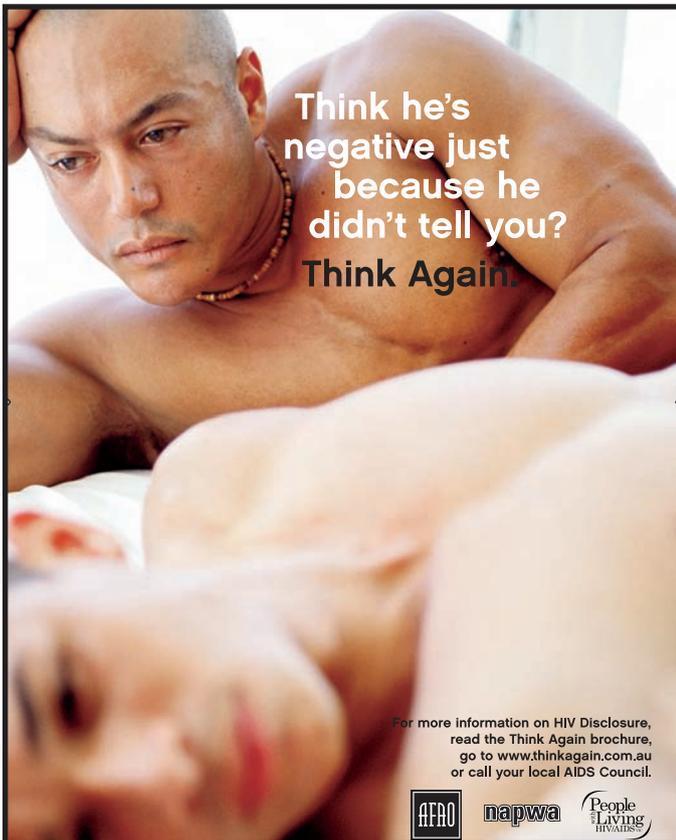


POSLINK

The Newsletter of People Living with HIV/AIDS Victoria Inc.



Issue 32: Dec — Feb 2007

Inside this issue:

Note from the President	2
Note from the Executive Officer	3
Note from the Speakers Bureau	4
What's Up, News and Information	1, 6-21
Good sex, good communication	
Basking in the summer sun!	
Hampers deliver Xmas cheer	
We weathered Midsumma!	
Developments in world access to essential medicines	
Community Letters	
Vanessa's Xmas Nosh	
Medicare expands to cover counselling	
Gambling and chronic pain	
Utmost dedication - Karen Lee	
Positive Women report	
Doubling in syphilis cause for concern	
Treatments & Health	22-26
Treatment focus: On when to start treatment	

Good sex, good communication

The *Think Again* campaign

By David Menadue

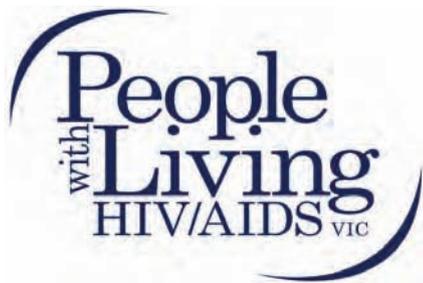
It has been said that the secret to good sex is good communication: knowing what your partner wants, what turns them on and vice-versa. Part of this process is learning about your partner and developing an attraction for him/her when you first meet, when a sexual spark is starting to happen....

What a pain then that we have to introduce a complication like HIV into the equation, at this time when the fun is just beginning. Since the mid-eighties gay men (in particular) have had to deal with the added burden of having to negotiate the kind of sex we have to reduce the risk of contracting this nasty virus, usually by the use of condoms. It is probably understandable that a lot of people don't want to actually talk about HIV status at this sensitive moment: for an HIV-positive

partner there can be a real fear of rejection (often based on at least one unpleasant prior experience) and for an HIV-negative partner, it may be that the whole process will be a lot less complicated if condoms are used, the sex happens and you get to talk later.

As a new campaign produced by the Australian Federation of AIDS Organisations (AFAO) and promoted by People Living with HIV/AIDS Victoria (PLWHA Victoria) locally shows¹, HIV disclosure often doesn't happen with casual partners. In recent surveys about 55% of HIV-negative gay men told none of their sexual partners their HIV status, 37% told some and 8% told all. About 25% of HIV positive partners told none, 50% told some and 20% told all². The concern behind the campaign is

Continued on page 6



President
Brett Hayhoe

Vice President
Tony White

Secretary
David Menadue

Treasurer
Stephen Eustace

Positive Women Rep
Kellie Kendrick

Straight Arrows Rep
Vacant

Board Directors
Greg Iverson
Tim Morrisby
Jeffrey Robertson
David Wain
Jon Willis

Executive Officer
Sonny Williams

**Speakers Bureau
Co-ordinator**
Max Niggel

**Community Development,
Education Officer & PosLink
Sub-Editor**
Suzy Malhotra

Administration Assistant
Vic Perri

**Treatments & Health Promotion
PosLink Editor**
Dr Eric Glare PhD

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

PosLink is sponsored by
unrestricted educational
grants from:

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

The Speakers Bureau is sponsored by
unrestricted educational grants from:

Abbott Virology
Merck Sharp & Dohme



Note from the President

Brett Hayhoe

Hello and welcome to my first report as President of PLWHA Victoria. I am truly honoured to have this position and thank the board for their faith in me to fulfil the role. The change of guard — at an election held at our December board meeting — has been brought about by David Menadue stepping aside for health reasons. At that meeting, Tony White was elected Vice-President, due to the relocation of Paul Baines to Queensland. David has taken on the role of Secretary, and Stephen Eustace remains Treasurer.

I take the position very seriously and hope that I serve you, the members, in a fashion befitting the honour bestowed upon me. I have been, as most of you would know, the Secretary of the organisation for several years and have served on the board for the past 5 to 6 years. I would also like to remind you that you are more than welcome to contact me anytime either through the office or to president@plwhavictoria.org.au

I do hope you had a very pleasant and uneventful festive season and hope that 2007 brings all that your heart desires. My year ended just perfectly as I assisted several other members deliver huge Christmas hampers to those PLWHA in Fairfield House, The Alfred Hospital, Horizon Place and Royal Melbourne.

The next twelve months is going to be a very busy time for PLWHA Victoria and one which I look forward to with anticipation and excitement. PLWHA Victoria is in the best financial and administrative position it has

been in for many years and through the hard work of Sonny Williams and his team, has once again gained the respect as being the peak advocacy body for people living with HIV/AIDS in Victoria. Together with Straight Arrows and Positive Women, I will work tirelessly to ensure and develop this position so that you can rest assured your organisation has your best interests at heart.

I am pleased that an advertising campaign has been adopted by PLWHA Victoria. Developed by the Australian Federation of AIDS Organisations (AFAO), *Think Again* is, in my opinion, one of the finer campaigns recently developed in this country. It is clean, to the point, non-discriminatory, and hopefully effective in spreading our message. I am aware that Brian Frewin at TenPlus, following a conversation we had at his nightclub, was so impressed by its message that he imported the posters from New South Wales — they will, of course, be replaced now by the ones with our branding. The messages were featured at Pride March and were the focus of our presence at Carnival.

Finally, I welcome aboard, as associate members, the positive men and women of Tasmania. Unfortunately our constitution states you must be a resident of Victoria to be a full member. We are looking at amending the constitution accordingly to accommodate our southern brothers and sisters.

Until next time, stay safe, healthy and happy.

Note from the Executive Officer

Sonny Williams



We apologise for the delay of this issue of PosLink. Unfortunately factors beyond our control sometimes come into play.

In review of the past few months, PLWHA Victoria participated in World AIDS Awareness Week 2006 with a launch at Parliament House as well as a collaboration with the Positive Living Centre's World AIDS Day 2006 event. Over the Christmas period, PLWHA Victoria distributed its annual hampers to members who had to spend the festive season in care. On behalf of the organisation, a huge thank you not just to the volunteers who assist in assembling and distributing the hampers, but also to the various businesses and organisations who generously donate the goods involved.

PLWHA Victoria commenced 2007 with the *Think Again* campaign on disclosure of HIV status. From banners on Gaydar to full page press advertising, the campaign sits on the PLWHA Victoria website and also has links to www.thinkagain.com.au. This is a collaborative project between the Australian Federation of AIDS Councils (AFAO) and the National Association of People with HIV/AIDS (NAPWA), with PLWHA Victoria co-badging the campaign. We continued the theme for Midsumma Pride March with a series of posters and then carried it through to Midsumma Carnival in February. Sitting alongside this campaign are two related information brochures which have been distributed to organisations and venues across Melbourne. For Carnival, we also produced hand held fans with the *Think Again* message and distributed over 1200 of them. Posters and brochures are currently available for distribution to venues.

Apart from the *Think Again* campaign, PLWHA Victoria has also run a series of advertisements in press on *Crystal use* in partnership with VAC/GMHC, VIVAIDS and Turning Point.

As most members know, PLWHA Victoria runs an Emergency and Distress Fund which relies solely on donations. As is the case with most organisations that rely heavily on donations, there is little consistency on contributions and at times funds run short. As I write this I have to advise that the Emergency and Distress Fund has been suspended due to lack of funding. PLWHA

Victoria is exploring avenues to raise the required money. While the fund is suspended it is also timely to review the process for application. The Emergency and Distress Fund will now be restructured with the inclusion of the Michael Masters Fund and as a result will include revised terms and conditions for accessing the fund. The Emergency and Distress Fund provides a one off per year amount of \$50.00 to members as described below.

