poslink

The Newsletter of
People Living with HIV/AIDS
Victoria Inc

Education, Information
& Representation

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Content

Annual General Meeting

Sunday 10 October 2010 at 12pm

Positive Living Centre

51 Commercial Road, Prahran VIC 3181

Join us for an annual review of the activities of PLWHA Victoria, election of board members, acceptance of reports and financial statements.

All members and supporters of the organisation are encouraged to attend.

Call for Board Members

PLWHA Victoria is seeking HIV-positive people who are enthusiastic and visionary team players to nominate for election to its Board of Directors.

As a Board member, you will have the opportunity to influence the strategic direction of the organisation and contribute to the organisation's work representing positive people in Victoria.

Board members are supported through mentoring and provided with training as needed. We are seeking people from all sectors of the HIV community who can bring their own experience and passion to the work of the organisation and effectively represent the diversity of our membership.

Nominations must be received by 5pm on Friday 1 October 2010. An election will take place at our Annual General Meeting, Sunday 10 October 2010.

Nomination forms are available from PLWHA Victoria office located at 6 Claremont Street, South Yarra or call 03 9865 6772.

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Note from the Vice President | Sam Venning

Paul Kidd (President, PLWHA Victoria) is currently on leave so I will take this opportunity to introduce myself. Although I've been on the PLWHA Victoria board nearly 12 months this is my first contribution to Poslink. My personal passion is building confidence and resilience amongst PLHIV. I'm encouraged by a network of friends and family with strong support and interest in the work of the organisation.

It is very satisfying to hear government, agencies, colleagues and friends increasingly focusing on health promotion, participation and inclusion and less so on illness, stigma and discrimination. It is ongoing work. The various programs of PLWHA Victoria further this work with consistent and passionate application.

PLWHA Victoria recently concluded a review of the Strategic Plan for 2010-13. I would like to thank those individuals and organisations that provided feedback and helped shape this document. In particular I'd like to thank Greg Iverson and David Menadue.

The new Strategic Plan will be available on the PLWHA Victoria website shortly. The board and Executive Officer moved quickly to draw up a plan of activities for both the board and staff to focus on. We are keen for the activities to align with the strategic plan and to have realistic objectives and measurable outcomes.

On Saturday 3 July Sircuit bar hosted the "GIVE Dance Party" as part of their Christmas in July series of events. Admission to this event was by gift. In the weeks leading up to the event Sircuit patrons were invited to collect a gift tag from a Christmas tree in the bar detailing a suitable gift. Gifts will go to the PLWHA Victoria Christmas hampers, which are distributed on Christmas day to both PLHIV in hospital and at home. It is an opportunity for the community to share good will, support and cheer at Christmas time. We are grateful for the support provided by the Sircuit bar crew.

By the time you read this the 18th International AIDS Conference (18-23 July) will have concluded. The conference is an international gathering for those working in the field of HIV, as well as policy makers and other individuals committed to ending the pandemic. It will be interesting to watch for developments following the 2010 deadline for universal access set by world leaders.

Leading up to this conference US President Barack Obama affirmed an ambitious and significant commitment to cut the annual number of new infections in the US by 25% over five years. Current infections stand at about 56,000 people annually. The US administration affirmed that those that are infected, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or economic level, will get "unfettered access to high-quality, life-extending care, free from stigma and discrimination".

Finally, I'd like to thank David Stephens for his contribution to PLWHA Victoria. David is leaving Australia to take up an appointment abroad. We wish David every success.

Save the Environment!

If you wish to do your bit for the environment and receive Poslink via email, please send your name and email address to poslink@plwhavictoria.org.au

Poslink is also available online to download at www.plwhavictoria.org.au

News Briefs | July - August

Significant progress for AIDS Vaccine

After decades of trying to develop a vaccine against AIDS, global health authorities are finally beginning to make "significant advances" towards their goal, Anthony Fauci, head of the US institute of infectious diseases, told AFP.

"Up to a few years ago, even though we have been trying for a couple of decades to develop a vaccine, unsuccessfully, we have not even had a small clue that we were going in the right direction," Fauci told AFP.

But two key events that have taken place in the past few years have changed that and led to "significant advances in the development of a vaccine", said Fauci, who is head of the National Institute for Allergy and Infectious Disease (NIAID).

The first of those key turning-point events was a clinical trial of an HIV/AIDS vaccine, which was conducted in 2009 in Thailand on 16,000 people.

"The results showed a small to modest positive effect on the acquisition of HIV - not good enough to be able to distribute a vaccine, but good enough to tell us that it was a conceptual advance that at least makes us feel now that a vaccine is possible," Fauci said.

Then, last week, scientists at NIAID published a paper in the journal Science about research that had helped them to identify two antibodies in an HIV-positive individual, which, when put together "block 90 per cent" of HIV strains, Fauci said.

"What that is telling us is that you can identify the portion of the virus that you would like to use as a vaccine, because we know that when the antibodies bind to that portion, it knocks down the virus," he said.

The next step will be to try to inject that part of the virus into an individual to produce a protective response against HIV infection, said Fauci in an interview with AFP days before the 18th international conference on AIDS, to be held in Vienna, Austria.

The Thai study and the report in Science have left scientists feeling "much more confident that ultimately we will have a vaccine" against HIV/AIDS, although it was still impossible to say exactly when that would be, said Fauci.

An AIDS vaccine was probably several years away, which means that in the meantime, the fight against HIV/AIDS must continue to focus on prevention and use tried and true tactics such as condom distribution, male circumcision, blocking mother-to-baby transmission and offering syringe exchange programs, he said.

Ways have to be found, too, to improve access to these preventive measures, especially in developing countries where only 20 per cent of "populations who would benefit" actually have access to them, he added.

Along with improving access to the preventive methods, Fauci urged global health authorities and governments to continue to work to develop other forms of prevention, such as microbicides.

And he recommended "treating as many people as we possibly can because we know that when you treat more people, you lessen the probability that they would infect other people.

"You could almost have what we call treatment as a form of prevention," until a vaccine is finally developed, said Fauci.

Jul 15 2010 - Jean-Louis Santini ninemsn

Raltegravir/Kaletra combination does well

A "nuke-sparing" combination of the integrase inhibitor raltegravir (Isentress) and the protease inhibitor drug lopinavir/ritonavir (Kaletra) looks highly promising, according to research presented to the conference.

