

poslink



Christmas cheer squad

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

Information, Education
& Representation

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Note from the Executive Officer

Sonny Williams



The first three months of 2008 are some of the busiest months for the organisation. We have been involved in a number of community events already this year including Midsumma Carnival, Pride March and the Asian Pacific Outgames and of course we still have ChillOut at Daylesford to come, which takes place next month.

In addition, the organisation continues with our regular programs from Positive Education, including the recent Down and Dirtier - an open discussion afternoon for positive guys about the pleasures and challenges of sex.

Planet Positive – an opportunity for PLWHA to socialise together with family and friends – continues on a bi-monthly basis at various Melbourne venues, with the change of locations offering variety and ease of access for members scattered across town.

Suzy is currently planning the next Treatments Interactive Event, and Genesis takes place later this month. Genesis is a relatively new program for the organisation and consists of a weekend workshop for men who have recently seroconverted within the last two years. This program has been provided to Positive Women and Straight Arrows to adapt.

While we have Genesis, the agency is aware of the need to provide workshops for PLWHA who seroconverted more than two years ago and we are in the process of developing a program for later in the year.

In his report earlier in this issue, Brett discussed the PLWHA Victoria Board Planning meeting that took place in early January to review the organisation's three year strategic plan. As Executive Officer, this offers another opportunity to present to the board a detailed report on how the organisation is progressing with the plan, and to discuss any areas of concern and of course new work that may be identified for the agency and board in the coming year. A regular review is essential to the organisation not only from a good business practice point of view, but in that it also allows in-depth conversations to occur, to ensure that we are on course, that we have the right tools to move forward and that the plan is still relevant.



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Health Promotion Officer

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Phoneline Coordinator

Jon Colvin

Campaign Coordinator

Daniel Reeders

Administrator

David Westlake

Finance

Akke Halma

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

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Note from the President

Brett Hayhoe



On behalf of the Board, I hope 2008 brings you everything your heart desires and that life does not throw too many curve balls your way. This year will be one of the busiest for PLWHA Victoria and will probably see the organisation move into another phase of development and growth.

To make sure we are all on track, the Board recently held its Annual Strategic Planning Day. Moderated brilliantly by Bill O'Loughlin, we started with an overview of how the organisation has metamorphosed over the past two years from a reasonably small entity to the disciplined, motivated, well-oiled peak body it is today. The agency has more than doubled its staffing and funding levels, co-branded more than 50 health and education campaigns [in addition to five of our own and two separate resources], and has Memorandums of Understanding [MoU] with no less than six other agencies across the State and Australia – just to list a small portion of the changes. The Planning Day was also a perfect vehicle to discuss the direction of the agency for this coming year and to the end of the current Strategic Plan [2010]. It is with much delight that I report we have accomplished all of the goals for the first year and are well into accomplishing those set for year two and three as well. This is quite rare for any organisation, and one which we are truly proud of. The formulation of two very significant sub-committees also came out of the Planning Day – the Health and Treatments Policy Working Group and the Criminalisation and Transmissions Policy Working Group. These two

committees will do the ground work and set the direction for the Board to formulate relevant pieces of policy for the organisation. The formulation of these two specifically came about to manage the changes in the health and treatments landscape and also to be truly ready to deal with any increases in transmission rates and other legal/health issues arising from changes, either on a State or Federal level to criminalisation issues. All of this means the agency is perfectly placed to manage the work of today and completely able to tackle the challenges of tomorrow.



One of the more recently completed tasks on my Presidential calendar was to sign the MoU between our agency and TasCAHRD - following the changes to our constitution last year allowing Tasmanian Positive People to become full members of PLWHA Victoria. Pictured **(above)** is the President of TasCAHRD, Mr. Ian Moore and I signing the document, witnessed [at the rear] by TasCAHRD's Vice-President Des Hargreaves and NAPWA President, Robert Mitchell at a little Indian restaurant in North Hobart. The Board

is very serious about how we work with our membership, and will be constantly evaluating the best ways to make sure we provide the services and support required by our southern brothers and sisters along with us in Victoria.

For several years now, I have immensely enjoyed participating in the annual Christmas Hamper run we do to the Alfred Hospital, Fairfield House, Horizon Place, and other places where PLWHA are during this often lonely time. This year I had the privilege to be joined by some of the most caring, wonderful, people, and thank them, from the bottom of my heart, for donating their time and being so generous with their love and compassion. Every place we visit welcomes us with open arms, and the guys and girls we deliver the hampers to reward us ten-fold with the looks on their faces. It would also be remiss of me not to thank the fabulous people and businesses who donated the goods to go into the hampers – you are all champions!



Supporting the negative

Being the negative partner of a relationship can be hard - but you are not alone. By Trish Thompson

When my partner was diagnosed in late 2006, it was a huge shock. This is not something that either of us had ever contemplated would happen to us! For me, the first week or so was horrific. Quite aside from the concerns, worry and grief I was feeling on behalf of my partner, of course I was worried about my own status. But after my tests all came back negative, I felt more alone than ever. Although I was trying my very best to remain strong and supportive for my partner, there was no-one I knew with whom I could share my fears, anger and emotions.

A few months later we heard an ad on JOY for the Negative Partners' Group. By that stage my partner had been accessing counselling services, and I could see the benefits it was having for him, and he encouraged me to make contact and find out more about the group. It was one of the best things I have done!