PLWHA Victoria Michael Masters Emergency and Distress Fund Mission Statement

- To provide services and relief from suffering, alleviate poverty, distress and financial hardship, for People Living with HIV / AIDS in Victoria.
- The disbursement of funds, food or credit vouchers to members who face immediate financial hardship and distress.
- PLWHA Victoria relies solely upon donations to auspice the fund.

Fund Administration Policy Statement

- Funds are for financial emergencies and financial distress only
- Applications should generally be made to the David Williams Fund administered by VAC/GMHC prior to requesting assistance from the PLWHA Victoria fund
- Applicants must be a member of PLWHA Victoria
- The maximum amount per member per year is \$50.00
- All funds provided require completion of an application form
- Accounts, bills, and / or quotations should be provided
- Health Care pension card must be provided
- Dispersal of funds shall be at the discretion of PLWHA Victoria's designated staff member

Continued on page 8



Note from the Speakers Bureau Coordinator

Max Nigg

Speakers Bureau Sponsorship

Sponsorship of the Bureau has been an integral part of the success of the Bureau for the past five years. We have successfully re-negotiated additional sponsorship for the period of 2006–2007 from Abbott Australia and Merck Sharp and Dohme. Our thanks go to David Mitchell from Abbott and Murray Altham from Merck for facilitating the sponsorship.

Merck's sponsorship is for speaking engagements to NGOs who are unable to afford the cost of a speaker and for a new promotional resource partnership. Abbott's sponsorship (for the sixth year) is for speaking engagements to financially disadvantaged schools. Without the sponsorship by Merck and Abbott, the amount of talks would be severely reduced as would the ability of the speakers to have regular speaking engagements. Public and private funding for the Speakers Bureau continues to prove a successful model.

DHS HIV Community Grants — Media Training Project

The Speakers Bureau was successful in the 2006-2007 round of the Department of Human Services HIV Community Grants. The funding was for the delivery of two workshops on media training and effective communication.

Jo Pearson from Media Strategies was contracted to deliver the workshops in October and November in preparation for World AIDS Awareness Week. 12 PLWHA speakers and Board members participated in the workshops held at the SBS radio studios at Federation Square. The studio environment allowed speakers to experience "live radio" interview techniques. Mock television style interviews were videoed and speakers received DVDs of their interviews. Evaluation from the participants was very good with people finding the training both confronting and highly informative.

Speakers Bureau talks in 2006

In 2006, the Bureau delivered 110 talks to an audience of 3604 people. Total talks were down slightly on last year, however, audience numbers were virtually the same. The World AIDS Day speaker engagements on the Channel 10 Morning Show and on JOY Melbourne

allowed access to large viewing and listening audiences.

World AIDS Day 2006 — Launched at the Victorian Parliament

For the second consecutive year PLWHA Victoria was able to launch World AIDS Day at the Parliament of Victoria. The Member for Prahran, Tony Lupton assisted in the launch despite the fact that the new Government was being sworn in by the Governor that morning.

Dr Jon Willis and Deanna Blegg spoke at the launch and their speeches were very well received. The Melbourne Star interviewed our speakers and provided front page coverage.

Jeffrey Robertson and Michelle Wesley spoke at the Burnet Institute's World AIDS Day Concert 2006 at Federation Square and were interviewed live by JOY Melbourne who was broadcasting the concert. Channel 10's Morning Show interviewed Professor Steve Wesselingh, Director of the Burnet Institute and our speaker, Michelle Wesley.

Glenn Filbin and Stephanie Christian were interviewed on JOY Melbourne during the VAC/GMHC Well, Well, Well show for World AIDS Day. Other speakers spoke at The



Deanna Blegg speaks at the World AIDS Day 2006 launch at the Victorian Parliament

Note from the Speakers Bureau Coordinator, continued

Alfred and Royal Melbourne Hospitals, the Department of Human Services Public Health Group, The Living Room, The Adolescent Forensic Health Service and the Royal District Nursing Service.

Speakers Bureau website update

Considerable changes have been made on the PLWHA Victoria's website with the Speakers Bureau section totally revised and enhanced. Up-to-date quotes from schools and organisations that have utilised our speakers have been included and a speakers' autobiographical section has been added to encourage a permanent record of our speakers' stories. We thank Brett Hayhoe for his knowledge and support in updating the site.

To view the Speakers Bureau section, go to www.plwhavictoria.org.au and select the Speakers Bureau tab.

Workshop on HIV and Working Overseas

Max was invited by NAPWA to present at the workshop run by University of Queensland at Melbourne University in February. The presentation was on the principles of the Greater Involvement of People With or Affected by

HIV/AIDS (GIPA) and allowed the workshop participants to develop a greater understanding of the GIPA principles and how they should be applied at all levels of the HIV/AIDS sectors. If you would like to receive a copy of the principles please contact the office or download from the web on www.unaids.org or from www.apnplus.org.au

For further information on the Speakers Bureau or to book a speaker, telephone Max Niggel on 9865 6771 or email speakersbureau@plwhavictoria.org.au

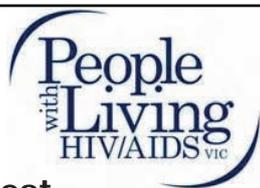


Proud sponsors of community development and speaking engagements to schools



Proud sponsors of community development and speaking engagements to non-government organisations.

Speakers Bureau Reference Group



Expressions of Interest

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 Reference Group is a volunteer based non-executive committee that provides strategic direction and does not entail day-to-day management of the Bureau. The Reference Group assists in promoting the participation of PLWHA in the Bureau and enabling 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.

Expressions of interest are sought from people to become members of the advisory group. All applicants must address the key selection criteria to have their application assessed.

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



Dr Jon Willis delivers his World AIDS Day speech in the Victorian Parliament

What's Up: News and Information

Good sex, good communication, continued

from page 1

that when people chose not to disclose their HIV status, people will sometimes make false assumptions about whether they are positive or negative.

The campaign asks people to, "Think again if you think that positive gay men will always tell their status". Research has shown that some HIV-negative men believe that it is legally incumbent on HIV-positive men to disclose their status. In fact this is only true in one state in Australia, in New South Wales where sex partners who are HIV-positive are supposed to disclose their status by law. In other states HIV-positive people do not have to disclose their status if they are having safe sex. There can also be an assumption here by HIV-negative men that "it is morally or ethically" the right thing for an HIV-positive man to do, to tell all sexual partners their status. While some positive people do take this stance, we only have to look at the high levels of rejection experienced by HIV-positive people when they do disclose up front, to know that this is not an easy thing to do³.

It also asks people to "Think again if they think that HIV-negative men will always tell their status". This message is particularly aimed at HIV-positive men who can make assumptions that they are chatting up another pos guy based on the lack of a disclosure of negative status, and all sorts of other rationalisations that might be going through their heads at the time: "he's got slightly sunken cheeks, maybe he is on treatments, too" or "he seems to really understand where I'm at mentally, he must be positive too", for instance. When good communication doesn't happen around HIV status, albeit for understandable reasons, some dreadful assumptions can be made and in the heat of the moment later in bed, unprotected sex happens and big mistakes are made.

You only have to spend an evening trawling through the Internet's gay chat rooms to see the potential for big communication blunders to happen in understandings around HIV status, everywhere you look. In popular site www.gaydar.com, the column for safe sex practices has always had me scratching my head, particularly when I explore what other punters think their choices say about them. People who indicate they have "safe sex

sometimes" are not always HIV-positive men who are looking for other HIV-positive partners. They are just as likely (if not more likely) to be HIV-negative men who want to have unprotected sex with other negative guys and use this as their vehicle to get the message across. On sites where HIV status details can be openly listed, you only have to ask when some of these guys had their last HIV test to know that their statement is not a rock solid guarantee—particularly when they are openly looking for unprotected sex with other supposed HIV-negatives.

It is a blunt fact of life that very few people are going to tell you much about their lives before you end up in bed with them, particularly if you're the kind of guy that sleeps with another guy on your first date. If this doesn't include details about HIV status, then I hope – whether you are HIV-negative or positive – that you will not have embarked on the experience with blinkers on, blind to the possibility that your partner could be of a different status (regardless of the way he looks) and have made some bad choices around safe sex based on your assumptions about that. For HIV-positive men who don't disclose on their first sexual encounter, one thing that some of us really fear is that an HIV-negative partner will take us to task for our lack of disclosure, arguing that we have acted dishonestly or unethically. This is a particular concern when we might have wanted to develop something more permanent with that partner. PLWHA Victoria hopes that this campaign will help people to understand why HIV disclosure is not always going to happen first thing, up front and to factor that into their sex lives accordingly.

Sources:

- 1 www.thinkagain.com.au
- 2 Gay Community Periodic Survey, Melbourne 2004, National Centre in HIV Social Research
- 3 Male Out Survey, 2000, National Centre in HIV Social Research



napwa



He didn't tell
me he was HIV.
He must
be negative.

He didn't ask
for a condom.
He must
be positive.

Is he thinking what I'm thinking?

HIV transmissions are happening because gay men are making different assumptions about each other. Assumptions about whether he is positive or negative. Assumptions about whether he'd tell if he was positive.

This campaign is not about what should or shouldn't happen. It is asking you to think about what is actually happening - because when it comes to HIV, it is often the case that he is not thinking what you are thinking.