Drugs from the NRTI (nucleoside reverse transcriptase inhibitor) class are usually the backbone of an HIV treatment combination.

However, there is concern about the long-term side-effects of many NRTI drugs.

Investigators therefore conducted a head-to-head analysis of a traditional combination (Kaletra and Truvada) against a two-drug combination consisting of Kaletra and raltegravir.

The study involved 206 patients who had never taken anti-HIV drugs before. After 48 weeks, almost identical proportions of patients in the two study arms had an undetectable viral load (85 vs 83%). This showed that the raltegravir-containing combination was "non-inferior" to the traditional, three-drug regimen.

The most common side-effects were diarrhoea (13 vs 8%) and increased cholesterol (8 vs 5%).

Similar proportions of patients in the two arms of the study stopped taking their treatment before its completion.

The researchers are now proposing to extend the period of analysis to 96 weeks.

aidsmap.com

Does nevirapine improve hepatitis C treatment outcomes in HIV/HCV co-infected individuals?

HIV/hepatitis C (HCV) co-infected people who included nevirapine (Viramune) in their antiretroviral therapy (ART) regimen were more likely to achieve sustained response to interferon-based therapy for chronic hepatitis C, according to a Spanish study presented on Tuesday at the Eighteenth International AIDS Conference in Vienna.

The researchers suggested nevirapine may lower HCV viral load and thereby improve treatment response, but an alternative explanation is that people who are prescribed this drug are less sick at the outset, and therefore more likely to respond to HCV treatment in any case.

Jose Mira, from Valme University Hospital in Seville, and colleagues evaluated the effectiveness of chronic hepatitis C treatment using pegylated interferon plus ribavirin in HIV/HCV co-infected patients using different antiretroviral regimens.

Prior research suggested that certain nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs) used to treat HIV are associated with poorer response to interferon, perhaps due to drug interactions or intensified side-effects.

The role of non-nucleoside reverse transcriptase inhibitors (NNRTIs) and HIV protease inhibitors is less well studied, and what research there is has produced conflicting findings. A study called RIBAVIC, for example, found that use of HIV protease inhibitors was associated with less successful hepatitis C treatment, but others have not seen a similar link.

Some reports suggest that co-infected patients on nevirapine-based ART have lower plasma HCV RNA levels than those treating their HIV with a protease inhibitor or an alternative NNRTI, efavirenz (Sustiva, Stocrin). Lower HCV viral load, in turn, is a predictor of better hepatitis C treatment outcomes.

The researchers concluded that HIV/HCV co-infected people who use nevirapine for ART respond better to pegylated interferon plus ribavirin than those who use lopinavir/ritonavir. Mira proposed that the lower HCV viral load levels seen in nevirapine users might account for this difference in response rates.

Session moderator Jürgen Rockstroh called this interpretation into question, however. Whilst Mira credited nevirapine with lowering HCV viral load, another possible explanation is that participants taking lopinavir/ritonavir may be sicker on average, because traditional ART sequencing starts with a NNRTI-based regimen and moves on to protease-based therapy as HIV disease progresses.

People at later stages of HIV disease may have reduced immune response to hepatitis C and higher levels of inflammation or other factors that contribute to increased HCV viral load and accelerated liver fibrosis progression – both of which predict poorer response to interferon.

But Mira disagreed that the study was biased in this way, noting that differences in interferon response between nevirapine and lopinavir/ritonavir recipients was still apparent after adjusting for HCV viral load and extent of liver fibrosis.

aidsmap.com

Vale Gabe McCarthy

NAPWA staff and board note with sadness the sudden passing of Gabe McCarthy, aged 44 years, on 30th June 2010.

We acknowledge the significant contribution she made over the years to ensure that positive voices are not just heard, but are listened to as effective leaders in Australia's partneship response to the epidemic.

We extend our support to her husband James, parents Lee and Brian and brothers Stuart and Simon and their families.

HIV and Ageing

What can we do about it?

David Menadue

In the last issue of Poslink and also in the national magazine Positive Living, I wrote an article on HIV and Ageing. Afterwards I received a few comments from HIV-positive friends who said things like, "Thanks for cheering me up!" and "What are you doing trying to scare the pants of positive people like that?"

Well, to respond, I was certainly not trying to do the latter and am sorry to be the bearer of not-so-good news. Like many other people involved with AIDS Councils and PLHIV organisations around the country, I was responding to increasing research about earlier ageing seen in HIV-positive people overseas and being a part of the discussion about what to do about it.

Australia has responded well to HIV in the past: in the early days of the epidemic the gay community rallied to look after people with HIV who were initially shunned by health agencies and managed thankfully to convince governments to provide funds to establish AIDS Councils, provide care and support for people as well as funds to try to prevent the spread of the virus. It makes sense that we need to be similarly prepared to meet the needs of an ageing HIV-positive population, particularly if some people may require care earlier than the rest of the community.

So I think it is important that people who are dealing with a number of the symptoms of early ageing are aware that the issue is on the HIV sector's agenda – and that hopefully some solutions will be found. There are currently forums on ageing taking place on a national level where issues such as preparing GPs, the aged care sector and HIV sector agencies for caring for older HIV-positive people are being discussed.

As someone who is experiencing a range of HIV-related co-morbidities (illnesses or conditions) myself, I have actually been consoled to know that there is an explanation for some of the things that have been happening to me. I have always been careful to take my HIV treatments on time and when I experience yet another co-morbidity, I have been wondering what I'm doing wrong.

"The truth is that HIV treatments don't completely stop the virus in its tracks".

They have greatly reduced our chances of getting the awful, often fatal opportunistic AIDS illnesses that many of us experienced in the eighties and nineties to such an extent that many of us have lived far beyond medical expectations when we were diagnosed all those years ago. But researchers now realise that HIV remains at low levels in the body, regardless of whether you have an undetectable viral load and are doing pretty well on treatments. There are constant inflammatory responses happening in the body caused by the virus that place a burden on body organs over time.