I cannot begin to express what a relief it was to be able to talk to other guys who were in exactly the same situation as me. We spent a lot of time up front clarifying our expectations of privacy. That done, the group was my first real opportunity to share my feelings and thoughts and

fears with others who would understand completely, without fear. I was able to strengthen myself, and I now feel better placed to help and support my partner, as well as look after myself. I learned a lot - about coping mechanisms, better communication, handling and expression of anger - as well as a lot of practical things such as treatments, accessing various services, safe sex and so on.

I felt really privileged to meet the other guys in the group. We shared a lot together, and I think we are all stronger for it - and I think our relationships are stronger too. The facilitators were fantastic. I would definitely recommend the Negative Partners' Group for anyone who finds themselves in this unfortunate situation.

(NPG Group Participant, 2007)

The Negative Partners' Group (NPG) has been operating at the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) since 2002. Much research has documented the effects that chronic illness such as HIV can have on the relationship of a couple, and in particular a serodiscordant relationship. The VAC/GMHC has identified anecdotal evidence about the needs of serodiscordant couples, and specifically the needs of

negative partners. In recognising that most services available are aimed at HIV positive men, the Negative Partners' Group was established to provide HIV negative gay men in serodiscordant relationships the opportunity to focus on their own needs in learning to manage the challenges presented in their relationships in a supportive and therapeutic environment.

The NPG that ran in 2007 was co-facilitated by Vic Perri, Health Promotion Officer with PLWHA Victoria and myself (Trish Thompson, Groups Facilitator and Counsellor at the Victorian AIDS Council). While the group participants had unique relationships with their partners, they also experienced similar concerns about their situation. Some of the issues that the participants initially felt they needed to talk about in the group were dealing with their feelings of anger about their partner contracting HIV, gaining an understanding about treatment and side effects, how to support their partner emotionally and being able to communicate about and negotiate sex in the relationship. While the group had an educative component about what HIV means for their partner's health and well being,

the group members' need to share their own thoughts and concerns and have their feelings validated was an extremely important aspect of their experience of the NPG.

During the course of the group, the above issues as well as those that developed during the interactions between group members were explored. The diversity and richness of these discussions greatly added to the experience of the group participants. Some of the significant issues that arose during the course of the group were things like using humour as a coping mechanism, being able to differentiate between what is HIV related and what is just about being in a relationship, and what it was like to carry and hold onto information about their partner's status and not be able to talk about it with someone else.

As a facilitator of this group, I noticed how the participants opened up and shared more of themselves as the weeks went on. They were able to be a witness to one another's struggles as well as to their moments of pleasure and triumph when there had been a sense of progress in their relationships. It was great to see participants offer one another advice, particularly as it was coming from someone who really knows what it is like to be in the other's shoes.

A strong bond developed between the participants of the NPG in 2007, one that grew out of the trust and support that they offered to one another. You could really see the value for group members when, for example, they felt such relief when someone else in the group said something that hit on how they felt exactly! I think the group really helped alleviate the sense of isolation that the group members felt at times. By the end of the eight weeks of the group, participants commented on how important their Monday nights had become.

A follow up session was offered three months after the group finished to see how the participants were faring. Not

only was it great to have a chance for the group to reconnect, but it was also encouraging to see that all participants reported to be continuing to experience improvements in their relationships and that they felt an acceptance of and an ability to live with the presence of HIV in their relationships.

The NPG is a wonderful joint venture between the Counselling Services of the VAC and the Health Promotion Team

of PLWHA Victoria. It addresses the particular needs of a client group that can be the quiet supporters behind the scenes, who might put their own concerns aside to be strong for their partners. The NPG aims to support and build resilient relationships for serodiscordant couples.

Another NPG will run in 2008. You can contact Trish Thompson (9865 6700) or Vic Perri (9865 6772) for more details.



Positive Personals

We will accept advertisements under 50 words for dating or friendships under the following categories:

- Men seeking men
- Women seeking men
- Women seeking women
- Men seeking women

Personals (Dating or Friendship):

Please keep your advertisements under 50 words. Be clear about who you are and what you are looking for. Be honest to avoid disappointment for you and your correspondent. It is up to you if you want to include the suburb or regional area you live in. Advertisements and replies must be sent by mail only – please do not phone the office about this service.

How to respond to an advertisement

Write your response letter and seal it in an envelope with a 50 cent stamp on it. Write the reply number of the advertisement on the outside of the envelope in pencil. Place this envelope in a separate envelope and send it to: Personals, PLWHA Victoria, 6 Claremont St, South Yarra, Vic 3141.

Personal details given to PLWHA Victoria (such as return addresses) will be kept strictly confidential and will only be seen by one staff member working on the magazine at any time. Send your advertisement to Personals, PLWHA Victoria, 6 Claremont St, South Yarra VIC 3141.

Men Seeking Men

I'm Masculine. A long term. Aus guy. 46 year old. I stay pretty active and am fit. I like the outdoors, sport, music, quiet nights in. Seeking masculine blokes with similar interests. **Reply Number #0001**

Men Seeking Women

HIV positive heterosexual male, youthful 40's, seeks female companionship. To be there for each other, share interests and find happiness. I am always looking for new, interesting and worthwhile things to engage in or just attend. I'm friendly, I maintain good health, 6 ft tall and Caucasian. I live in inner Melbourne - though I can travel. **Reply Number #0002**

I am 40, employed part-time and have a 5 year old son. I would like to write at first and then start meeting. I'm looking for a long term commitment. My interests are outdoor activities, films and reading. **Reply Number #0003**

Accommodation

Aus guy. I'm fit, honest, etc. 46 year old. Would like to hear from other masculine poz blokes interested in sharing/setting up house. **Reply Number #0004**

Live in Carer – Caretaker Driver
Are you in need of help around the home, need someone to drive you to your doctor's, shopping, outings, events, etc? I'm a single young man currently working for ST Vincent hospital. I have health Services papers and Tradesman papers including full Victorian drivers license. The only cost is a place to call home (rent free). **Reply Number #0005**

People with HIV/AIDS

GENESIS

A weekend workshop for guys who have recently become HIV-positive. The next workshop will run in **early 2008**. Please call Vic on (03) 9865 6772 to find out more.