**For more information read the "Is he thinking what I'm thinking" brochure,
go to www.thinkagain.com.au or call your local AIDS Council.**

What's Up: News and Information

Note from the Executive Officer, continued

from page 3

Accessing the Michael Masters Fund

- Funds will be disbursed twice a year, subject to availability, at the end of the both the financial and calendar years
- Proceeds can be used to purchase goods and / or services for PLWHA in financial hardship
- Applicants must be a resident of Victoria, hold a Health Care card and be able to show financial hardship
- Applications are to be made in writing to PLWHA Victoria or emailed to mmf@plwhavictoria.org.au

- All applications will be considered on a case by case basis with the final decision and relevant disbursements administered by a selection panel
- All decisions are final and no correspondence will be entered into

Funds raised will be dedicated to either the Michael Masters Fund or the Emergency and Distress fund as decided by the donor. If no dedication is made, PLWHA Victoria will allocate the funds as it deems appropriate.

Genesis

A workshop for gay men who have been diagnosed with HIV in the last 2 years

- Living with HIV
- Treatments
- Sexual health
- HIV services

Expressions of interest invited for a workshop later in the year

For further information contact PLWHA Victoria on 03 9865 6772



DEPRESSION

A six week group program for people who want to reduce the effects of depression on their lives

Where: St Kilda Community Health Centre

When: Commences Thursday 5th April

Time: From 12.30 p.m. to 3.00 p.m.

STANDING UP TO

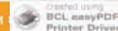
If you would like further information telephone:

Heather Barr on 9534 0981.

Referrals can be taken by the Information & Referral Worker on 9534 0981



A HEALTHY & INCLUSIVE COMMUNITY



What's Up: News and Information

We weathered Midsumma!

Once again, PLWHA Victoria's staff, members and volunteers donned their hats and sunscreen for this year's Midsumma Festival which kicked off with Pride March at the end of January and culminated in a gloriously sunny finale at Carnival Day in the Treasury Gardens.

The unexpected cold snap at Pride brought the number of marchers down significantly, but despite the pouring rain and biting wind, a troupe of 40 dedicated volunteers and members walked down Fitzroy Street to the supportive cheers of over 10,000 spectators. Pride also saw the launch of our 'Think Again' campaign, with banners and safe sex packs depicting images and messages around disclosure, attitudes and expectations towards people living with HIV/AIDS.

Our presence at Carnival continues to grow and this year we attracted a huge crowd to our stall in the newly designated Community Space at the Treasury Gardens. The café style stall provided a welcoming and safe space



for many of our members who just wished to get away from the heat, take a breather or catch up with friends; other revellers dropped by to chat and gather information and resources. The 'Think Again' hand held fans were a runaway success and over 1200 were distributed to cool the hot brows of punters.

Thank you to everyone who joined us for the festivities and helped make the festival another great success. See you again next year!



What's Up: News and Information

Basking in the summer sun! Planet Positive

The great hot weather last month saw Planet Positive move to a new outdoor setting at the Yorkshire Stingo Hotel in Abbotsford. In a departure from the usual mid-week evening, over 50 members and their friends basked in the Saturday afternoon sunshine in the Yorkshire Stingo beer garden. The change of venue was a great success with many who attended appreciating the opportunity for some fresh air, open space and a sumptuous barbecue. Many thanks to the great team at Yorkshire Stingo who put on a fantastic spread and donated some great prizes to the prize draw. For those who missed the opportunity to come along to this event, we'll be taking over the same venue again for the next Planet Positive on (a hopefully sunny!) Saturday 7 April from 2 pm.



Pat Garner, David Menadue, Suzy Malhotra and Vic Perri enjoying the outdoors at Planet Positive. Photo courtesy of Q Magazine.

Hampers deliver Xmas cheer

On Christmas Day 2006, staff and volunteers from PLWHA Victoria delivered Christmas hampers to 26 people living with HIV/AIDS spending Christmas in hospital, including Fairfield House, 7 West at The Alfred, the Royal Melbourne and Horizon Place. The hampers were filled with scrumptious gifts and goodies donated by generous organisations and individuals.



Christmas can be a difficult time because of the expectation people will spend it with friends and family, so the hampers are a welcome reminder that our community still cares about people living with HIV/AIDS. We gratefully acknowledge donations from Peter Alexander, Holden, Honda, Daimler Chrysler, Ford, the ALSO Foundation, SHE Australia, VAC/GMHC, Colin Billing, David McCarthy, BeedeeBags, Globe Clothing, Louise Naughton-Smith, Margaret Clews, Oggs Pharmacy, Paul Bangay, Richard Novak, Daniel Brooks, Bill Gianoulis and MCV.

Another huge thank you to our ever caring and reliable volunteers Anna Georgiou, Pat Garner, Julian Torres, David Menadue, Stephen Eustace, Brett Hayhoe, Tony White and Sarah Garner.

Santa's little helpers

What's Up: News and Information



Catholic AIDS Ministry

Catholic AIDS Ministry offers you the opportunity to:

“Come Away & Rest Awhile”

On Good Friday 6 April
in East Melbourne
Hot cross buns from 1 pm to 4 pm
Taize Prayer at 4 pm

Annual Retreat

At Holy Cross Monastery, Templestowe
From 7 pm Friday 11 May
Until Sunday 13 May after breakfast
Waged \$50 each, unwaged \$25 each

For further information & bookings
contact Marg Hayes on 03 9417 7829 or
by email at viccam@melbourne.catholic.org.au

Camp Seaside

Are you HIV positive and have children?

Do you need a break?

Then this is the camp for you!

The aim of the Camp is to provide respite to parents living with HIV/AIDS in a safe environment where issues affecting people living with HIV can be discussed amongst peers. The Camp provides the opportunity for parents to network, support each other and rest, whilst the children are supervised by volunteers and have organised activities all weekend. The Camp is a safe environment for children just to be children.

27 — 29 April

Lord Somers Camp, Shoreham

For bookings and information contact
Straight Arrows on 03 9076 3792 or by
email at info@straightarrows.org.au

Free Wills

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

For further information, please call us on 03 9865 6772, and we will arrange for De to get in touch with you.

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

What's Up: News and Information

Developments in world access to essential medicines

By Daniel Reeders

Since the New Year there has been a flurry of activity in the global debate over third-world access to essential medicines.

The Government of Thailand announced it has issued compulsory licenses allowing local manufacturers to produce generic versions of lopinavir/ritonavir (Kaletra) and the anti-clotting drug clopidogrel (Plavix). The licenses override the patent rights of the drugs' original producers.

Minister for Public Health, Mongkol na Songkhla, said the lower cost of generic versions justified the decision. Under the World Trade Organisation's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), developing nations are permitted to issue compulsory licenses for medications required in a public health emergency.

In the past, nations making use of this provision have come under sustained attack, with the United States pursuing trade sanctions against Brazil, and a coalition of pharmaceutical companies attempting to sue South Africa in its own courts. Following intense pressure from civil society groups, that case was withdrawn.

The Doha Declaration, announced in 2001 during a round of trade negotiations hosted at Doha, Qatar, confirmed the right of developing nations to make use of the public health emergency provision of the agreement. Further declarations were necessary to clarify the right of each nation to make its own decision about what constitutes a national health emergency and for developing nations to import generic medications from other countries.

HIV/AIDS is universally recognised as a public health emergency in the developing world, but Thailand's decision to license generic production of a medication for heart disease may re-open debate about what constitutes an emergency. Heart disease is a recognised side-effect of some HIV treatments, but clopidogrel is primarily prescribed after heart attack or stroke.

The decision may be a high-stakes opening gambit in an attempt by the Thai government to negotiate lower

import prices for a wide range of drugs. However, there is concern the move may provoke legal action to challenge the license with the aim of setting a precedent that narrows the definition of a public health emergency.

Hearings commenced this week in the Madras High Court in India, in a case between Novartis and the Chennai Patent Controller. The local government had earlier declined a patent for the Novartis anti-leukaemia drug imatinib (Glivec) on the basis that it was simply a reformulation of a drug patented before 1995.

That was the year when the TRIPS agreement kicked in, requiring WTO members like India to grant patents to new chemicals including drugs. Before that time, India did not grant patents to drugs or agricultural chemicals.

Novartis says the case "is solely about safeguarding intellectual property. This is not about patient access. In India, 99% of patients who receive Glivec (imatinib) receive it free from Novartis"¹.

In response, the aid agency Oxfam notes the case targets a specific provision of the new Indian patent regime that prohibits 'evergreening'². Evergreening is a practice where drug companies seek new patents for incremental innovations in the formulation of an existing drug. The new patents effectively 'restart the clock' on patent coverage for the existing drug.

The practice may provide an incentive for original manufacturers to research new ways to reduce side-effects and improve bio-availability – a key concern for treatment adherence and quality of life in PLWHA.

Critics of the practice argue it has been used in Australia to delay the onset of price competition from generic manufacturers when the original patent expires³. However, the consequences if the court in India allows evergreening are more wide-ranging.

According to Oxfam, "more than half the medicines now being used for AIDS treatment in developing countries come from India"². Four of the five companies which supply generic first-line antiretroviral drugs under a pricing agreement negotiated by the Clinton HIV/AIDS Initiative are based in India⁴.