So when I first got diabetes, it was attributed to a side-effect of my HIV treatments which is at least partly the case. The same was true of my raised triglycerides and cholesterol levels and increased risk of heart attack. Then when I came down with gout, the Rheumatologist couldn't tell me if HIV was a factor or not, particularly as I have no family history of the problem. Now if I am reading the research right, HIV itself may have a role in contributing to all these problems for me - albeit that less-than-perfect treatments have played a part as well. It's difficult to know what causes what but when I see some positive friends in their fifties with bad arthritis, increased fractures and using walking sticks, I know that HIV-related ageing is happening for others as well.

People who have been relatively recently diagnosed – even maybe people in their sixties – are much less likely to experience these co-morbidities (in the short term) as they are usually associated with length of time spent living with HIV. If you have had a long time living with HIV but without any treatments (like me, as there were none when I was diagnosed in the eighties) then the effect is likely to be worse, too. And then there will always be those fortunate people for whom living with HIV will be a relative breeze, without complications for most of their lives.

So rather than get distressed by this, what can we about it? Like someone who is diagnosed with a chronic illness like diabetes, for instance, there are good ways to live with the condition – with diabetes it is about making changes to your diet, regular monitoring of your blood glucose levels and taking your medication properly. Or bad ways – like continuing to eat fatty or sugary

foods, not keeping in touch with your diabetes doctor and forgetting to take medications.

So it should be with HIV. Like the rest of the population, positive people often scoff at health promotion messages – like give up smoking, decrease your weight, eat more healthy foods and take up regular (preferably daily) exercise. They are things we will get around to one day when I really have to - rather than right now.

Here a few of the reasons why we need to take these health promotion messages even more seriously:

1. The evidence is there that the Number 1 positive thing an HIV-positive person can do to reduce their chance of getting a co-morbidity that could seriously affect their health or risk their life – is to give up smoking. Not only is there the added risk factors we have for heart attacks – from long term effects of living with HIV as well as from some treatments – but smoking has been strongly linked to an increased prevalence of cancers in HIV-positive people (not just lung cancers, either - there are links to anal cancer, bowel cancer and throat cancers, for instance).

2. You can reduce your risk of diabetes, bone density loss, liver and kidney disease by reducing alcohol consumption, eating a balanced diet (less saturated fats, salts and sugars and increased fibre and calcium from dairy foods, for instance), exercising daily and drinking at least 6-8 glasses of water a day.

3. Develop a good trusting relationship with your doctor and regularly monitor your health with him/her. Apart from your regular CD4 and viral load tests, ask for regular monitoring of your blood pressure, blood lipids, blood glucose and maybe a yearly bone density check (through a DEXA scan) if your doctor considers you at risk of osteoporosis.

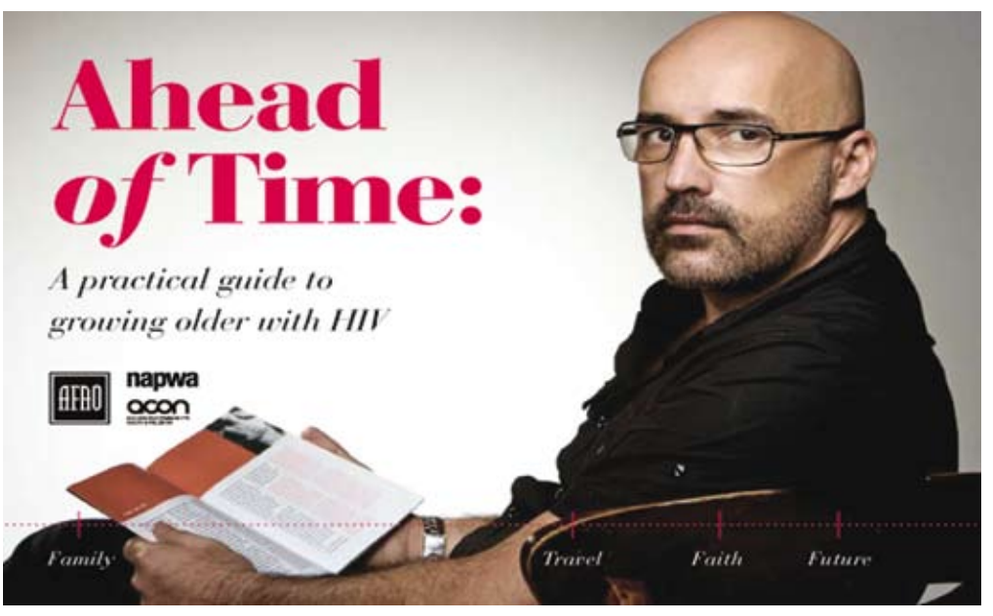
4. Stay on your treatments, take them on time or monitor the need to start them with your doctor if you have not begun antiviral treatments. Learn about possible interactions with other drugs (such as antihistamines and commonly prescribed drugs) or even natural therapies and ask your doctor/chemist to check there is any problem with taking other drugs with your antivirals. If you take recreational drugs, you need to know about potentially serious interactions with some antivirals and how to reduce your risks.

5. See your dentist every six to twelve months. Dental complications can be more common for HIV-positive people, partly due to treatment side-effects.

Alright, so when is there any time left to have fun? Enjoying your life has to be a top priority regardless of the extra effort that living with HIV may involve. Spending a bit of time on maintaining your friendships or the important relationships in your life (like a partner or your family) will help you through any of life's hurdles more easily.

You could think of some innovative ways of doing this, if your contacts and friendships have diminished over the years—doing things like joining HIV-positive peer or social groups (or setting up your own) or reaching out on the Internet to find other positive people or positive-friendly people to connect with.

A useful book on Ageing has been produced by AFAO and NAPWA. It is called "Ahead of Time" and provides useful tips on growing older with HIV. It even includes a list of good social networking sites used by HIV-positive people. It is available to download from the PLWHA Victoria website or call 03 9865 6772 for your free copy.



A New Beginning | James May

My world was turned upside down when I was diagnosed HIV positive. Life had changed in a split second – it'd never be the same. There was nothing positive about it. I felt contaminated, ruined, destined to a bleak, lonely future. A million thoughts raced through my mind. Isolation, illness, death – those fears consumed me.

It was Sleazeball in Sydney just weeks earlier. Everyone in our house was ready for a night on the town – dressing up, feeling fabulous, strutting into clubs and taking over the dance floor. I had a relatively new partner at the time – we were living together after just a few months. We took some meth – it was mind-blowing gear. The night started with a bang and we headed off with the gang to run wild on Oxford Street.

