BODY POSITIVE
NEW ZEALAND

positively POSITIVE

The official publication of **Body Positive Inc.** A peer support organisation for people living with HIV/AIDS

June 2013

Farewell Auckland, Hello Wellington

Ron Irvine has served behind the front desk at Body Positive for the last 6 years caring for the needs and organising the services here at Body Positive in Auckland. But Ron has had his last day caring for our Auckland Members as he makes the trip home to where he originally comes from. Both Ron and his partner are relocating to Wellington to take up residence and set up the new resource Centre for our Wellington Members. At this stage Telecom have not yet issued us a number and perhaps just as well because the new premises resemble more a bomb site with walls being pulled out and a complete renovation in the making. Ron has personally selected the colours and carpeting to ensure all our visitors will feel immediately at home and most welcome." Auckland's loss will be Wellington's gain" says Bruce Kilmister CEO of Body Positive. "I am just so delighted we are finally able to extend support to our Wellington Members and Ron is absolutely the right person to do it. He is a Wellingtonian returning home and taking with him the absolute knowledge of how to make our new centre in Wellington work for our Members. We wish him all the very best for the future and I know the Wellington Members will rally and support Ron."

By Bruce Kilmister

Australian Expert Confirms Visit

Associate Professor Don Smith the Clinical Director of the Albion Street Clinic in Sydney has confirmed his attendance at the HIV Treatments Update to be held here in Auckland on Friday 27th September. Dr Smith, a Kiwi by birth, works at the front line of HIV care in Sydney with over 3,000 HIV+ clients visiting the Albion Street Clinic. His talk is timely as he can alert us to new developments in treatment and any new concerns our Australian cousins are experiencing. A number of new issues will be identified in Dr Smith's talk – HIV+ gay men can expect a growing concern around cancers and should know what to look for is just one example of what we can expect to learn more about.

By Bruce Kilmister

Would you like to help reduce Body Positive's printing/ postal bill and save a few trees as well??

To receive the Positively Positive Newsletter via e-mail instead of in the post, simply e-mail your name & current e-mail address to: **office@bodypositive.org.nz** or call us to update your details.

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For more information contact us in complete confidence.

Call toll free from anywhere in New Zealand

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NEW ZEALAND
Tinana Ora Aotearoa

ashm

ALERT:

ASHM's Meningococcal Vaccine Recommendations for Men who have Sex with Men (MSM) travelling from Australia to New York City or Brooklyn, USA.

There has been an outbreak of invasive meningococcal disease (IMD) amongst MSM in New York City and Brooklyn.

- A total of 22 cases have been reported, 1 in 2010, 4 in 2011, 13 in 2012 and 4 in 2013.
- Twelve of the 22 cases have been HIV infected (HIV+) men.
- Seven men have died of whom 5 were HIV+.
- Most cases reported to date were from serogroup C *Neisseria meingitidis*.
- The incidence rate of IMD in MSM aged between 18-64 years living in New York City is 60 x higher than that of their non-MSM counterparts.
- It is not fully clear what is driving this increased risk in MSM, but it has been postulated that increased rates of cigarette smoking, injecting drug use, multiple sexual partners, higher rates of colonisation with Neisseria meningitidis and immunosuppression amongst MSM may be key factors.
- There is some evidence that oral-genital sexual practice is associated with an increased risk of Neisseria meingitidis carriage in MSM.

Currently the New York City Department of Health and Mental Hygiene is recommending that meningococcal vaccine should be offered to (a) ALL HIV-infected MSM and (b) MSM, regardless of their HIV status, who meet sexual partners online, through smartphone apps, at bars or parties.

There has been one study only that has looked at the immunogenicity of MenCCVs in HIV+ individuals. In a study of 43 HIV+ patients aged between 10-20 years, twelve individuals (72.1%) developed protective antibody levels after one dose of a MenCCV, compared to 100% of HIV negative controls[6]. Ten of the HIV+ vaccine non-responders received an MenCCV booster dose and 4/10 subsequently developed protective immunity. Overall 81.4% of the HIV+ patients acquired protection with 1 or 2 doses of the meningococcal C conjugate vaccine.

ASHM recommends the following for MSM travelling to New York City or Brooklyn:

Unvaccinated MSM
All unvaccinated MSM travelling to New York City or Brooklyn should be offered a meningococcal C conjugate vaccine (MenCCV) irrespective of their HIV status.

- HIV negative MSM require ONE vaccine dose only.
- HIV+ MSM require TWO vaccine doses given 8 weeks apart.

The meningococcal C conjugate vaccines available in Australia are Meningitec (Pfizer), Menjugate Syringe (CLS Limited/Novartis) and Neis Vac-C (Baxter Healtthcare). See the The Australian Immunisation Handbook 10th Edition for further details.