What's Up: News and Information

Developments in world access to essential medicines, continued

Using the evergreening approach in question, Abbott Laboratories has applied to the Indian government for a patent on lopinavir/ritonavir (Kaletra), a lynchpin drug in boosted second-line combinations.

While treatment programmes in the developing world came nowhere near the UNAIDS objective of 3m people on treatments by 2005, there still remains a sizeable population of people moving from first-line to second-line treatments. Even with differential pricing, the cost of these second-line combinations represents a major challenge to governments and NGO providers of antiretroviral treatments in developing nations.

Sources:

- 1 <http://www.novartis.com/about-novartis/corporate-citizenship/india-glivec-patent-case/index.shtml> (accessed Sun 4 Feb 2007)
- 2 http://www.oxfam.org.uk/applications/blogs/pressoffice/2007/01/novartis_lawsuit_threatens_acc.html (accessed Sun 4 Feb 2007)
- 3 http://www.msf.org.au/docs/reports/us_aust_fta.pdf (accessed Sun 4 Feb 2007)
- 4 <http://www.clintonfoundation.org/cf-pgm-hs-ai-work2.htm> (accessed Sun 4 Feb 2007)

Community Letters

You can write to PosLink to share information or voice your opinion or concerns on issues that affect the HIV community. Post to PosLink, 6 Claremont St, South Yarra, 3141 or email to poslink@plwhavictoria.org.au

Thanks Café 151

Café 151 on Monday 18 December 2006, Commercial Road, South Yarra – You couldn't ask for a better place to have a Christmas get-together.

Approximately 40 people attended the first of many events to be held there – the PLWHA Victoria annual Christmas end of year function. The host was Kye Poirrier assisted by his partner Edmond, the cutest barman Beau, three extras, John, Joe and Dean, executive chef Alex and Chris, and if I missed anyone out I should be shot. The entire staff slaved from 6 pm through until midnight.

There could not be a better place to hold any form of function. Thank you guys from my heart and the heart of all who attended. Another word of even bigger thank you goes to all the staff of Café 151 for all of their time and unpaid effort. They all worked for nothing by donating their wages of the evening to the Michael Masters Fund. Such a glorious effort. Thank you once again Café 151.

Bruce Johnstone

Vanessa's Xmas Nosh

On December 3, the annual *Vanessa's Xmas Nosh* was held at Vibe Café on Smith Street. David Menadue and host Vanessa Wagner led a quiz on STIs that covered topics such as how STIs can go undetected in people with HIV and the increased risk of transmitting or acquiring HIV in the presence of an untreated STI.

The Treatments and Health Promotion Officer gave a presentation on *What's hot and what's not in treatments*. After some discussion on recent beneficial changes to Medicare and improvements in the predicted life expectancy of PLWHA, the talk focused on hot areas of HIV research. The antiretrovirals known as 'd' drugs – stavudine (d4T, Zerit) and didanosine (ddI, Videx EC) – are being phased out in preference to newer agents with less side-effects. Recent success in clinical trials has led to the availability of three new drugs on Special Access Schemes for those people who have no other options – MK-0158, etravirine (TMC125; a NNRTI) and the protease inhibitor, darunavir. MK-0158 is an integrase inhibitor and represents a new class of drug that blocks the integration of the HIV genes into human DNA, an event preceding the manufacture of virus particles within infected cells. All 3 drugs need to complete phase III clinical trials before applying for complete approval from the TGA.



What's Up: News and Information

Gambling and Chronic Pain

By Kathy Griffin

Working with people who experience gambling problems Gambler's Help counsellors have noticed that there is a clear link between gambling and a person's experience of chronic pain. It is not unusual when gaining information from a person during the first conversation to learn that they may be recovering from a serious life threatening illness, or may have been involved in a serious motor car or bike accident or have been injured in the work place. In some cases individuals have to deal with feelings associated with facing their own mortality.

Poker machines venues in particular offer a safe, comfortable place for people to go alone. Staff are friendly and attentive and the lights and bells of the machines offer enough distraction that a person may receive a temporary break from the pain they experience every day. Some people describe this distraction as a feeling of zoning out. They say that when they enter the venue it

is like walking into another world where all their worries and problems cease to exist.

Although zoning out from worries and pain for an hour or two whilst at the venue is a relief, eventually when they leave the venue, the reality of the time and money spent gambling becomes obvious to them. Time spent gambling takes away from quality time spent with partners, families, children and friends and has a negative impact on these valuable relationships. Loss of money from regular gambling also means that individuals and families are often not able to purchase food and pay bills on a regular basis. Regular expenses like weekly medication are not met so that pain levels increase, the need to gamble arises to dull the pain and thus the cycle of gambling continues.

Living with chronic pain can often lead to feelings of depression, frustration or feelings of helplessness. It



Are you affected by *Welfare to Work*?

Tell your story and make a difference

Are you having problems with Centrelink or with an agency that is helping you to look for work or to get ready to look for work?

Have you been affected by the Federal Government's recent changes, called *Welfare to Work*?

Are you a person with a disability?

If so, the Australian Federation of Disability Organisations would love to hear from you.

We are collecting stories from people with disability about their experiences dealing with Centrelink and other agencies. We will use the stories to help the Government and the media to understand the impact of *Welfare to Work*.

You can find forms to help you to tell us your story on our website: www.afdo.org.au/node/80, or you can call us on

03 9662 3324 and we can post them to you.

If you would like to talk to someone about your story, or you need help to tell it, call us on 03 9662 3324. If you live outside Melbourne we will call you back.

We gratefully acknowledge support from the Reichstein Foundation for this project

What's Up: News and Information

Gambling and Chronic Pain, continued

can lead to anger and moodiness. If regular gambling is becoming a way of coping with or is an escape from chronic pain, then help is most likely needed to break this pattern. Assistance from health professionals may be necessary to learn strategies in dealing with chronic pain. Strategies may include regulating activity to prevent over tiredness, learning relaxation and distraction techniques or learning positive thought processes so that negative thoughts don't take over. Appropriate exercise is also important as inactivity leads to weakness, fatigue and sleeplessness¹. Gambler's Help counsellors teach many of these strategies. They can also work in conjunction with other health professionals to ensure the best possible outcomes.

Gambler's Help counsellors offer specialised information about gambling such as poker machine facts, how to get back on track and stay there. Managing depression, shame and guilt are also covered. Counsellors also work with people to improve feelings of self worth, teach assertiveness and to recognise and manage the impact of gambling on relationships. Gambler's Help counsellors help people to recognise the change process and create new direction for a brighter future.

If you identify with something in this article, gambling may be having a negative impact on your life. Call Gambler's Help for the service nearest to you on 1800 156 789

This article was written by Kathy Griffin a Counsellor/Community Educator from Gambler's Help, Relationships Australia Ballarat. Gambler's Help Grampians is one of the 16 regions in the State of Victoria providing assistance to people, their family and friends with concerns about gambling. One of the Grampians Gambler's Help services is located in the rural city of Ballarat and is auspiced by Relationships Australia.

We have a professional team of qualified staff who provide individual, couple and group counselling to those affected by their own or someone else's gambling behaviour. Access to the 1800 telephone counselling service is also available for those who find it difficult to get to counselling sessions for various reasons.

1 www.health.nsw.gov.au

THINK OF WHAT YOU'RE **REALLY** GAMBLING WITH

GAMBLER'S HELP™ 1800 156 789

www.problemgambling.vic.gov.au 24 HOURS 7 DAYS Free & Confidential

FIRST STEP
SELF HELP FOR GAMBLING ISSUES
www.problemgambling.vic.gov.au/firststep

Psychosocial Perspectives of HIV/AIDS Emerging Themes



A two-day workshop exploring psychosocial health for people living with HIV/AIDS including the latest research, models of care and clinical challenges. Suitable for health professionals and community workers.

Monday May 14th & Tuesday May 15th

Venue: Royal Australasian College of Surgeons, Corner Spring & Nicholson Streets Melbourne

We are seeking presentations for concurrent sessions.
Abstracts close on March 22nd 2007
Registrations close on April 30th 2007.

Fee: \$150.00

To find out more visit the ERC website www.hivhepsti.info
or telephone (03) 9076 2637



•hiv•hepatitis•sti•
education+resourcecentre
www.hivhepsti.info

What's Up: News and Information

Medicare expands to cover counselling

New Medicare services introduced on 1 November 2006 will provide better and more affordable mental health care. Costing \$538 million over five years, the new Medicare items promote a team approach to mental health care where GPs are encouraged to work with psychiatrists, clinical psychologists, social workers and other allied mental health professionals to increase the availability of care.

Under the changes GPs can charge Medicare for the time required in establishing and maintain a GP Mental Health Care Plan with their patients. Within the GP Mental Health Care Plan, GPs refer their patient to a range of mental health professionals but continue to provide support and management of the patient. Unless the service is provided by a psychiatrist, the Medicare rebate is restricted to 12 counselling sessions per calendar year, with an extra six sessions available on re-referral from the GP "under exceptional circumstances". Patients are also eligible to claim for 12 group psychotherapy sessions per year under the scheme.

The new Medicare arrangements mean that counselling for a mental disorder can be refunded or bulk-billed when services are provided by clinical psychologists or other qualified allied mental health professionals. This service is in addition to that already available from medically-trained psychiatrists. New Medicare items have also been introduced that encourage psychiatrists to take on new patients and to work more closely with GPs in the management of their patients. The plan also allows GPs to conduct counselling sessions although it is not mandatory that they have appropriate training.