It was one hell of a night; club-hopping, dancing, feeling on top of the world, invincible. That's what we lived for back then – we were in our twenties, nothing else mattered. Sometime the next day the party was over and we were coming down hard, feeling raw, emotional. My partner and I retired to our room to get a bit closer. It was the first time we'd had anal sex and we didn't use a condom.

I came down with a severe flu-like illness a few weeks later. Cold chills seared through my blood, burning fevers wiped me out. My partner held me in his arms and rocked me to sleep. I woke up during the night, sweating like crazy. Every time I closed my eyes I started dripping again. The glands in my neck were sore and swollen. I stared out the window into the darkness, then down at him sleeping like a baby. I realised I knew very little about him – where he was from, his life before 'us'. We were young, we moved in together so quickly – I knew something was wrong.

I went for a blood test and it came back inconclusive. The GP ran more tests and I waited anxiously in the surgery with a friend, knocking knees like two nervous school kids. Moments later we were called into her office and our fears were confirmed. The test was positive. The female GP was so cool, calm and collected – I wanted to shake her. She handed me a leaflet about HIV medication and that was it; she sent us on our way.

"I'd never known anyone with HIV; I never thought it'd happen to me".

I walked down Oxford Street petrified, wanting the ground to cave in and swallow me up. I felt so small, ashamed, lost. My friend and I stopped for coffee, then a beer, then another beer. It felt like I was going mad, I could break down any second. I wanted to run, hide. I didn't want to tell anyone, that's for sure.

That's what I had to do. My partner was at home in bed, recovering from another big night. I had to break the news. So I walked upstairs, tapped him on the shoulder and told him. His head dropped into his hands and he swore out loud – but he wasn't surprised. He'd had a few accidents with the needle, he said – plenty of rampant sex too. That didn't surprise me but his anger did.

'Why did you do it,' he said? 'We didn't have to know.' He called me stupid, naïve. He said he'd move out, leave Sydney, go back to England. He wasn't taking the test, that's for sure.

I was blown away by his attitude. I walked in there, ready to face this thing together. I could manage, with his support. I wouldn't let it come between us, we'd find a way through this. His reaction was a huge slap in the face – worse than the diagnosis.

The coming weeks were bitter. He spent days away, wiping himself out on meth. He barely acknowledged me, didn't want to talk about it. I spoke with other GPs. Most were pessimistic, insensitive. They were tired of young guys on the party circuit turning up positive – tired of the 'message' not getting through.

Word spread quickly among friends. They were scared, outraged. They wanted to blame, point the finger. 'Why did I trust him?' 'Why didn't I take precautions, they said?' Never mind their own slip-ups – they thought they had a right to judge. Their remarks only added insult to injury.

The party was over and everyone was spinning out. A sad, solemn mood crept into the house and dug its heels in. Meanwhile, I felt sicker than ever – too tired, nauseous, anxious and depressed to function. It was as though I fell sick when I heard the diagnosis and couldn't shake

it. I couldn't sleep, I lost weight, I had thrush in my throat. HIV was all I thought about – I couldn't get a moment's peace.

I had never felt more alone – abandoned, judged, let down by everyone. Unfortunately, most of the people in my life back then were only in it for the good times. It was a rude shock but a wake-up call I needed. HIV put an end to the delusion, it was time to get real. My life had revolved around drugs and booze for years and something had to give.

I wasn't growing or making any progress. I was treading water, going round in cicles.I had come from a background of domestic violence and homophobia in Qld and had very little self-esteem. I had no direction and didn't feel capable of achieving what I wanted anyhow. I was shut down, depressed and self destructive. I thought I'd be dead by the age of thirty and I probably would be if HIV didn't come along.

Life transformed after the diagnosis. My partner did take the test. It came back positive and he said he wanted to make a go of things. He couldn't follow through in the end; denial was always his way. Within days he was back on the gear, gone for days – hoping it was all a bad dream.

Some of our friends moved out, some kept doing the same thing. The party had to go on. They treated me like I was a victim of the worst possible fate – they didn't know how I'd cope. I didn't either back then. They were there if I wanted to party but that was all. There was nothing more to say.

So I made changes – big changes. I moved on; for the sake of my health, my sanity, my quality of life. I said goodbye to my partner – I couldn't play it his way. I left town and wiped the slate clean. It was a sad end but a new beginning.

Ten years later, my health is stronger than ever and I'm in a better place than ever. I thought I couldn't live with HIV unless I had my partner and the friends I'd always known. I had to go it alone in the end – I had no choice. I created a new life in a new city. It was the best thing I ever did. It was a change that was way overdue and HIV gave me the courage to do it.

Camp Seaside

Camp Seaside is a camp run by Straight Arrows for families infected or affected with HIV/AIDS. The camp will be held at Wombat Gully Camp, Emerald Lake Rd, EMERALD, which is approximately one hour east of Melbourne. It is located in the magnificent Dandenong Ranges and the grounds are superb with excellent children's facilities.

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.

All meals are provided.

Each year we have new families/members applying for the camp, so places will be given to families who have not attended a camp before OR did not go on last years camp.

The camp runs from:

Friday 12 November to Sunday 14 November 2010

Phone or email us now to register your interest.

Ph: 03 9076 3792

Email: projectsofficer@straightarrows.org.au

straight arrows

Services, support and advocacy for heterosexual people living with HIV

Eat, Drink and be Positive | Food For Thought

As populations are living longer, the incidence of progressive memory loss, dementia and problems associated with 'brain health' are increasing rapidly. The good news is that studies are finding that some foods can help you concentrate, stay motivated, and improve your memory. So what is the best 'food for thought'?

Breakfast means just that: 'break the fast'. Eating breakfast refuels the brain by providing an immediate source of glucose energy after an overnight fast. Skipping breakfast can impair memory and mental performance.

Glucose in the bloodstream is the brains sole source of energy. Since glucose cannot be stored in the brain, it relies on a continuous supply from the bloodstream. If your brain cells are deprived of glucose, mental power will suffer and you might feel tired, unable to concentrate and light-headed. Eating carbohydrates at regular intervals will help prevent your blood glucose (sugar) levels from dropping too low.

Low GI (glycaemic index) helps to maintain concentration by making glucose available over a longer period of time. Low GI foods include wholegrain breads and cereals, pasta, some long grain rice, legumes, corn, sweet potato, many fruits and other vegetables.