Booster doses for MSM who have previously been vaccinated against meningococcal disease
There are not many data available to inform the best schedule for booster doses of meningococcal conjugate vaccines.

1. For MSM, irrespective of their HIV status, who previously received a quadrivalent meningococcal polysaccharide vaccine (e.g. Mencevax, or Menomune) more than 5 years ago, we recommend a single booster dose be given of one of the meningococcal C conjugate vaccines listed above.
2. For MSM, irrespective of their HIV status, who previously received a meningococcal C conjugate vaccine more than 5 years ago (e.g. one of those vaccines listed above), we recommend a single booster dose be given of one of the meningococcal C conjugate vaccines listed above.
3. For MSM, irrespective of their HIV status, who previously received a quadrivalent meningococcal conjugate vaccine (quadrivalent vaccines protect against meningococcal serotypes C, A, Y and W137, e.g. Menactra, or Menveo) more than 5 years ago, we recommend a single booster dose be given of a quadrivalent meningococcal conjugate vaccine. Please refer to the Australian Immunisation Handbook for further details on the quadrivalent meningococcal conjugate vaccines available in Australia.

Further information will updated on the ASHM website as it becomes available.

Prepared by Associate Professor Edwina Wright for ASHM. Many thanks to Associate Professor Denis Spelman and Dr Jeremy McAnulty for their advice.

WAIKATO SUPPORT GROUP UNDER WAY

Body Positive Waikato has existed for a long time now but more recently there has been a resurgence of the support group where People living with HIV can come together on a monthly basis to enjoy each others company and offer Peer support. The meetings will take place on the first Wednesday of each month commencing with a light meal at 6pm and be held at Link House in Hamilton East. The meetings are to provide up-skilling on treatment information as well as discussing issues that impact on our lives and how we can mutually support each other and offer tips for health and well being.

Synthetic Compounds From Marijuana Appear to Fight HIV

Synthetic anti-inflammatory compounds derived from the active ingredient of marijuana appear to show potential as anti-HIV agents, Wired.co.uk reports. Publishing their findings in the Journal of Leukocyte Biology, researchers from Temple University School of Medicine's Department of Pathology and Laboratory Medicine and Center for Substance Abuse Research (CSAR) studied synthetic derivations of THC, or tetrahydrocannabinol, a key chemical compound in marijuana, in cultures of HIV-infected cells.

Cannabinoids, which are the primary active compounds in marijuana, bind to proteins called CB2 receptors on the surface of macrophage immune cells. The CB2 site may play a role in reducing inflammation in the central nervous system, which is a major concern for people living with HIV, even those whose virus is fully suppressed thanks to antiretrovirals (ARVs). It is the CB1 receptors, mostly found in neurons in the brain, however, that cause marijuana's psychoactive effects. So synthetic THC that has been developed to bind only to CB2 receptors should not make people stoned.

It is believed that macrophage cells, which are found throughout the body, are a major component of the HIV reservoir and are probably the first cells infected after sexual transmission of the virus.

Using a non-clinical cell model, the investigators treated HIV-infected macrophages with one of three different synthetic compounds that bind to CB2. By periodically measuring the activity of the enzyme reverse transcriptase, which HIV needs to replicate itself, the investigators concluded after a seven-day period that all three compounds fought HIV replication.

The findings suggest that these "CB2 agonists" could be a potential addition to ARV therapy, and also that the human immune system could be prompted to fight the virus using similar mechanisms.

EDITORS NOTE

The use of marijuana is illegal in New Zealand and whilst there has been considerable debate over the access to 'medical marijuana' it stills remains illegal and we are unaware of any current debate or consideration of its medical application.

For People living with HIV in parts of the United States and some other countries there is access under a doctors prescription for personal use where ill health and medication side effects are debilitating.

If anyone feels strongly about this they should write to their local Member of Parliament and copy us in.

Source: www.aidsmeds.com

Roger Pym

Meet Roger Pym, one of our two Social Workers here at Body Positive. Roger prefers to call himself a "Client Support Worker" as his role here at Body Positive primarily is assisting our Members with their day to day issues around medical and practical support. Actually Roger is a bit of an expert when it comes to issues with WINZ. He almost deals with WINZ issues on a dayly basis for our Members and if you have any concern then please contact Body Positive and we will do our best to help.

Roger has recently been asked to help out with the newly formed BODY POSITIVE WAIKATO Support Group. This is a group of HIV+ people that meet monthly on the first Wednesday of each month. The meetings are held at Link House at 2 Dawson Street, in Hamilton East . Anyone living with HIV is welcome to attend. If you have any query phone us at Body Positive toll free on 0800 HIVLINE.