There are several advantages of this system in that other healthcare needs can more easily be taken into consideration within the counselling such as HIV medications and their side-effects. It makes it easier for counselling to be an integral part of a person's healthcare. GPs may be more effective at matching a patient's needs with counsellor expertise and should be able to respond quickly when the counselling does not work for the patient.

The overall result of the Medicare changes is that everyone that needs to access counselling should be able to do so at minimal expense for at least 12 sessions per

year. The amount of out-of-pocket expenses that people will need to pay will depend on whether the psychologist or allied mental health professional bulk bills or sets their own fee above the Medicare schedule fee. It is likely that many providers will charge above the scheduled fee and so people should discuss the cost with their GP at the time of referral.

Further initiatives are expected to be introduced this year that include funding for mental health nurses and increased services in rural and remote areas.

Sources:

www.health.gov.au

Australian Psychology Society Fact Sheet, available at www.psychology.org.au/members/Medicare/6.18_7.asp

Crystal research

Interested in telling us about crystal meth use in Melbourne?

Turning Point Alcohol and Drug Centre researchers are conducting a brief research project on the crystal meth/ice situation in Melbourne.

The study involves completing a confidential and anonymous online survey. The survey normally takes about eight minutes.

For more information, go to www.turningpoint.org.au

And click on this logo:

Crystal Meth

Utmost Dedication — Karen Lee

By Michelle Tobin, Positive Women

Many of us were saddened, by the sudden loss of a close and dear friend, Karen Lee. Karen was a courageous woman who lived for her children Janine and Trevor and her five precious grandchildren. Karen's life changed dramatically 25 years ago in NSW when she was diagnosed HIV positive. As the years passed Karen became quite active within the world of HIV. As Janine said recently, "Mum lived and breathed HIV". She travelled the countryside as well as overseas, learning and educating others about HIV and AIDS. Karen inspired many of us to follow in her footsteps of advocating and speaking out about living with HIV.

I first met Karen, Trevor, Janine and little Katie at Camp Seaside in Balnarring a few years ago. This is a camp for HIV positive families ran by Straight Arrows. It was at this camp that many of us women were introduced to hope — Karen was our hope that we too could live a

long and healthy life with HIV. As a friend said to me recently, Karen stood up amongst all the families and told her story of being HIV positive, a single mum with two growing teenagers and that she had been living with HIV for 17 years. My friend said, "I have hope — there is hope I too can live for years. And I will be able to watch my kids grow." The strength and courage in Karen I see in Janine and Trevor and that has been shared with many of our children and we thank you.

It was only in early August that many of us last saw Karen and that was at our play "In the Family". Karen's story is told by Anne Phelan and it was on the last show that Karen arrived with her driver Joy. Karen was beaming. Anne had been telling Karen's story for a number of years now and she was about to meet the actress for the very first time. Karen was extremely happy within herself — she spoke of having her memoirs turned in to book, a best seller perhaps. Karen also spoke of her passion to be active in the community again, speaking out at schools and educating others. She recently undertook Peer Support Training with Positive Women and touched many of the women's hearts.

Karen will be missed within our community but her legacy will live on through her children and all of us. Karen, your inspiration, your strength, your quirkiness, your courage and your smile, we will remember. Also your love for hot pink, and your knee high boots.

Thank you for being our friend.





PositiveWomen

Supporting Women Living with HIV/AIDS

Hello All!

To introduce myself, I am Kellie, the new Community Development Worker (CDW) at Positive Women Victoria. I commenced in October 2006 and bring a background in local government policy, advocacy, community education and project management. I have been a member of Positive Women since May 2005 and have experience in peer support through various volunteer based organisations such as Rotary youth programs and Positive Women peer support training. In taking on this role, it has been an interesting experience seeing the sector from 'the other side of the fence'. Being able to assist other positive women and give back the support that I receive is very rewarding.

Positive Women Victoria supports and advocates for Victorian women living with HIV. The support we provide includes direct contact, peer support and distribution of food vouchers, as well as education to the broader community on HIV prevention and advocacy regarding the rights of those living with HIV/AIDS. We also undertake a number of projects aimed at raising community awareness of the profile of women and HIV. Many of these projects are also aimed at the members of Positive Women in assisting them in their everyday lives and ensuring they are kept up to date on the latest news and information.

In summary, the four day per week role of the CDW is to provide support to members through direct contact, outreach, representing Positive Women Victoria at various sector meetings and implementing support projects. Direct member contact and peer support is an important part of the role and I am in touch with members on a regular basis. Contact has been made with approximately 40 members in the past month; this was particularly busy in the lead-up to Christmas.

What has been happening?

Positive Women attended Sexpo Melbourne 2006 for an eye opening four days in November last year where condoms were distributed and we spoke to a number of young women about HIV and distributed information on safe sex. For World AIDS Day 2006, Positive Women Victoria was represented at the Positive Living Centre for the Remembrance Ceremony & Life Celebration — a beautiful but also sad evening amongst our peers.

Christmas was a busy time of year, with hampers distributed to members in need by an anonymous donor

and toys donated by the Country Awareness Network to the children of our members. In lieu of a Christmas break-up party, Positive Women Victoria held a New Year Party on Sunday 14 January at the Royal Botanic Gardens, Melbourne. Approximately 30 people attended including members, partners, children and friends. We held a picnic and organised a few games for the children. The day was an excellent opportunity for members, families and friends to network, learn and support each other.

What's coming up?

2007 will be a big year for Positive Women with many activities planned and further increases in staff hours by the appointment of a new project officer.

Support

The Peer Support Program will be a major focus in the New Year. Some members have undertaken initial training and will be matched with other members to commence peer support in both individual and group scenarios. We will run information sessions for members with our peer support network playing a key role in informing these sessions.

In addition, the Positive Women's Retreat will run from 9-11 February at Phillip Island. The retreat is an opportunity for members to recharge, network and participate in peer support and other fun and informative activities across the weekend.

We are in the process of evaluating the outreach services we attend and continue to build partnerships with hospitals, medical centres, support agencies and other services. By working together we can ensure that Positive Women members and HIV positive women in Victoria are better supported and represented.

Photographic exhibition

Over the past few years, Positive Women Victoria has been developing a strategy to empower our members and raise awareness of the general public about women and HIV/AIDS by use of the creative arts. As part of our program this year we are proud to present a stunning photographic and text exhibition called *A Body of Knowledge*.

The exhibition is a compilation of photographs and text created by world renowned photographer Michael Coyne in collaboration with award winning writer Graham Pitts. This stunning exhibition provides HIV positive women

with the opportunity to enjoy self expression by sharing their feelings and thoughts. Included in the exhibition are images of HIV negative women, can you the viewer tell who is positive amongst the group?

A Body of Knowledge will be on display at

45 downstairs gallery
45 Flinders Lane, Melbourne
Tuesday 20 March to Saturday 24 March
Tuesday to Friday 11 – 5 pm
Saturday 11 – 4 pm

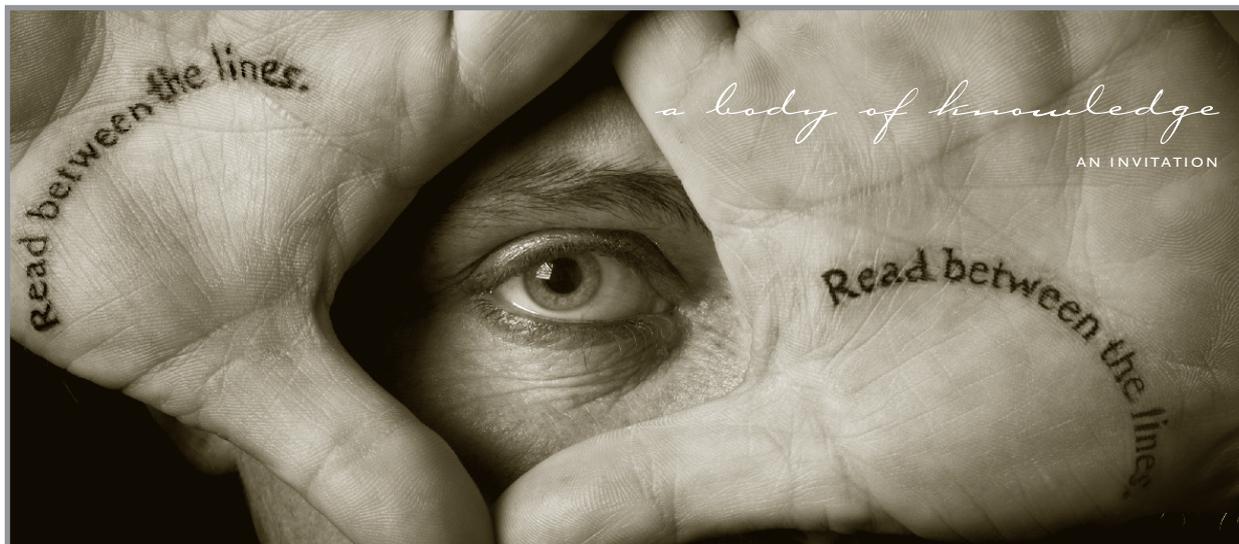
Forum on women and HIV

Positive Women Victoria is organising a forum on women and HIV as part of the Alfred Hospital, Education + Resource Centre's 2007 Education & Training Program. Aims of the forum will include raising awareness of the rising statistics of HIV infection amongst women living in Victoria and to provide insight to the needs of positive

women and the issues that women face when accessing medical care or community support. By conducting the forum we intend to ensure that HIV/AIDS service providers are more inclusive of women in current and future planning of their service provision. We want to decrease experience of stigma and discrimination for positive women when accessing health care and improve health care and community services available to positive women.