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HIV & SEXUAL HEALTH

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- * Free up some extra spending money
- * Look and feel great in '08!

Everyone's doing it
A free course for people living with HIV
Available in group or 1-on-1 support available
Call Vic at PLWHA Victoria (03) 9865 6772 today

People with HIV/AIDS

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

A service with The Alfred, a member of Bayside Health

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.

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.

To "Check Your Risk" for sexually transmissible infections and the tests you might need, visit our website and click on "Check Your Risk"
www.mshc.org.au

Additional clinics specialising in sexual health:
(Medicare card maybe required. Some clinics may charge for services).

The Centre Clinic Rear 77 Fitzroy St St Kilda Ph: (03) 9525 5866	Middle Park Clinic 41 Armstrong St Middle Park Ph: (03) 9699 4626	Carlton Clinic 88 Rathdowne St Carlton Ph: (03) 9347 9422	Prahran Market Clinic 131 Commercial Rd South Yarra Ph: (03) 9826 4500
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Events wrap

Suzy Malhotra (Senior Health Promotion Officer)

Midsumma was a big and busy time for PLWHA Victoria! Carnival kicked off the proceedings two weeks earlier than in previous years because of the Outgames, followed rapidly by Pride March days later. In a complete weather reversal from last year, Midsumma Carnival greeted its revellers with a tropical downpour on the day, yet this had little impact on the size of the crowd and their enthusiasm. By contrast, staff, members and volunteers donned their hats and sunscreen for Pride March which this year celebrated 20 years of the organisation.

Our presence at Carnival (above left) continues to grow and this year we attracted a huge crowd to our stall in the old home of Alexander Gardens. Our sheltered marquee provided a welcoming and safe space for many of our members who just wished to get away from the dampness, take a breather or catch up with friends, and attracted others to drop by for a chat and pick up information and resources. The 'Ready for Action' water bottles were a runaway success and over 600 were distributed to cool the humid brows of punters.

At Pride March (above right) a troupe of 40 dedicated volunteers, supporters and members walked down Fitzroy Street to the supportive cheers of over 10,000 spectators. Enveloped in 600 blue and white balloons with the message '20

years strong', we were given an amazing welcome and acknowledgement of our work within the community.

The activities for the organisation haven't stopped there. The first two months of the year have already held host to our bi-monthly social group Planet Positive, Genesis (for newly diagnosed gay men), and the discussion group, Down and Dirtier. Next month, we'll be doing it all over again at the Chillout Festival in Daylesford, as well as launching two new resources for the organisation on HIV and travel and the Speakers Bureau.

None of these events takes place without rigorous planning and much of this occurs months before anyone sees the finished 'product'. Participants may not realise how much work goes on behind the scenes in the days leading up to an event. From developing interactive concepts to building relationships with venue owners, recruiting performers and experts and finally publicising the event through community media and partner organisations, each event requires a huge investment of time and effort. It takes a lot more than good ideas and intentions to bring such an event to fruition. It all comes down to well-coordinated teamwork.

Photo credits: Melinda Tippett (left) and Andrew Henshaw (right).

Xmas Cheersquad

Santa's little helpers came out of their cave for another year to deliver baskets of gifts to cheer up positive people staying in hospital on Christmas Day. Thirty hampers were handed out to people in hospital with food, clothing, CDs, books and gifts donated by generous organisations and individuals. Decked in Santa hats and reindeer antlers, volunteers gave up their precious Christmas mornings to deliver the gifts to patients in Fairfield House, Seven West (the Alfred) and Horizon Place.

PLWHA Victoria relies on the generosity and deep pockets of a cast of hundreds to make this annual event possible. Thanks to Aesop South Yarra, the ALSO Foundation, Anna Georgiou, Annika Priest, Bill Gianoulas, Brad Jones, Colin Billing, Daniel Brooks, David McCarthy (Macca), David Westlake, Dean Murphy, GoConnect, Jamie Ivarsen, Katherine Grant, Kevin Brown, Leader Newspapers, Louise Naughton-Smith, MCV, Mercedes-Benz Australia/Pacific, Neil Patterson, Oggs Pharmacy, Pat and Sarah Garner, Paul Bangay, Peter Alexander, the PLC Pantry (VAC/GMHC), Priceline Prahran, Sarah McConville, Shane Bridges, Sibel Toremis and Simon & Schuster.

FDA Approves Etravirine

Guardian Unlimited, 19/01/08

Tablets of the drug etravirine have been approved by the US Food and Drug Administration for the treatment of HIV infection in adults who have failed treatment with other antiretrovirals.

Sold under the trade name Intelence, etravirine is a non-nucleoside reverse transcriptase inhibitor, or NNRTI, that helps to block an enzyme that the human immunodeficiency virus needs to multiply, the FDA said. It was approved for use in combination with other anti-HIV medications.

Etravirine can reduce the amount of HIV in the blood and increase white blood cells that help fight off other infections, the FDA said. It also may reduce the risk of death or infections that can occur with a weakened immune system.