Omega-3 fats, particularly docosahexaenoic acid (DHA), make up a large proportion of the human brain. These essential fats cannot be made by the body, and must be supplied by the diet. Studies have shown that the omega-3 fatty acids found in fish oils can play a part in maintaining good brain function and may influence a number of mental conditions ranging from depression to Alzheimers.

Iron is needed to carry oxygen around the body and for building red blood cells. The brain has a big demand for oxygen, and iron deficiency can produce symptoms of tiredness, irritability, and diminished mental alertness.

Choline is a precursor to make the nerve transmitter chemical called acetylcholine that many of our nerves in our brain and our muscles use to send messages. Choline rich foods such as eggs, milk, liver and soy may be useful for enhancing memory and promoting clear thinking.

Protein foods are important for brain performance because they provide amino acids, from which neurotransmitters are made. Neurotransmitters carry signals from one brain cell to another. Tryptophan is an essential amino acid needed to form serotonin, a chemical that modifies sleep and moods. Food sources include nuts, seeds and legumes.

Tyrosine is the building block for nerve chemicals such as adrenaline. Studies show that tyrosine may improve memory or mood in healthy people when under stress. Food sources include lean meat, eggs, milks, and soy.

Fruit and vegetables contain antioxidants which help neutralise or inactivate free radicals, molecules that can damage cells, including brain cells. Vitamin C, beta-carotene and vitamin E are a few antioxidants found in fruit and vegetables.

Always consult your HIV doctor when changing your diet.

Source: Simplot Australia - http://www.simplot.com.au/health-nutrition.asp?pgID=215

Reader's Recipes

Suzy's Chicken Hot Pot

1 red onion, sliced

1 tbsp crushed garlic

1 tsp crushed ginger

4 baby corn, sliced

¼ cup red capsicum, sliced

4 button mushrooms, cut into quarters

½ cup green beans, diced

1 tbsp olive oil

4 chicken drumsticks, skin off

1 diced tomato

1 tbsp fresh coriander, chopped

1 tbsp oyster sauce

1 tbsp corn flour

½ cup chicken stock

Heat a saucepan on moderate heat and add oil. Coat each drumstick with the corn flour and then brown each drumstick on all sides for about 30 seconds. Remove from the pan and place in an oven-proof dish with a lid.

Add onion and garlic in the same saucepan and cook until transparent. Add the remaining vegetables along with the oyster sauce and chicken stock and cook for two minutes. Place all the ingredients into the oven-proof dish covering the chicken drumsticks. Then put in a 180ºC preheated oven and cook for 60 minutes. Top with chopped coriander and serve with rice or cous cous.

Garry's Pear and Chicken Salad

500g chicken tenderloins, trimmed of excess fat

1 tsp olive oil

Salt & freshly ground pepper

1 butter lettuce leaves separated, washed, dried

4 celery sticks, diagonally sliced thinly

3 pears, core removed, cut into thin wedges

1 avocado, halved, stone removed, peeled, sliced

1/2 cup (125g) Praise creamy dijonnaise

1 tbs honey

Heat a char grill pan on medium-high heat. Brush the chicken with the oil and season well with salt and pepper. Cook for two minutes each side or until cooked through. Set aside to cool.

Diagonally slice each tenderloin in half. Divide the chicken, lettuce, celery, pears and avocado among serving bowls. Whisk the dijonnaise, honey and one tbs boiling water together. Drizzle the dressing over the salad and serve.

Katherine's Sausage Rolls

400g sausage mince

300g chicken mince

1 onion, finely chopped

1 clove garlic, crushed

1 medium carrot, grated

1 medium zucchini, grated

1 cup fresh breadcrumbs

3 tbs chopped parsley

1/2 tsp ground nutmeg

Salt & freshly ground pepper

2 eggs

3 sheets frozen puff pastry, semi thawed

1 tbs sesame seeds

Preheat oven to 200°C. Line two baking trays with baking paper. Mix both minces, onion, garlic, carrot, zucchini, breadcrumbs, parsley, nutmeg and seasoning together.

Beat one egg and add to mince mixture. Divide into six equal portions. Cut pastry sheets in half. Roll a mince portion until 25cm long. Place down the centre of pastry. Beat remaining egg and brush edges.

Roll up to enclose filling, and cut into six pieces. Place on trays, seam side down. Brush with egg and sprinkle with sesame seeds. Bake for 20 mins, reduce heat to 180°C, and cook for 10 minutes until golden.

If you have a favourite healthy and delicious recipe that you would like to share and have published in Poslink, please email

poslink@plwhavictoria.org.au

Preventing Muscle Deterioration | Chris Gregoriou

PLHIV often experience loss of muscle mass. One reason for this loss is the energy demands of PLHIV is higher than average, especially during periods of illness.

The body naturally sources proteins as a means of harvesting energy quickly. Even with modern anti-retroviral medication, muscle deterioration occurs in as many as 25% of PLHIV. Loss of muscle mass has been widely documented to have a harmful effect on bone density and immune function, which is of particular concern.

Resistance or strength exercise, either at a gym or with a personal trainer is one of the most natural and effective ways in counteracting the effects of muscle deterioration associated with HIV.

The best forms of strength and rehabilitation exercise is simply with the use of your own body weight and of course free weights (dumb bells) rather than machine-based equipment. Strength is developed and muscles grow by progressively increasing resistance (i.e. weight) whilst maintaining a controlled and correct technique.

Quality of life, such as helping reduce depression, improvements to energy and assisting sleeping patterns are just some of the positive benefits of exercising. Further, weights training can prevent osteoporosis, (softening of the bones) by virtue of increased bone density.

If you are looking to regain strength or improve your flexibility and overall balance, a very effective form of exercise is a technique known as 'functional training'. This is the use of exercises that mimic the active motions you would apply during normal daily activities.

I encourage my clients who are HIV-positive to train using a combination of functional and strength training. The results have been very encouraging to date, with improvements found to body strength, lumbar movement and overall flexibility.

Another benefit of 'functional training' is the increase of strength and flexibility to our core. It's our core that keeps our upper body from staying upright. Ever had a foot slip out from under you? A strong core will help keep you balanced and on your feet.