In addition to the delivery of the forum, we will develop a forum presentation kit for future use. This kit will be available for use by Positive Women Victoria or other health educators and will add to the resources available that seek to provide a better understanding of the full ramifications of women diagnosed with HIV in Victoria.

Overall, a huge year ahead for Positive Women. We look forward to working with you and the sector!



WHAT WE SEE, IS WHAT THEY FEEL

A Body of Knowledge is a compilation of photographs and text created by world renowned photographer Michael Coyne in collaboration with award winning writer Graham Pitts. This stunning exhibition provides HIV positive women with the opportunity to enjoy self expression by sharing their feelings & thoughts. Included in the exhibition are images of HIV negative women, can you the viewer tell who is positive amongst the group?

The exhibition will be on display
Tuesday 20 March to Saturday 24 March 2007
Tues – Fri 11:00am – 5:00pm
Sat 12:00 – 4:00pm

*We hope to challenge your thinking, stir your emotions
and perhaps even prompt a change to your behaviour.*

a body of knowledge
AN INVITATION

a body of knowledge



Fortyfivedownstairs gallery
45 Flinders Lane, Melbourne
Telephone 03 9662 9966

www.fortyfivedownstairs.com



Health coaching - It can work for you!

Have you ever thought about making some positive changes to you life? Or considered the benefits of having a health coach to support you in this process?

The Living Positively Project is a program that offers personal health coaching to help you achieve your health related goals. If you are HIV positive and looking for some assistance in making some life changes then this program may be for you.

In the Living Positively Project you will be provided with intensive one-on-one assistance to help you meet your health goals through support and monitoring, by way of regular meetings with your health coach, who will provide support and organise for both group and/or individual skill development programs to take place.

The items you may want to address could include (but are not limited to) such issues as:

- Better diet and nutrition
- Stopping smoking
- A personalised exercise/fitness plan
- Stress management
- Building better relationships

Here are some comments from people who have already participated in the project:

“A life changing experience”

”I have a completely transformed state of mind and am tackling the changes I need to make to my life with enthusiasm”

“Participating has helped me work through a difficult period and given me the confidence I can carry on with the work of self change”

Recruitment for the project is now taking place so if you would like further information, please contact Ian at the Positive Living Centre on (03) 9863 0429 or 0409 829 463 or email: ian_coutts@vic aids.asn.au



A pilot project between the Victorian AIDS Council/Gay Men's Health Centre and PLWHA Victoria Inc.

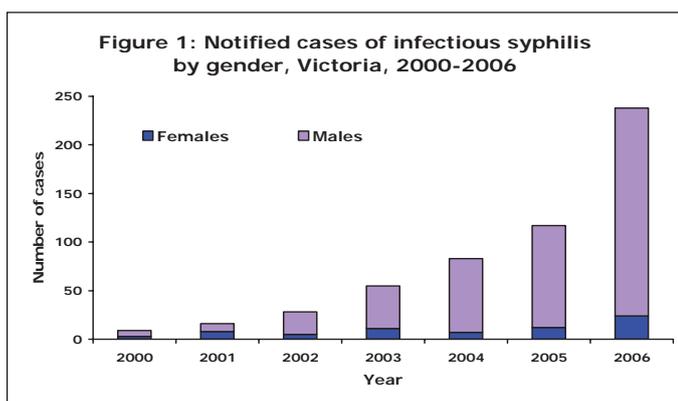


Doubling in syphilis cause for concern

The latest Victorian surveillance data indicates annual infectious syphilis notifications have continued to increase from nine cases in 2000 to 238 cases in 2006 (figure 1). These figures reveal an alarming doubling of notified cases from 117 in 2005 to 238 during 2006.

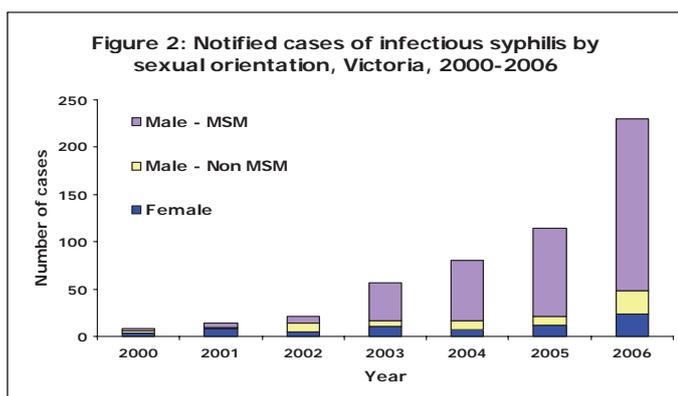
Of the 238 cases, nearly 50 per cent of the cases (n=115) were diagnosed as primary syphilis, 29 per cent (n=69) were secondary syphilis and 23 per cent were (n=54) early latent syphilis.

Ninety per cent (n=214) of the notified cases were in males and 10 per cent (n=24) were in females (figure 1). This is a similar distribution to 2004 and 2005.



The 2006 data identified those affected ranged from 13 to 75 years of age, however syphilis is most common in the 35 to 39 year age group. Of the 238 infectious syphilis cases, seventy four per cent of the cases were Australian born and nine cases were reported in people of Aboriginal and/or Torres Strait Islander origin. Over 90 per cent of the cases were based in metropolitan Melbourne.

Since 2003 infectious syphilis has been predominantly notified in men who have sex with men (MSM; figure 2).



PLWHA have greater risk from syphilis

Epidemiological data demonstrates that HIV positive men are significantly over-represented in syphilis notifications and the rising prevalence is of concern to HIV healthcare workers. A weakened immune system makes people with HIV more susceptible to STIs. More importantly, the symptoms of early infection can be different and easily missed. In the case of syphilis, the small painless sore indicative of recent infection (primary syphilis) is not always discernable in people with healthy immune systems — 30% of men in a 2004 study in Sydney — and may not occur at all in some people with HIV.

The sore at the site of infection is caused to a large extent by the immune system staging an attack on the affected tissue in an attempt at containing the microbe. With HIV, CD4 cells as the coordinators of the immune system may be lacking in number and effectiveness in fighting off the first stages of an STI. Consequently, syphilis may spread through out the body before the symptoms of secondary infection are noticed which include swollen lymph glands, rashes and fever. Left untreated syphilis may cause irreversible organ damage.

Fortunately for people with HIV, syphilis is easily detected by a blood test and the mainstay of treatment is a course of the antibiotic penicillin. Consistent condom use does reduce the risk of contracting syphilis but oral sex is also a mode of transmission. For this reason it is recommended that HIV-negative people who are sexually active should have at least yearly tests as part of a complete sexual health check-up. If you have HIV and are a sexually active male, the increased risk of contracting syphilis is reflected in a recommendation for testing every 3 months. A syphilis test could be a component of the regular blood tests that monitor HIV and your immune system

Both HIV positive and negative MSM should have at least yearly sexual health check ups or every 3-6 months if they have sex with a number of partners or have sex at a sex-on-premises venue.

Sources: Communicable Disease Control Unit, Public Health Branch, Department of Human Services

Fact sheet: What you need to know about syphilis, People Living with HIV/AIDS (NSW) available at www.plwha.org.au/PLWHA/frameset/newplwha.htm

NB: You may contact PLWHA Victoria for a copy of the above fact sheet on 03 9865 6772.



Treatments and health: What's new, what's changed

Dr Eric Glare PhD

Treatment focus:

On when to start antiretroviral treatment

The debate

The debate of when to start antiretroviral treatment for HIV has never really gone away but recent research has shed new light on the question. Side-effects, the ability to maintain long-term adherence, and fears about exhaustion of treatment options were issues that favoured postponement of HIV therapy. To balance these concerns with the risk of opportunistic infections and disease progression, current guidelines recommend that antiretroviral treatment should be considered when a person's CD4 count fall below 350 and strongly recommended when CD4 cells had declined to between 200 and 250.

An increasing body of research favours earlier commencement of treatment. The recent SMART study of CD4-guided treatment interruptions found that people who had CD4 counts between 200 and 250 had a greater chance of disease progression. A study of treatment side-effects – the DAD study – also found that those with 200-250 CD4 cells had an increased risk of death from certain non-AIDS-defining illnesses, particularly heart disease, liver disease and some cancers.

Some commentators suggest that improvements in the convenience of treatment (low number of pills once per day) and better avoidance and clinical management of side-effects allow treatment to start earlier. In particular, lipodystrophy that causes disfiguring fat re-distribution has been shown to be caused by thymidine analogues – stavudine (Zerit/d4T) and to a lesser extent zidovudine (Retrovir/AZT) – and can be avoided by most people.

In the following articles, we discuss new research that is informing the current debate on when to start. Perhaps one of the wisest comments comes from a clinician recommending that treatment start around 350 cells: "...so long as the patient is ready".

The John Hopkins HIV Clinical Cohort – start at 350 to achieved immune reconstitution

Researchers from the John Hopkins University have used their database of people on antiretroviral therapy for up to 6 years to look at the outcome of starting treatment at different levels of CD4 cells. In their study published in *Clinical Infectious Diseases*, they found that only those who commenced treatment before their CD4 cells fell below 350 were able to reach normal CD4 levels again.