The government gave etravirine a priority review, a status granted to medications aimed at treating serious or life-threatening conditions. Tibotec Pharmaceuticals Ltd., a unit of Johnson & Johnson, said last July that it had requested etravirine be placed on a fast track for review.

“This is another significant new product for many HIV-infected patients who are NNRTI-resistant and whose infections are not responding to currently available medications,” said Dr. Debra B. Birnkrant, director of the FDA’s Division of Antiviral Products.

The drug is distributed by Tibotec Therapeutics, a division of Ortho Biotech Products, L.P., a Johnson & Johnson company based in Bridgewater, N.J.

Drug Holidays Dangerous for Treatment-Experienced

For HIV-positive people with few remaining treatment options and compromised immune systems, remaining on an antiretroviral regimen that is no longer keeping viral load undetectable continues to protect against new AIDS-related illnesses, according to a study published in the January 15 issue of *Clinical Infectious Diseases*. The new data confirm the results of earlier studies suggesting that the benefit of remaining on a failing treatment regimen is greater than the benefit of temporarily stopping treatment to prevent worsening drug resistance.

Some health care providers temporarily stop antiretroviral therapy in their patients with multiple-drug-resistant HIV, to guard against the accumulation of additional drug-resistance mutations until new treatment options come along. To address the safety of this strategy, Isabelle Kousignian, MD, of the Institut National de la Santé et de la Recherche Médicale (INSERM) in Paris, and her colleagues compared HIV-positive people who stopped treatment for at least three months to people who remained on a failing drug regimen and those who remained on a regimen that was still working. The medical records of 12,764 patients with CD4 counts below 200 cells were included in the comparison.

Kousignian’s team found that people who took a drug holiday had a 28 percent greater chance of developing a new AIDS-related illness than people who remained on a failing treatment regimen. Though the team was unable to determine whether people who stayed on a failing regimen had a greater risk

of developing new drug resistance, they concluded that it is safer for a person on a failing regimen—and who can’t construct a new regimen—to remain on the failing regimen rather than interrupting treatment.

Labor sinks its teeth into HIV Dental help

by Harley Dennett, Sydney Star Observer, 17/01/24

Medicare-funded dental care for people with HIV, raised in November to \$4,250 per person over two years, is to be scrapped, possibly as soon as the 13 May budget. Labor voted against the increase last year, and has vowed to dump the Howard government’s \$377 million Chronic Disease Scheme.

The scheme allows people with complex conditions to receive bulk-billed treatment at private dental clinics without waiting lists, and under the protection of the Medicare Safety Net.

Health Minister Nicola Roxon plans to use the savings to fund a \$290 million program to reduce general waiting times in state-run public clinics starting from 1 July.

Russell Westacott, ACON Director of Client Services, encouraged people with HIV to take advantage of the generous current scheme while it was still available.

“The amount of \$4,250 could make an astounding improvement for many in the HIV community,” Westacott said.

Nine in 10 people with HIV have an oral condition at some stage while infected, and poor oral health can exacerbate other HIV conditions, he said.

Public clinics in regional and rural areas were virtually nonexistent and the few city clinics had waiting lists extending into years.

Dr Adam Alford from the MLC Centre Dental Surgery often gets clients referred by ACON and the Bobby Goldsmith Foundation, but said for a person to qualify for the current Medicare rebates their GP has to first create a team care plan.

NEWS BRIEFS

"It's gum treatment or dentures mostly; that fits under the program easily. But a lot of dentists aren't actually supporting the program," Alford said.

Medical clinics in the city with lots of HIV-positive patients were likely to know dentists who were HIV-friendly and would support the program, Westacott said.

The Enhanced Primary Care dental scheme for people with chronic and complex conditions was first introduced by the Howard government in 2004, starting with a maximum rebate of \$220 per year – less than the average hourly rate.

Roxon called it a failure because only \$1.6 million of the allocated \$377 million was spent.

"The current scheme has only been in place for eight weeks, not enough to determine how many people would benefit," Westacott said.

The Government has been looking to make cuts to the 2008/09 budget starting with late promises by the Howard government.

A spokesman for Roxon said Medicare programs, except the dental scheme, were safe from cuts at this time.

New tactics in war against HIV

By Leigh Dayton, The Australian, 13/01/08

In what's been hailed as a stunning advance, scientists in the US have identified hundreds of molecular keys the HIV virus uses to unlock the human immune system.

The discovery - reported in the online edition of *Science* - represents a powerful new way to target the virus, while reducing the risk it will develop immunity to the suite of anti-viral medications used to treat HIV/AIDS.

Since the HIV virus is very small - containing just one-millionth the amount

of genetic material in a human cell - it must hijack the machinery of its victims' own cells in order to thrive and spread.

That cellular machinery consists of proteins, large molecules, used by healthy human cells in an array of everyday functions.

But now Boston-based scientists have used high-tech molecular techniques to identify 273 of the human proteins HIV must hijack, essentially quadrupling the list of proteins known to be vital to the HIV life-cycle.

"This is destined to be one of the key HIV papers of this decade, if not longer," said Robert Gallo, head of the Institute of Human Virology in Baltimore, Maryland, and the first scientist to report that the virus causes AIDS.

That's so as drugs currently used to treat the viral infection interact directly with the virus itself, and it's fairly simple for the rapidly mutating virus to avoid destruction by altering how it interacts with these chemicals.