The following functional exercises cover a wide range of muscles and are very effective (when performed with correct technique) for overall body conditioning.

Push ups

For your chest, arms, abs, shoulders and back. You can start off with wall push ups and then after some practice, you can make use of the kitchen counter for added intensity, moving onto the floor as you build up strength over time.

Squats

Reflect common actions that we do throughout the day like reaching, lifting, bending involves an element of squatting. The functional exercises for legs are the squats. They help in strengthening the quadriceps and the gluteal muscles.

Back extensions

As we age, we find our posture changes and flexibility of the spine deteriorates. This functional exercise is used not just for the ageing population but also for the young. This will help strengthening the back muscles as well as aid in the release of tension which can mount on the cervical disc.

Lunges

This is a functional exercise for runners. It retains the bending habits and gives free leg and back exercises at the same time. Doing this exercise properly helps in preventing back and knee pain.

Plank

A functional exercise that is very powerful in strengthening the core. The replacement to the old fashioned sit-up, this exercise helps protect the back while improving on back and abdomen strength.

The above sample of exercises are very effective yet simple, however always consult with your doctor and fitness expert before commencing any new form of exercise, as correct technique and form is essential if looking to regain muscle strength.

Always remember it is never too late to start exercising and regular exercise has great health benefits to both the mind and body.

For further information visit

www.metrobodyfitness.com.au

Chris Gregoriou is the founder of Metrobody Health & Fitness and an accredited personal trainer based in Melbourne.

Information for people living with HIV

Protect yourself with a FREE hepatitis B immunisation

About hepatitis B

Hepatitis B is a virus that affects the liver and can cause serious illness.

Hepatitis B infection progresses faster in people with HIV, can make HIV treatments more complex and can affect a person's tolerance of HIV treatments.

Effective treatment is available for people with chronic hepatitis B, though a cure is difficult to achieve.

Immunisation against hepatitis B can protect you from contracting this virus and in Victoria the vaccine is now free for people living with HIV.

How hepatitis B is spread

The hepatitis B virus is spread through contact with the body fluids of an infected person, including blood-to-blood contact (such as by sharing injecting drug equipment), unprotected sex and transmission from infected mother to baby (usually occurring at or around the time of birth).

How do I get my FREE hepatitis B immunisation?

Immunisation consists of a course of three injections into the upper arm. The first dose is followed by the second dose at least one month later then the third dose six months after the initial dose. Your doctor will monitor your hepatitis B immunity regularly by blood tests.

The most common side effects of the vaccine are minor and disappear quickly. These can include: soreness, redness and swelling at the injection site, a mild fever, a temporary small lump at the injection site. More severe side effects are extremely rare and include anaphylaxis (severe allergic reaction).

Please talk to your doctor or immunisation nurse to organise your immunisation and get further information about hepatitis B immunisation.

This fact sheet can be downloaded from:

http://www.health.vic.gov.au/immunisation/fact-sheets/factsheets

Department of Health

Victoria
The Place To Be

PNG Leadership Development Group | Max Niggl

Working in Papua New Guinea as a white, gay, HIV positive man brings many challenges but nowhere near as many challenges as those faced by PNG Nationals who are Men who have Sex with Men (MSM), Transgender and sex workers - both in cities and rural communities.

Imagine if your country's laws ignored your human rights of equality because of your sexuality or that you became a sex worker because you have no employment and no government welfare support.

Imagine if you lived in a country where the law states the following:

PNG Criminal Code 1974, as amended in 2002 108

Section 210. UNNATURAL OFFENCES.

(1) A person who–

(a) sexually penetrates any person against the order of nature; or (b) sexually penetrates an animal; or (c) permits a male person to sexually penetrate him or her against the order of nature, is guilty of a crime.

Penalty: Imprisonment for a term not exceeding 14 years.

(2) A person who attempts to commit an offence against Subsection (1) is guilty of a crime.

Penalty: imprisonment for a term not exceeding seven years.

Section 212. INDECENT PRACTICES BETWEEN MALES.

(1) A male person who, whether in public or private–

(a) commits an act of gross indecency with another male person; or (b) procures another male person to commit an act of gross indecency with him; or (c) attempts to procure the commission of any such act by a male person with himself or with another male person, is guilty of a misdemeanour.

Penalty: Imprisonment for a term not exceeding three years.

"Welcome to Papua New Guinea – our nearest neighbour where HIV and AIDS are pandemics, where HIV treatment is limited and where basic heath care is very difficult to access".

A very peculiar anomaly exists in PNG where female to female sex in legal! Go figure what the legislators were thinking when they tabled the criminal code – obviously they thought lesbians didn't exist in PNG.

Violence against women, children, MSM, transgenders and sex workers is a daily occurrence. And yet I have met some of the most amazingly courageous pioneers committed to overturning these laws and being accepted in their own communities for who they are.

The people of PNG make you feel like a celebrity when they welcome you – the way they have welcome and farewell ceremonies – you become part of their community as a result and the mutual respect is amazing. I have learnt as much if not more than they have learnt from me.

I first went to PNG in 2004 with Andrew Timmins researching the capacity for rural day care centres to roll out ARV treatments and to assess the significant changes that PLHIV and HIV sector workers had been able to implement after they attended the 2003 NAPWA Conference in Cairns. Meeting the PNG delegates in Cairns was a very humbling experience.

To think that just over the Torres Strait people were dying of AIDS in the most awful discriminatory circumstances and where HIV treatment was a pilot project for 50 people!

And yet here I was getting healthier by the year and accessing the best medical services available in the world. Distressing would be an apt description of how I felt, powerless to make change and yet an overwhelming desire to work with the PNG people to help them find solutions to HIV that respected their culture and way of life.

Challenging was another word when I had to reconcile my atheism against the faith of the Nuns I met and worked with. They have become the most outstanding advocates for HIV treatment and safer sex when their Government was doing so little and their parishioners were being devastated by HIV. As such my admiration for their community work is immense.

I returned to PNG on 2008 with Susan Paxton PhD to train PLHIV speakers in public speaking and I realised that empowerment through being able to articulate their stories would start to alleviate the incredible HIV & AIDS stigma that still exists there.

This year I was asked by Dave Traynor, Manager of the AFAO International program if I would go back to PNG and train MSM and Transgender in public speaking and advanced communication. Needless to say I didn't have to think about it too long and before I knew it I was back there in Lae working with an amazing group of people.