In order to look at the effect of treatment, they analysed data only from those who achieved stable viral suppression of less than 400 copies within 6 months of starting treatment. People were excluded if they had a treatment interruption or if they had virological failure above 400 copies. Within these restrictions, they followed 655 people for up to 6 years with a median of 46 months; 186 were followed for 5 years and 122 for 6 years. The median age of the participants was 39 years and 69% were male, 70% were black. Injecting drug use was the source of HIV infection for 38%, whilst 22% were infected by heterosexual transmission and 31% from male-to-male sex.

After 6 years of therapy, the CD4 count on average increased from 274 to 544. To look at the effect of starting CD4 count they stratified the subjects according to their commencement levels: less than 200, 200-350 and greater than 350. This was most likely but not necessarily their lowest ever recorded level. By 6 years the median CD4 count was 493 for those starting below 200, 508 CD4 for those starting at 200-350 and 829 for those who commenced above 350.

The investigators looked at the proportion in each group that reached normal CD4 levels – the normal range varies between testing centres but is usually greater than

Treatments and Health

On when to start antiretroviral treatment, continued

500 with the majority of people having more than 750 CD4 cells. After 6 years, 42% of the people who started below 200 had more than 500 CD4 cells, whilst there were 66% and 85% of people from the 200-350 and greater than 350 groups that achieved greater than 500. The percentages of subjects who increased to greater than 750 CD4 cells were 12%, 21% and 46% for the same groups.

In statistical analysis, the researchers looked for factors that affected CD4 counts. In addition to starting therapy above 350 cells, longer duration of treatment was a predictor of higher levels at 6 years. Those older than 45 years and people who were infected by intravenous drug use had smaller increases in CD4 cells. Gender, race, antiretroviral drug group, starting viral load and having hepatitis C were factors that did not influence the outcome after 6 years in this study.

It was observed that for each group there was a significant increase in CD4 cells for the first 4 years of treatment but then the counts reached a plateau for the remaining 2 years because many patients were no longer experiencing increases in their counts despite maintaining suppression of HIV. For people who commence treatment early this may not be a problem but for those that start therapy at lower levels an early plateau may mean that they may never achieve full immune reconstitution. The authors wrote that "this may be a reason to consider starting HAART (highly active antiretroviral therapy) before the CD4 cell count decreases to <350 cells".

Source: Moore RD and Keruly JC Clin Infect Dis 2007, 44:441-6

HIV and Hepatitis C co-infection study says start HIV treatment above 300 CD4 cells

A research study of the role of CD4 cells in the outcome of Hepatitis C Virus (HCV) infection in people who also have HIV has suggested that there is an increased chance of control of HCV infection if CD4 cells do not fall below 300. Most studies of the co-infection have shown a much faster progression to liver damage from HCV compared to those people infected only with HCV.

To determine how HIV causes greater damage from HCV, researchers from the Massachusetts General Hospital recruited 94 people who were infected with HCV in four different groups: two groups of 30 who had HIV

co-infection with either high or undetectable HCV viral load and two groups of 17 people without HIV but with either high or undetectable HCV viral load. This study design allowed them to examine how some people are able to control HCV infection, even despite co-infection with HIV.

The researchers found that those who controlled their HCV infection maintained high levels of CD4 cells that specifically recognised HCV – a result that is consistent with the central role of CD4 cells as coordinators of the immune system. Importantly, HCV controllers also had higher nadir (lowest ever) CD4 counts as result of starting anti-HIV treatment earlier than other subjects – all the controllers of HCV had always had more than 300 CD4 cells. Lowest ever CD4 count was a stronger predictor than current CD4 level.

Part of the study continued for up to 2.5 years to follow some of the participants who had initially controlled their HCV infection. Of 25 people with HIV and HCV co-infection, 6 failed to keep their HCV viral load undetectable. The increase in HCV in the blood of the relapsed people corresponded with declines in their CD4 cells. In contrast, none of 16 HIV-negative people with controlled HCV infection experienced a relapse.

CD8 T cells, also known as killer or cytotoxic T cells, are essential in the immune system's defence of viral infections due to their role in killing cells infected with viruses. In an earlier study, the same group showed that CD4 cells were necessary for CD8 cells to respond to HCV. When a person has HIV their CD4 cells may not be as effective in communicating with and stimulating CD8 cells to target HCV.

Taken together, these results indicate that for people who have both HIV and HCV, it is important to have sufficient numbers of CD4 cells to control HCV viral load and the damage that it causes to the liver. The study highlights the need for people with HCV and HIV to continue to monitor their HCV viral load even if their immune system has been keeping HCV at undetectable levels. HIV and low CD4 counts need to be seen as strong factors in the relapse of HCV activity.

Sources: Kim AY et al. PLoS Med 2006, 3(12):e492
Kim AY et al. Blood 2005, 105(3):1170-8

Treatments and Health

On when to start antiretroviral treatment, continued

Gay men start earlier and do better

Members of the French Hospital Database on HIV say that the biomedical literature has conflicting findings on the influence of gender and mode of transmission of HIV on when antiretroviral treatment is started and its outcome. In their cohort study published recently in *HIV Medicine*, they have concluded that gay men choose to start treatment earlier than people from other risk groups and consequently they have better responses to therapy.

What is 'normal'?

Normal ranges are defined by taking the middle 95% of results from people thought to be 'normal'. Consequently, 2.5% of 'normal' people will have higher results and 2.5% will have readings below the normal range. Normal ranges and individual CD4 counts vary between different laboratories depending on equipment and laboratory procedures. The data below are from the Victorian Infectious Diseases Reference Laboratories.

Normal ranges:

CD4 count	400 — 1630
CD4 percentage	28 — 60%

Definitions

CD4 count:

Number of CD4 T cells per microlitre of blood.

CD4 percentage:

Proportion of lymphocytes that are CD4 cells. Lymphocytes include B lymphocytes that make antibodies and T lymphocytes —of which CD4 cells are one type. Other white blood cells in addition to lymphocytes include neutrophils, eosinophils, basophils and monocytes.

Sources of variation

Normal CD4 counts are also different between racial groups with some African groups having lower readings than Caucasians. The time of the day when the sample is taken, smoking, infections and hormonal cycles all affect measurements of immune cells making changes over time more important than individual readings. As CD4 percentages are calculated from two measurements – the CD4 count and the lymphocyte count – they are more variable than CD4 counts.

The study involved 5,735 people who received free medical care between 1997 and 2001 from 62 French hospitals. Previous studies were thought to be biased by including people who needed to start treatment immediately following a late diagnosis. They only included people who received care for at least 3 months before starting treatment with out having a HIV-related illness.

A total of 2,491 people started antiretroviral treatment during the study period. Gay men started treatment with higher CD4 counts than the other risk groups perhaps partly due to the finding that they also had higher viral loads. At 2 years, 38% of gay men had started treatment compared to 33% of heterosexuals and 31% of injecting drug users. There was no difference between males and females within the groups.

The uptake of treatment by the gay men was reflected in higher increases in CD4 cells compared to heterosexuals and injecting drug users. Gay men reached a viral load less than 500 copies earlier than the other groups but by the end of follow-up there was no difference with heterosexuals whilst injecting drug users continued to lag. A total of 40 deaths and 169 AIDS events occurred during the study but there was no difference in disease progression between the groups.

A pertinent finding was that more than 50% of the gay men started treatment above 350 CD4 cells compared to 36% of the heterosexuals and 34% of the injecting drug users. The investigators suggest that this difference explains the better immunological outcome in gay men.

Sources: Fardet L et al. *HIV Med* 2006, 7:520-9
AIDSMap.com

CD4 cell percentage may guide treatment start

The percentage of CD4 cells in the total lymphocyte cell count have long been used to monitor the immune systems of people with HIV. However, studies looking at the predictive value of CD4 percentages in making treatment decisions have mostly been small studies yielding conflicting results. Recently, researchers from the Vanderbilt University School of Medicine in the US have published a much larger study in *The Journal of Infectious Diseases* that found that both CD4 number and percentage were useful in predicting disease progression.

On when to start antiretroviral treatment, continued

The research was an observational study of 1,891 people with HIV from the CHORUS cohort who started antiretroviral treatment between 1997 and 2004. The majority of people were male (89%), white (72%) and gay (72). A large proportion (53%) had previously used suboptimal anti-HIV therapy before the introduction of HAART (highly active antiretroviral therapy) and 29% had been diagnosed with AIDS.

When HAART was commenced in this group of people, they had an average CD4 count of 240, an average CD4 percentage of 16% and an average viral load of 50,000. The participants were followed for a median of 55 months (most for 2-7 yr). A total of 468 AIDS-defining events were recorded during the follow up period. In statistical analysis, both CD4 count and CD4 percentage at the commencement of treatment were independent predictors of disease progression.

The results confirmed previous studies in the finding that those that started treatment at 200 CD4 cells had greater rate of disease progression than those who commenced at 350. People who contracted HIV through injecting drug use and people who had previously used suboptimal pre-HAART therapy also had a greater risk of AIDS-defining events.

The researchers combined the data in a statistical model that was used to highlight how both CD4 count and percentages could be used to guide the decision on when to start treatment. Their model predicted that a person who commenced HAART with 350 CD4 cells and percentage of 14% had a slightly higher risk of progression than an otherwise equivalent person with 200 CD4 cells and a percentage of 28%. For someone who started with 240 CD4 cells the risk of an AIDS-defining event increased 65% if the person had a CD4 percentage of 9% instead of 24%.