"Antiviral drugs are currently doing a good job of keeping people alive, but these therapeutics all suffer from the same problem, which is that you can get resistance, so we decided to take a different approach centred on the human proteins exploited by the virus," said the team leader Stephen Elledge at Harvard Medical School and the Brigham and Women's Hospital.

It's a tactic welcomed by virologist Tony Cunningham, director of the Westmead Millennium Research Institute and the Australian Centre for HIV & Hepatitis Research in Sydney.

"This work opens the door to new drug strategies," he said. "If you can identify critical cellular viral processes you might be able to find ways of blocking the virus at each stage of its replication cycle," Professor Cunningham said.

In order to tease out the key proteins, Professor Elledge and his colleagues screened 21,000 human genes and by

a process of elimination they isolated those that HIV hijacks.

What's more, human immune system cells attacked by HIV contain high concentrations of many of the 273 proteins revealed.

"We're closing in on a systems level understanding of HIV," claimed Professor Elledge

New drug approved for marketing in Australia

1/2/2008

Merck Sharp & Dohme has received marketing approval and certification from the Therapeutic Goods Administration for the HIV integrase inhibitor ISENTRESS (raltegravir).

Isentress is the first drug in a new class of antiretrovirals called integrase inhibitors. It inhibits the HIV virus's integration into human cells by working against HIV's integrase protein. It has no known cross-resistance with any other currently available antiretroviral making it an attractive option for heavily treatment-experienced individuals and an important new addition to the arsenal of drugs available for HIV treatment.

Isentress's approval was based upon the results from the BENCHMARK I and II studies. Data presented to a major conference in September 2007 showed that the drug had a durable anti-HIV effect in patients with limited treatment options.

The approved dose of Isentress is 400mg twice daily without regard to food. Side-effects include diarrhoea, nausea, and headache.

The manufacturer of Isentress, Merck Sharp & Dohme Ltd (MSD), has said that it intends to submit an application in 2009 for the use of the drug in treatment-naïve individuals.

Undetectable controversy

Swiss AIDS Foundation 'redefines' safe sex

Edwin Bernard (AIDSMap) — Swiss HIV experts have produced the first-ever consensus statement to say that HIV-positive individuals on effective antiretroviral therapy and without sexually transmitted infections (STIs) are sexually non-infectious. It went on to say this statement is valid as long as:

- the person adheres to antiretroviral therapy, the effects of which must be evaluated regularly by the treating physician, and
- the viral load has been suppressed (< 40 copies/ml) for at least six months, and
- there are no other sexually transmitted infections.

Swift response from AFAO

Don Baxter (Executive Director) — While research suggests an undetectable viral load reduces the risk of HIV transmission, an undetectable viral load has not yet been proven to completely eliminate the risk of transmitting the virus. The use of viral load in prevention is not a substitute for safe sex.

It's also important to realise that the claims made by the Swiss Federal AIDS Commission were highly conditional; they require six months of undetectable viral load, strict adherence to HIV medication and being free of any Sexually Transmitted Infections. So the reduction in transmission risk isn't something that applies to all people with HIV on treatment.

For gay men with more than one sexual partner it would be very difficult to be sure you are always STI-free. For sexually-active gay men in HIV sero-discordant couples - one poz, one neg - using undetectable viral load as a substitute for routine condom use would be a very risky approach. Infection with an STI makes the poz partner more infectious for HIV - and for HIV negative men in relationships with a poz partner, being infected with an STI usually makes you more susceptible to HIV infection.

In fact, this study reminds us of the importance of regular testing for STIs and treating any STI infections detected.

It should also be kept in mind that the Swiss position looked predominantly at data on heterosexual transmission; which is another reason to urge gay men to use caution before applying this to their sexual practices as unprotected anal sex is a much more efficient mode of transmission than vaginal sex.

People need to be aware that relying on 'undetectable' viral load is not a 'safe sex' strategy, it's one that reduces the risk of transmission and it is far from foolproof. The best way to protect yourself - and your partner - from HIV is through regular and consistent condom use with water-based lube.

Undetectable is not zero

Michael Carter (AIDSMap) — The level of HIV viral load in blood and semen is related, but studies looking at the correlation between HIV in blood and semen have yielded a wide variety of results, according to

a review article analysing the results of 19 studies examining this issue published in the January 2008 edition of Sexually Transmitted Diseases. The review article's authors found that the association between viral load in blood and semen was affected by a number of factors, with successful antiretroviral therapy strengthening the association and sexually transmitted infections weakening it.

Prevention messages should stress the importance of condoms and other risk reduction strategies, regardless of whether a patient is taking effective anti-HIV therapy, recommend the investigators, as HIV transmission is possible even if a patient has an undetectable viral load in their semen.

HIV is mainly transmitted by unprotected anal and vaginal sex. Since the earliest days of the HIV epidemic it has been known that the virus is present in both blood and genital fluids. Infection with HIV is dependent upon the exposure of susceptible cells to an infectious quantity of HIV and it is known that concentrations of HIV in genital fluids, such as semen can vary.

HIV viral load levels in blood and semen are related but are not equal. It is not possible to determine how infectious an HIV-positive individual is on the basis of their blood viral load unless the extent of the association between viral load in blood and semen is determined.

Understanding the relationship between viral load in blood and semen is essential for estimating the potential to reduce the risk of HIV transmission.

Free Wills

PLWHA Victoria offers members a limited free will-making service via De Ayers. For further information, please call PLWHA Victoria on 9865 6772, and we will arrange for De to get in touch with you.