The participants are part of a Leadership Development Group funded by AusAID. The collaborating partners are AFAO, QAHC (Queensland Association of Healthy Communities), Save the Children in PNG and their program "Poro Sapot Project" (Friends Support Project)

The project's main aim is to "strengthen the capacity of MSM and Transgender in PNG to respond to the threat of HIV; enabling them to decide upon and develop their own plans for limiting HIV infections amongst MSM and transgender communities and for providing increased care and support to HIV+ MSM and transgender"

To progress towards this goal the project aims to achieve a number of key objectives as follows:

• Strengthened Community Leadership capacity amongst the MSM and Transgender communities

• An increase in the number of MSM and transgenders benefiting from peer support, networking and training opportunities relevant to HIV

• An increased understanding of the HIV-related needs of MSM and Transgenders in PNG amongst donor organisations, relevant Government agencies, and the MSM and Trangender communities themselves

• Strengthened capacity amongst MSM and Transgender in PNG to articulate and advocate for their HIV-related needs

• Strengthened linkages between MSM in PNG and MSM across the region.

• Recommendations for HIV-related work that can be designed and undertaken by MSM in PNG for MSM in PNG, have been developed.

The project is being conducted over approximately 18 months between July 2009 and January 2011and it includes two related components.

1. Fostering the development of MSM and Transgender leadership capacity -10 MSM and Transgender with leadership potential will be selected to participate in a Leadership Development Group (LDG).

2. Participants in the LDG will be provided with opportunities and support to strengthen their capacity in a range of skill areas.

Selection criteria for appointment to the LDG are:

• A strong commitment to the MSM community in PNG and to addressing HIV and AIDS

• The capacity to work with others and as a team

• Mutual respect and tolerance

• Communication and listening skills

• Knowledge of issues affecting MSM in PNG.

This project's aim and goals remind me of how the Australian gay community mobilsed in the early 80's to challenge the hysteria surrounding HIV and AIDS.

These similarities extend to when homosexuality was decriminalised in Victoria in December 1980 – yes only 30 years ago! And that brings me back to why the Leadership Development Group will have a role to play in decriminalising homosexuality in PNG.

Dame Carol Kidu was the only white female (four more joined her in late 2009) member of the PNG Parliament and is the Community Development Minister.

She is passionate about social justice and while PNG has one of the most advanced constitutions in the world, they also have legislation that harks back to the Colonial era that criminalises homosexuality thereby making it unsafe for people to be open about their sexuality. Additionally it makes it harder to roll out HIV awareness campaigns to some of the most marginalised people in PNG.

Until recent human rights campaigns to educate Police it was common for MSM, transgender and sex workers to be harassed, beaten, raped or killed and unfortunately they are always in fear of what may happen next. However the group I trained seemed to be extraordinarily resilient and prepared to be outspoken advocates for equality.

It is the homosexuality criminalisation law that Dame Carol Kidu MP is trying to have overturned in the PNG Parliament and the Leadership group are part of the push to support her as advocates and leaders for legislative change. The aim is that they will work at many levels of the campaign – from the grass roots community finding out what the MSM and Transgender communities would like to see happen, to the highest level of contact with Mayors, Provincial Governors and Government Ministers.

My small part in this huge project was to do the following: deliver a Communication Skills Training workshop over two days and to observe the Lau MSM and Transgender Community Consultation workshop.

CONTINUE on page 16.

PNG Leadership Development Group | Max Niggl

CONTINUED from page 15.

The workshop objectives of this consultancy were:

1. LDG members to develop strengthened skills in public speaking and increased confidence in communication

2. LDG members to develop strengthened skills in active listening techniques

3. LDG members to develop a team centred approach in working together constructively – both individually and collectively as speakers and a greater capacity to transfer their speaking skills to other MSM and transgender.

Evaluation of the workshop was exceptional and they all took the key communication messages with them. During the workshops they were like sponges soaking up the training and they rose to the challenges I set for them in quite amazing ways.

They used their strong oral communication skills to adapt to a western style presentation format - preparing properly, knowing your audience, keeping it simple and delivering key messages effectively. It is a fantastic feeling to see how people develop so fast and I know they will continue to learn. In a very brief four days I have made some new friends who have awesome leadership potential.

Few of the people I trained are in paid positions; many are volunteers for programs such as beats outreach, peer education, community education and campaign development. All are extremely savvy about their lives and love modern communication technology. Of the 11 people I trained, two of them made it very clear they wished to be known by their female names and they made an incredible impact on me.

They had also decided to bring the drag costumes and wigs to put on a show at the Lae Hotel. Unfortunately I was not able to go to the show as it was regarded as a security risk to my safety. Reports about the show were that they had a great time.

Where to from here for PNG MSM and Transgender? The Leadership Development Project will be finished by January 2011. Funding submissions to AusAID will determine if there will be a continuation of the project to train another group of emerging leaders. It is envisaged that the current group will continue their work, mentor and train others in what they have learnt. They will continue to challenge the legal restrictions they face and will hopefully be part of a renewed focus on HIV amongst MSM and Transgender in PNG.

N.B. State sponsored homophobia exists in 76 countries mostly as a result of colonial era laws.

For the full survey go to State-Sponsored Homophobia - A world survey of laws prohibiting same sex activity between consenting adults (May 2010) (pdf).

Guide to Australian HIV Laws and Policies

www.ashm.org.au/HIVLegal

Australian health care providers deliver medical and other care under a complex umbrella of ethical and legal duties regulated by professional codes of ethics as well as diverse fields of law (including criminal, public health, administrative and anti-discrimination). In almost all clinical settings the primary focus of the health care professional is the care of one individual to whom the practitioner has responsibility.

When providing care for individuals with HIV infection, other people including sexual partners, children and those potentially or actually at risk of contact with blood and body fluids are also indirectly the responsibility of health care providers and their patients. Health care providers' reactions to these responsibilities must be based on science (evidence-based care), a caring supportive approach (the art of health care), and the non-judgmental ceding of decision making to the well informed patient (patient primacy in decision making).

The underpinning laws guiding health care workers are state-based so that frequently different provisions apply in different jurisdictions. There is sometimes a lack of clarity about what particular laws and guidelines really mean in practice - notably as applied against each instance of each unique patient (in his or her particular circumstances) attending for care. Furthermore there is often a tension between provisions, with legal requirements not always supporting good public health practice and vice versa.