The authors of the study suggest that there are people who have more than 200 CD4 cells that would benefit from the earlier initiation of treatment and that the percentage of CD4 cells could be used to guide that decision.

Sources: Hulgán T et al, *J Infect Dis* 2007, 195:425-31
AIDSMap.com

Future developments

A number of commentators of HIV research have called for a definitive study that takes the suggestions of trials such as discussed above and tests their proposals in large follow up studies. One suggestion put forward by the Washington Veteran Affairs Medical Centre as a possible project for National Institute of Health funding would recruit 9,000 people from both wealthy and developing countries who would be followed for 5 years. Participants would be randomised to start treatment either when their CD4 count is still above 500 or deferred until CD4 cells decline to 350. Another arm for comparison could include people starting therapy when they reach 250-200.

Such a large study will take considerable time to plan, implement and analyse. However, researchers say that knowing when to start antiretroviral treatment is "like the holy grail of AIDS research". The issue intertwines with another current hot topic – the usefulness of treatment interruptions – as evident in the following quote from editors of the *New England Journal of Medicine* as they published results from the SMART (Strategies for Management of Antiretroviral Therapy) trial.

"We may learn that the only people in whom therapy can be safely interrupted for long periods are those who do not require it in the first place. Given the deleterious effects of uncontrolled HIV replication, we must continue to re-evaluate the optimal criteria for the initiation of antiretroviral therapy. In the future, we can only hope to be smart enough to identify ways to make antiretroviral therapy less costly and less toxic."

Sources: Currier JS and Baden LR, *N Engl J Med* 2006, 355(22):2359-60
TheBodyPro.com

New saquinavir pill more convenient

A new formulation of saquinavir (Invirase) recently approved by the TGA has reduced the pill burden and is approved for twice daily dosing rather than three times. The tablet was approved for use in the European Union in May 2005 and in the US in Dec 2004. Previously, the approved adult dose of the protease inhibitor was three 200 mg hard gel capsules taken three times a day. Now people with HIV can obtain a 500 mg tablet and take two tablets twice a day. To boost the levels of saquinavir, 100 mg of ritonavir is required for each dose in combination with other complementary antiretrovirals.

The 200 and 500 mg versions of saquinavir marketed by Roche under the brand Invirase are provided as the chemical saquinavir mesylate that requires digestion within cells to release the active saquinavir molecule. Previously, un-modified saquinavir was packaged into soft gel capsules and marketed as Fortovase with an adult dose of six 200 mg capsules three times a day. However, the development of the better tolerated saquinavir mesylate has led to the phasing out of Fortovase.

Source: Roche

NZ goats to produce new HIV treatment

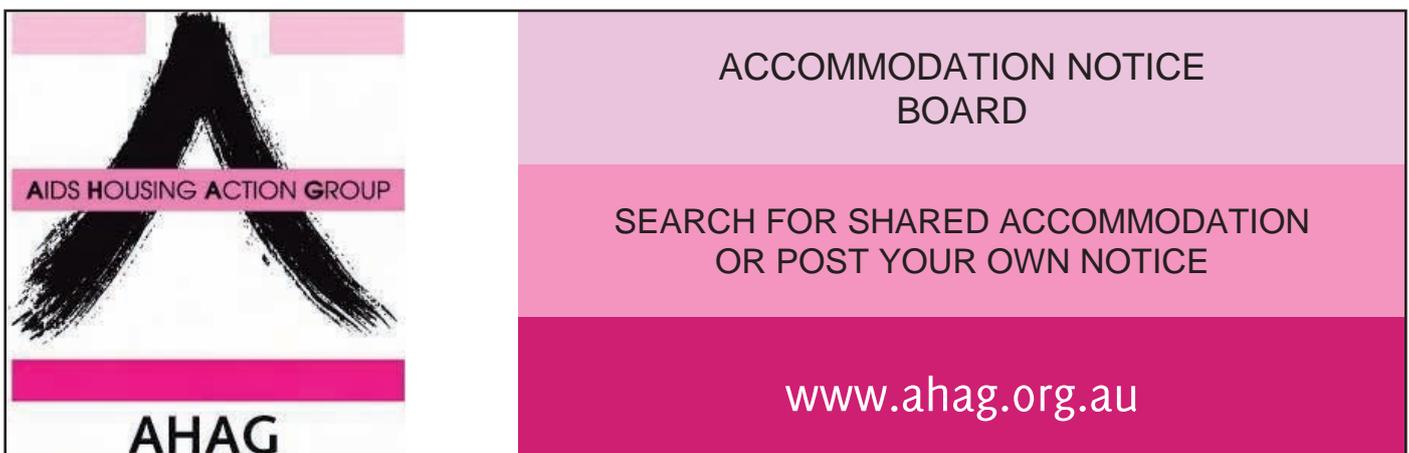
Virionyx, a biopharmaceutical company based in Auckland, New Zealand, has gained approval from the US's FDA to proceed to phase 2 clinical trials with their drug treatment, HRG214, extracted from goat's blood. Having passed phase 1 trials in humans designed to detect toxicity, HRG214 now faces testing for safety and efficacy.

To produce HRG214, goats are immunised with HIV proteins that in themselves are not infectious or harmful to the goats. Once the goats have produced a strong immune response with high levels of anti-HIV antibodies, the goats' plasma is collected by plasmapheresis where the cellular portion of whole blood is returned to the

animals during the collection. Plasmapheresis allows up to 500 mL of plasma to be collected every 2-3 weeks once goats are fully immunised with cycles of rest and collection over 10-12 years. Antibodies from the plasma are purified to produce the drug treatment HRG214.

One FDA requirement was for the goats to be disease free and kept under quarantine-like conditions. In looking for suitable farmers, Virionyx stressed that the goat herds would be 'pharming' rather than farming due to the care and paperwork required for pharmaceutical quality control.

Source: The New Zealand Farmers Weekly 8 Jan 07



The advertisement features a large, stylized black brushstroke forming the letter 'A' on a white background. A pink horizontal bar is positioned across the middle of the 'A', containing the text 'AIDS HOUSING ACTION GROUP' in white. Below the 'A' is another pink horizontal bar with the text 'AHAG' in white. To the right of the 'A' is a large pink rectangular area with white text. The text is arranged in three sections: 'ACCOMMODATION NOTICE BOARD' at the top, 'SEARCH FOR SHARED ACCOMMODATION OR POST YOUR OWN NOTICE' in the middle, and the website address 'www.ahag.org.au' at the bottom.

ACCOMMODATION NOTICE BOARD

SEARCH FOR SHARED ACCOMMODATION OR POST YOUR OWN NOTICE

www.ahag.org.au



Qualified sexual health nurses are now offering free and confidential sexual health testing and treatment at selected sex on site venues. Call 9347 0244 for details or visit our walk-in clinic in Carlton.

No appointment necessary. If you wish to be anonymous, you can - we don't ask for your Medicare Card.

Melbourne Sexual Health Centre
580 Swanston Street, Carlton
Telephone: (03) 9347 0244

Opening hours:
Monday - Thursday: 9.00am - 5.00pm
Friday: 1.10pm - 5.00pm

www.mshc.org.au

get wise

get screened

If you are a sexually active man who has sex with other men, it is recommended that you be screened for sexually transmissible infections every 3 to 4 months.

Additional clinics specialising in sexual health:

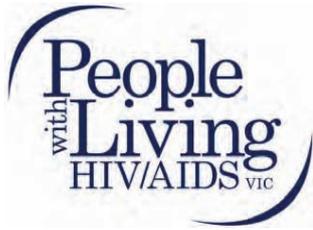
(Medicare card and ID cards are required. Some clinics may charge for services).

The Centre Clinic
Rear 77 Fitzroy Street
St Kilda
Ph: (03) 9525 5866

Carlton Clinic
88 Rathdowne Street
Carlton
Ph: (03) 9347 9422

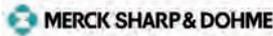
Prahran Market Clinic
131 Commercial Road
South Yarra
Ph: (03) 9826 4500

Middle Park Clinic
41 Armstrong Street
Middle Park
Ph: (03) 9699 4626



Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund PosLink and Treatment Interactive Events in 2006.



An afternoon for people with HIV & their friends

Planet Positive
MELBOURNE

Come along and enjoy a Free B.B.Q. for you and your friends

**Saturday 07 April
from 2pm**

**Yorkshire Stingo Hotel Beer Garden
48 Hoddle Street, Abbotsford
(under cover & heated if cooler weather)**

**For further information, contact
planetpositive@plwhavictoria.org.au
Phone: (03) 98656756**

**PLWHA (Vic)
6 Claremont Street
South Yarra 3141**



Membership application

All details provided will be treated as strictly confidential.

I wish to become a member of People Living with HIV/AIDS Victoria and to receive all privileges of said membership.

I agree to abide by the Rules* of the organisation at all times. I 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.

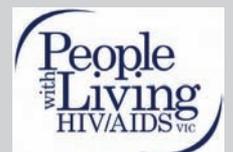
Signed _____ Name

Address _____ Postcode

Telephone _____ Email

Please fax or post your membership application to: **PLWHA Victoria**
6 Claremont Street
South Yarra VIC 3141
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 not be 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 content or information in this publication, and to the extent permitted by law exclude (and where law does not permit and 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