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

Investigators from the University of Connecticut therefore reviewed studies that measured viral load in blood and semen at the same time. The investigators examined the correlation between viral load in the two and the factors affecting this.

A PubMed search in January 2007 together with a search of abstracts of research presented to the Conference on Retroviruses and Opportunistic Infections (CROI) and the conferences of the International AIDS Society yielded 19 eligible studies. The investigators caution that most of these studies had a small sample size. Furthermore 17 had a cross-sectional design and only two were prospective. Correlations between levels of HIV in blood and semen in the 19 studies ranged between 0.07 and 0.64.

But one study found an almost perfect (94%) concordance between viral load in blood and semen. The authors note that this was the most rigorously designed study, with all the men taking potent anti-HIV therapy and none having sexually transmitted infection.

A consistent finding of the study was that viral load was lower in semen than blood. In most of the studies, men who had undetectable virus in their semen also had an undetectable viral load in their blood. But two studies identified individuals who had levels of HIV in their semen that were equal to or greater than in their blood.

Four factors were identified that could potentially influence the relationship between viral load in blood and semen: sexually transmitted infections; anti-HIV

therapy and adherence; drug resistance; and the stage of HIV infection.

Infections such as gonorrhoea and Chlamydia (which cause inflammation in the urethra) were found to significantly increase levels of HIV in semen. Some studies also suggested that a greater numbers of sex partners and higher rates of sexual intercourse also increased genital shedding of HIV.

Because sexually transmitted infections increase viral load in semen but not in blood, the correlation between viral load in the two is lowered. The investigators stress, "in fact, the studies with the lowest correlations between blood plasma viral load and semen viral load are those that are most likely to have included men with co-occurring sexually transmitted infections."

Most of the studies showed that anti-HIV therapy suppressed viral load in semen. But there was also evidence that some anti-HIV drugs did not penetrate the blood and semen with equal efficiency. Poor adherence to anti-HIV therapy was associated with detectable HIV in semen in some studies, and another study showed that the men who missed the fewest treatment doses had the greatest degree of HIV suppression in semen over time.

Men who are treated with anti-HIV therapy can develop drug-resistant virus in their semen, and there is evidence of multi-drug resistant strains of HIV developing in the genital tract but not blood. The investigators note, "there is considerable alarm about the potential

spread of multiple drug-resistant HIV from men with resistant HIV in their semen who contract a co-occurring sexually transmitted infection...when HIV is poorly controlled, the risk of transmitting treatment-resistant variants is particularly high."

The investigators note that there is research evidence that some men (HIV-positive and uninfected) who believe an undetectable viral load means a lower risk of transmission are more likely to have unprotected sex. The investigators are concerned that this could lead to an increase in the number of men who have risky sex, offsetting the "protective benefits of reductions in semen infectivity."

They also note that the antiretroviral-treated men most likely to report unprotected sex are those most likely to have poor adherence to antiretroviral therapy. Treatment non-adherence increases viral load and unprotected sex involves a risk of sexually transmitted infections. The investigators are concerned that unprotected sex occurring in the context of poor adherence and sexually transmitted infections could result in the transmission of drug-resistant virus.

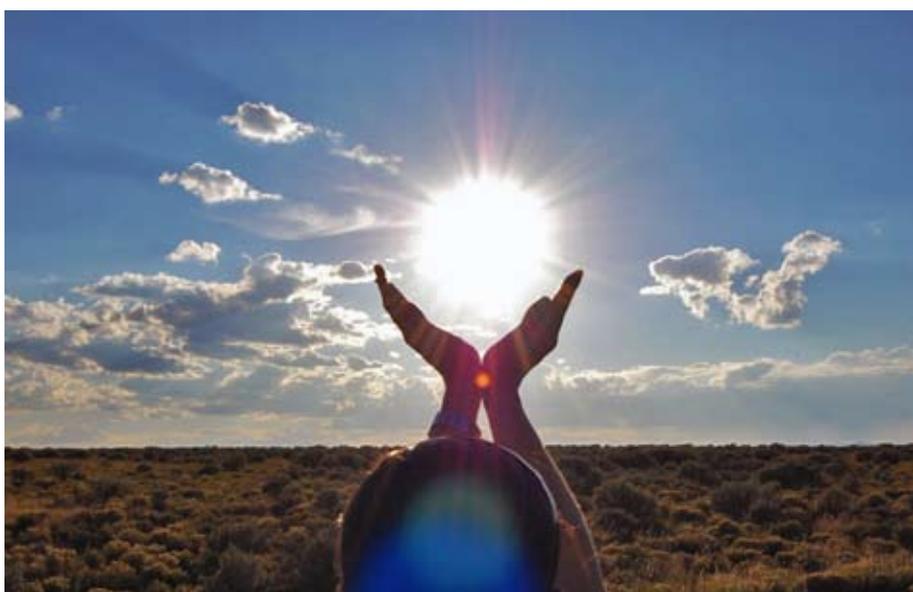
Reference

Kalichman SC et al. Human immunodeficiency virus load in blood plasma and semen: review and implications of empirical findings. *Sexually Transmitted Diseases* 35: 55 – 60, 2008.

Source: AIDSMap.com.

New beginnings

Participants in our GENESIS workshop gain confidence in living with their new HIV diagnosis. By Vic Perri, PLWHA Victoria Health Promotion Officer.