HIV has had a profound impact on Australian law, triggering the development of numerous legal and regulatory responses affecting clinical practice, including laws and guidelines on:

- HIV testing
- notification and recording of HIV test results and AIDS - related deaths
- confidentiality of HIV related information
- anti-discrimination requirements
- duties to disclose HIV status, practise safe sex or refrain from sex (particularly commercial sex) if living with HIV
- the management of those persons who put others at risk of HIV infection.

All these laws and guidelines, and numerous others besides, affect health care workers' capacity and responsibility in relation to HIV-positive patients, those seeking HIV testing and those engaging in activities that put them at risk of HIV infection.

Recently, there has been a number of high profile criminal prosecutions of individuals alleged to have put others at risk of HIV infection. Those cases have challenged some of the fundamental understandings of Australia's long-term commitment to public health management principles in relation to HIV and the renowned record of effective responses to HIV infection, care of people with HIV/AIDS, scientific research and cohesive societal responses.

They have also generated substantial (often sensationalist) media coverage, communicating a distorted version of events and contributing to various constructions of what those prosecutions mean. This situation has the potential to result in: a loss of confidence in health care workers' capacity to assure confidentiality; increased fear of police investigations of sexual activity: confusion concerning real risks of HIV transmission, and a return to the ethos of HIV-positive people as 'the problem'. Unfortunately, those possibilities arise against a backdrop of continuing discrimination against HIV-positive people.

The Australasian Society for HIV Medicine (ASHM) has produced a new resource, Guide to Australian HIV Laws and Policies for Healthcare Professionals.

This resource aims to respond to some of the concerns recently outlined by health care providers in relation to HIV, and also by those wishing to access health services. It provides health care providers with a basic outline of their legal and ethical responsibilities under various laws and regulations in relation to HIV.

Please note, information contained in this resource is not specific. Those seeking advice on individual cases should contact their health department, solicitor or their medical defence organisation as appropriate.

The resource is available on PLWHA Victoria's website:

www.plwhavictoria.org.au

Source: Australasian Society of HIV Medicine - http://www.ashm.org.au/HIVLegal/Default.asp?PublicationID=2&ParentSectionID=P2&SectionID=345

Positive Women | Kellie Madge

For HIV-positive women, sex and relationships can be difficult in the face of HIV. The Straightpoz Study2 found that for heterosexual HIV-positive individuals HIV can "have a profound impact on peoples sense of themselves as sexual beings and on their confidence and capacity to negotiate new intimate relationships"[2].

The HIV Futures 6 survey report released this year indicates that one third of female respondents (81 women) were "not having sex at the present time". Of the female respondents currently having sex, nearly all had told their partner that they were HIV-positive and over half of these individuals expressed fear of rejection during disclosure[1]. Difficulties in disclosing and negotiating safe sex, together with fear of rejection and transmission constitute some of the barriers to sex for HIV-positive women.

Positive Women Victoria will be looking at safe sex, relationships and disclosure for HIV-positive women over the next 12 months. In September, we are pleased to have Maureen Matthews, B.A. (Hons), Dip Ed. Sex Educator join us on a "Fun safe sex" dinner workshop for members. Maureen is the Founder/Owner of Bliss For Women, an online women's sensuality shop and as a member of the Association of Sex Educators, Researchers and Relationship Therapists, Maureen regularly speaks with groups, at conferences and training events. She has also appeared on television, writes regular columns for major newspapers and has been published in a number of publications.

Our "Fun safe sex" dinner workshop will educate HIV-positive women about safe sex and encourage discussion about how to make safe sex fun in a confidential and supportive environment. Positive Women Victoria will also be stocking the second generation female condom for our members, which will empower HIV-positive women in looking after their sexual health.

The strong voice of HIV-positive women in the community continues with two HIV-positive women speaking about living with HIV to around 150 young people at two universities. Our latest member newsletter also included a member story about working with mainstream services for healthcare support and working with an HIV agency to participate in art therapy projects. Positive Women Victoria encourages and provides support to members wishing to share their story, whether it is for the benefit of other members or the education of the community.

Positive Women Victoria's July member get-together was very well attended, with members, board and staff coming together for peer support. Newly diagnosed women, of which Positive Women Victoria has seen a sudden increase in membership in 2010, had the opportunity to meet other HIV-positive women, some for the first time.

Women living more long term with HIV were able to impart knowledge and experience as women living with HIV to their peers. This connecting of members and fostering peer support opportunities is a core part in providing support to our members.

In August, Positive Women Victoria will hold our annual Health and Wellbeing weekend for members. The purpose of the weekend is for members to be able to provide each other with peer support, in a safe and comfortable environment, while learning by participating in activities that will promote improved health and wellbeing. Activities will include a focus on physical and mental health and trained counsellors will be available to groups and individuals. Opportunities for members to express themselves via the arts will also be explored. Positive Women Victoria's member weekends are always very popular, with member feedback demonstrating that the blend of peer support and educational activities around living with HIV make the weekends a great success.

Finally Positive Women Victoria is thrilled to announce we have relocated to the Queen Victoria Women's Centre (QVWC) in Lonsdale Street, Melbourne. Moving to the QWVC will allow us to better meet the future needs of our members and our needs as a growing organisation.

Our new address:

Positive Women Victoria

Level 1 210 Lonsdale Street,
Melbourne 3000

Ph: 03 9921 0860

Thank you for your ongoing support and we look forward to welcoming you in our new space.

References

1 J Grierson, J Power, M Pitts, S Croy, T Clement, R Thorpe and K McDonald (2009) HIV Futures 6: Making Positive Lives Count, monograph series number 74, The Australian Research Centre in Sex, Health and Society, Latrobe University, Melbourne, Australia.

2 Persson, A., Richards, W., Barton, D., & Reakes, K. (2009). Men and women living heterosexually with HIV: The Straightpoz study Volume 2 (Mongraph1/2009). Sydney: National Centre in HIV Social Research, The University of New South Wales.

Acknowledgement

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

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 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.

Name Signed

Address Postcode

Telephone Email Address

Please fax or post your membership application to:

☐ I do not wish to be contacted by postal mail.

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