir
A study in a small number of people has shown that fos-amprenavir levels are similar between groups with or without hepatitis (C or B) but that the levels of fos-amprenavir were significantly higher in people who had reduced liver function with hepatitis (cirrhosis)❖

In the News

Capravirine development stopped
Pfizer has halted the development of its anti-HIV drug capravirine as results from an early phase study have shown that it is no more beneficial than other similar NNRTI drugs like nevirapine or efavirenz❖

Nuke sparing study
In France, 86 people were placed onto a double combination therapy of Kaletra and efavirenz to avoid treatment with nucleoside analogues like AZT. Kaletra was dosed as 4 pills twice a day instead of the regular 3 pills twice a day to make up for efavirenz reducing the levels of Kaletra in the blood. 69% of people achieved an undetectable viral load after 48 weeks which the researchers advised is comparable to standard treatment that normally includes two nucleotides (e.g AZT + 3TC) and a protease inhibitor. [*Editor's note: This pilot study is a good indicator that treatment without nukes will work but we need to see Kaletra + efavirenz versus Kaletra + 2 nukes to get a good idea of how well it really works*]❖

Lipid lowering drugs and efavirenz
A study investigating drug interactions between efavirenz and cholesterol-lowering drugs (statins) has been published in the *The Journal of Acquired Immune Deficiency Syndromes.* Drug levels were tested in 52 HIV negative volunteers taking efavirenz with 3 different statins. Results showed that blood levels (AUC) of simvastatin were reduced by 58%, atorvastatin was reduced by 43% and pravastatin was reduced by 40%. The researchers advised that clinicians should err on the side of caution when prescribing statins to people with HIV on antiviral drugs and start with low doses of statins and increase the dose until the desired effect of decreasing cholesterol is achieved without toxicity❖

Tipranavir approved in the USA
Tipranavir is a protease inhibitor that is effective against some forms of drug resistant HIV. This drug has now been approved for use in the USA. It will take 9 to 18 months before it is freely available in Australia. This drug is currently available from Boehringer Ingelheim on a limited Special Access Scheme to people who have a CD4 count of less than 150❖

Viral 'blips'
An 18 month study of 43 people in Europe taking the NNRTIs efavirenz or nevirapine has shown that viral 'blips' occurred in 8 people. Viral blips were described as a single increase in viral load above 50 copies that returned to undetectable levels. Investigators tested the group with an ultra-sensitive viral load test that showed people who had viral blips had a low detectable viral load of 7.5 copies. Viral blips were not associated with treatment failure but appeared to be associated with a lower CD4 count❖

Sexual Transmission of Hepatitis C
A study in France has identified 29 HIV positive men who appear to have become infected with Hepatitis C through sex. The investigators speculated that HIV and sexually transmissible infections may have facilitated the HCV transmission along with 'hard' sex such as unprotected anal sex and/or fisting that could involve bleeding. [*Editor's note: Sexual transmission of HCV is considered to be uncommon. However, it does appear to occur and has been diagnosed in Melbourne.*]❖

A PLWHA Victoria Representative will be at the PLC every Thursday from 12noon - 7pm

Max Niggl
Speakers Bureau
Suzy Malhotra
Community Development
Alan Strum
Treatments Information
Sonny Williams
Executive Officer

An Evening for Positive People & their Friends

Wednesday 14 September
From 7.00pm till late

Vibe Cafe and Bar
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Light catering provided

First drink free

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Planet Positive is a project of PLWHA Victoria

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Acknowledgement

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

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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.

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love, sex and the whole damn thing!

Join Vanessa Wagner for an in-depth look at having and building relationships for gay men living with HIV/AIDS

People with Living HIV/AIDS VIC

A free event brought to you by PLWHA Victoria.
For further information call Alan at PLWHA Victoria on 9865 6718.

Sunday 21 August, 1.00pm—5.00pm upstairs at
Vibe Café and Bar, 123 Smith Street, Fitzroy.

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