The aim of the GENESIS workshop was to provide an opportunity for HIV Positive Gay Men who have been diagnosed with HIV in the last 2 years with the capacity to gain more confidence in dealing with the issues arising out of living the HIV. Some of the objectives include, meeting with others in a similar situation and sharing experiences in a safe and supportive environment; learning strategies for managing and making sense of HIV; exploring the issues of disclosure, negotiating sex and relationships; finding out how to maintain sexual health; finding out about all the HIV related services and agencies available; making plans for the future.

GENESIS was modelled on the Genesis workshop that is run by the ACON. As with the Sydney workshop the main information was given and activities conducted on the weekend with a 2 hour

session conducted prior on the Friday night. The purpose of Friday night was for the participants to get to know each other and break the ice as well as to lay down some workshop agreements in order for the weekend to run smoothly. It was also an opportunity to talk about their wishes and anxieties relating to their diagnoses, expectations of the weekend and to set some goals.

A main objective was about giving the participants the opportunity to discuss the various issues in dealing with their diagnoses. Some of the activities got them to write down their thoughts and feelings around being diagnosed and others were more about dealing with the practicalities of living with HIV.

Goal setting

The purpose of this was to assist them to start thinking in a constructive way how

they can achieve addressing the issues they come to the workshop with.

- I want to feel stronger about being +. I want to feel more grounded through hearing what others have gone through what I have or will.
- I want to talk about disclosure. When is the right time? Have more of an understanding in how to do it.
- Learning to negotiate and feel better about sex with others.

Disclosure and sex was important. While disclosure is an ongoing issue with people living with HIV no matter how many years one has been HIV positive it can be particularly stressful in the early stages of diagnoses when one is less confident and has yet to deal with their sexual identity as a positive person.

Wishes

The participants were asked to think about what they wished for to help them deal with their diagnoses.

- I wish I could rewind my life to pre HIV.
- I wish I didn't have to worry about my health so much.
- I wish everyone knew I was positive and was ok with it.

The wish to keep their health and become a long term survivor is foremost amongst their thoughts. This can be connected with their anxieties around becoming sick as can be seen from the list in the activity cited below. In general however, the overall thoughts are around keeping a sense of normality in their life.

Anxieties

The participants were asked to think about what anxieties they had in dealing with their diagnoses.

- I am scared of the limitations I have to face due to HIV+. (travelling, work opportunities, relationships, etc.)
- Sometimes I am anxious about my + status when having casual sex in terms of disclosure
- I have worried about getting sick and looking sick
- I am scared of my quality of life deteriorating – due to HIV+ medications
- I am scared of death
- I am scared of loneliness and pain. I feel very alone in this.

Interestingly, it was quite clear from this list that that this group of gay men (it could be safe to say with many people who become diagnosed with HIV today), that no matter how advanced anti-virals have become in making HIV a chronic but manageable condition, they were still worried about getting sick and dying. This provides an interesting and contrasting paradigm when coupled with the popular (but likely incorrect) belief among many people when looking for a reason for the rise in HIV infections today, that gay men have become more complacent. The theory being that gay men are more confident that HIV can be easily managed and are therefore more relaxed or not as guarded when it comes to safe sex. Also, for this group, while the fear of getting sick and dying seemed to be a common thought in the early stage after diagnoses it would be interesting

to know exactly what they were thinking what it's like to live with HIV prior to their diagnoses. Could it be that they are not really complacent but simply not thinking clearly about the consequences and that their judgements at the time are clouded by other factors, till they actually hear the words "the result has come back positive".

"It was fantastic. Well planned. Well presented. Well resourced. And presenters and guest speakers alike were well informed. The facilitators did a fantastic job. I really appreciated all their work + preparation. Very informative about certain issues. Helped to diminish thoughts regarding misinformation. Confidence booster". These are some of the comments made by the participants in the evaluation. The last comment really hit the nail on the head if we were to ask whether the overall aim of the workshop as met. That is providing the participants with an opportunity to gain more confidence in dealing with the issues arising out of living the HIV.

The attendance of the workshop itself enabled the participants to meet others in a similar situation as themselves. Many of the activities provided much interaction enabling them to share their experiences and this was done in a safe, supportive and non judgemental environment as suggested by some of the comments. Without being prescriptive the facilitators shared their experiences and helped the participants explore strategies for managing and making sense of HIV. They explored the issues of disclosure, negotiating sex and relationships. In a broader sense the participants also had an opportunity

to reflect on their feeling prior to and after their diagnoses and to think constructively of their future and how they would like to see it.

The workshop was a successful collaborative process. Valuable advice was initially given by Jeff Jones who is the HIV Living Men's Senior Health Promotion Officer at ACON in Sydney. Jeff, who runs the GENESIS workshop in Sydney, was able to give an insight into the nuances involved in the nature of conducting the Genesis workshop.

I worked closely with the HIV Peer Support Facilitators of the VAC/GMHC who assisted me in the facilitation of the workshop and provided valuable and ongoing feedback which has fed into the process of the second workshop to be held. There was a contribution made by Trish Thompson of the Counselling Services Program also of the VAC/GMHC who provided an interactive session which is now included in the curricula of the workshop. Finally, Dr Beng Eu from Prahran Market Clinic presented a session on some of the basic science of HIV infection and the impact on the immune system, as well as giving participants an overview of the current treatment options.

If you would like to express interest in taking part in a future GENESIS workshop, please contact Vic Perri (Health Promotion Officer) at PLWHA Victoria on 03 9865 6772.



PositiveWomen

Supporting Women Living with HIV/AIDS

Positive Women Victoria supports women and their families in Victoria living with HIV/AIDS. For support or for more information please contact the office on 03 9076 6918 or e-mail support@positivewomen.org.au or visit www.positivewomen.org.au online.

Positive Women Victoria – January 2008 Poslink Report

Happy New Year! After a few weeks break, the staff at Positive Women Victoria are back on board, with much planned for 2008. We hope that you all had a lovely Christmas and New Years and that you were able to spend some time with loved ones and getting some rest.

Positive Women Victoria Christmas Breakup Dinner

On Friday 14th December our Patron, Board members and staff were joined by 15 members for our Christmas Breakup Dinner at the Prince Alfred Hotel. A fabulous night was held by all with much networking and sharing of experiences. An excellent peer support and networking event.

Positive Women Victoria New Year Party and International Women's Day Dinner

Members are invited to join Board and staff to a picnic lunch in the Melbourne Botanic Gardens in February. This is an extended invitation so members please feel free to bring your partners, family, friends, children, even your dog! Sandwiches and basic drinks will be provided by Positive Women Victoria, please bring your own desserts. You must RSVP to attend; specific location

and time will be confirmed upon RSVP, please also advise us of any dietary requirements. Members are also invited to join Board and staff to a dinner to celebrate International Women's Day in March. Location will be confirmed upon RSVP. A guest speaker will be arranged for the evening to talk to us about women's issues and empowerment of women.



Vixen Condoms – condoms for women

Vixen condoms have been developed by women's health charity Marie Stopes International Australia in collaboration with feminine hygiene company Cottons. Designed by women with a woman's needs in mind, Vixen has transformed condoms from an awkward, masculine product into a gorgeous feminine accessory that fits in a handbag.

The subtle Vixen tin encourages women to take control of their sexuality in a fun and feminine way. Designed with women

in mind, Vixen's unique packaging provides a very desirable alternative to the male orientated products currently on the market. Vixen condoms are an ultra-thin, premium quality, hot pink coloured condom that are available in two beautifully presented formats: an attractive tin that holds 3 condoms and a refill pack that holds 12 condoms.

\$1 from the sale of every pack of Vixen condoms will be donated to the Marie Stopes Sex Appeal – to improve women's health in developing countries and Indigenous Australia. Visit www.comebeautifullyprepared.com and www.mariestopes.org.au to learn more.

Positive Women Victoria is pleased to support Vixen condoms. We will be keeping stock at the office for sale as well as promoting Vixen condoms on our website. Our prices are as follows:
Members with concession or pension cards - 3 pack with tin (\$3.00), 12 pack refill (\$4.50)
Members - 3 pack with tin (\$4.00), 12 pack refill (\$6.00)
Friends - 3 pack with tin (\$4.50), 12 pack refill (\$6.99)

Condoms can be purchased & collected from our office or sent to via discreet post. Non members will be charged a postal fee of \$5.00.

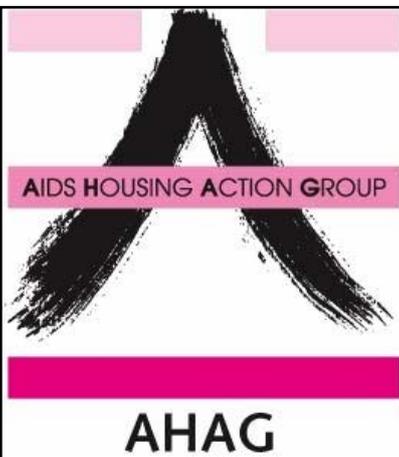
NAVIGATE

SOCIAL WELLBEING

Navigate Social Wellbeing offers individual counselling to explore and navigate emotional and social wellbeing around:

Adolescence Disability Depression Alcohol and Other Drugs Change Health
Loss and grief Chronic Illness Coming out Sexuality

Located conveniently close to public transport with offices in Melbourne CBD (Lonsdale Street) and Melbourne's West (Seddon).
Contact David Tonkin for further details and appointments: phone 8456 9352 or email navigatesw@iprimus.com.au.



ACCOMMODATION NOTICE BOARD

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www.ahag.org.au

All at sea with money?



Free workshop!
February 2008

Are you in debt? Need to know how to manage your money better? Being harassed by debt collectors? Want to know what your rights are? There are things YOU can do. Want to know more about credit? Need to know how to budget?

Learn how to put financial goals into place, stick to them and see how you can save for a holiday. Negotiate with banks, and if you're not happy with their services, discover what you can do about it. Thinking about bankruptcy? Want to know other options available?

If you've got ANY problems with money, come along to our free Financial Literacy workshops at the Positive Living Centre

Workshops start mid-September. Register your interest at the PLC.

Workshops include:

- Financial Goals – Workshop 1
- Budgeting – Workshop 2
- Debt – Workshop 3
- Credit – Workshop 4
- Bankruptcy – Workshop 5

Come to one or come to all of them, you won't regret attending them. Numbers are limited so call to secure your position.

Phone (03) 98630444.



Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund *Poslink* and Treatment Interactive Events in 2007.



**MARKET RESEARCH
GAY & BI MEN'S
HEALTH CAMPAIGNS**

Join us for a group discussion about an upcoming campaign. Contribute your opinions & experiences and get paid \$20!

If you can help out, please call Daniel on (03) 9865 6772 or e-mail d.reeders@plwhavictoria.org.au.

Register your interest and we'll contact you when there's an opportunity to take part!

Membership application

All details provided will be treated as strictly confidential.

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

Please Full Membership
tick I am HIV-positive and am able to provide verification of this if required.

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

Name	Signed
Address	Postcode
Telephone	Email (required)

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



I do not wish to be contacted by postal mail.

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