Researchers Stop The Only Current HIV Vaccine Efficacy Trial

Vaccine did not prevent HIV infection: non-significant increase in infections in vaccine recipients

The US National Institute of Allergy and Infectious Diseases (NIAID) has announced that it is discontinuing the HVTN 505 HIV vaccine trial. This trial, which started in July 2009, has involved 2504 gay and transgender volunteers in 19 US cities. Since the successful conclusion of the RV144 vaccine trial in September 2009, HVTN 505, as a randomised, placebo-controlled phase IIb trial, has been the only ongoing HIV vaccine trial large enough to be a true test of vaccine efficacy.

NIAID stopped administering injections when the trial's independent data and safety monitoring board (DSMB) found during a scheduled interim review that there was no sign that the vaccine regimen was preventing HIV infection, nor any sign that it was reducing viral load among vaccine recipients who became infected with HIV.

The DSMB found that there were actually more HIV infections in volunteers receiving vaccine than placebo, but it is important to emphasise that this difference was not statistically significant and may have been due to chance. Statistically speaking, the vaccine had zero efficacy.

The HVTN 505 study was testing an investigational 'prime-boost' vaccine regimen developed by NIAID's Vaccine Research Center. It involved a series of four injections. The first two, at the start of the study and four weeks later, consisted of a length of DNA – artificial genetic material – that 'coded' for proteins found on the surface and inside the HIV virus. The idea was to sensitise the immune system to the specific HIV genetic sequences.

The third injection, at eight weeks, involved a vector. This means the same HIV genetic material was wrapped inside the shell of a different virus, an adenovirus, one of the types that cause common colds. In this case the viral shell was altered so that it could not cause illness. The idea of a vector is that it causes a 'fake infection': the viruses can carry the genetic material through the cellular membrane and into the interior of immune-system cells. The two investigational vaccines tested in HVTN 505 cannot cause HIV infection because neither contains live or weakened versions of HIV.

The reason behind a prime-boost design is that it is thought to be the best safe way to stimulate both branches of the adaptive immune system: antibodies, which stop viruses getting into cells in the first place, and CD8 cells or cytotoxic T-lymphocytes (CTLs), which kill off virus-infected cells. Researchers hoped that if a prime-boost vaccine were successful, it might prevent infection altogether in the majority of people, but in the minority who were still infected, it might kill off enough virus-infected cells to permanently contain HIV replication and produce a consistently low HIV viral load.

The fourth injection, at 24 weeks, involved an injection of the viral vector alone, without any HIV genetic material. This was to gauge the level of immune response to the adenovirus shell rather than to the HIV material it contained. This is important because in one of the previous vaccine efficacy trials, the STEP study, the vaccine actually made people with high levels of pre-existing immunity to the adenovirus vector more, rather than less, vulnerable to HIV. In the case of HVTN 505, volunteers were required to have no pre-existing immunity to ad5, the adenovirus vector used.

In its April 22 interim review, the DSMB looked at volunteers who were diagnosed with HIV infection after having been in the study a minimum of 28 weeks and found that 27 HIV infections had occurred among the vaccine recipients and 21 among placebo vaccine recipients. Twenty-eight weeks was chosen because by this time the vaccine, if it worked, would have stimulated a sufficiently strong protective immune response. Including volunteers who had become infected less than 28 weeks after enrolment, there were 41 cases of HIV infection in volunteers receiving vaccine regimen and 30 cases in those receiving placebo.

Additionally, the DSMB found that viral load among the 30 volunteers who acquired HIV infection at least 28 weeks after entering the study, and who had been followed for at least 20 weeks after diagnosis, was no lower in vaccine than in placebo recipients. Study volunteers are being asked to report to their specific clinic sites over the next few weeks to find out whether they received the investigational vaccines or placebo. Individuals who became HIV-infected during the trial were referred to local services for appropriate medical care and treatment.

The HVTN 505 study will continue follow-up with study participants to further evaluate the trial data, and especially to see if the greater number of vaccine recipients who were infected is in any way significant.

Source: www.aidsmap.com

Misleading News Reports Suggest HIV Cure Is Near

Numerous news outlets have inaccurately reported that Danish researchers are, according to one publication, "within months" of finding a cure for HIV. These reports concern ongoing, and as-yet-unpublished, research of histone deacetylase (HDAC) inhibitors conducted by a Danish research team. Scientists around the world are studying HDAC inhibitors as a means to flush HIV from the viral reservoir, where it hides from antiretrovirals even during successful therapy.

HDAC inhibitors are drugs historically used for psychiatric or neurologic purposes, including as mood stabilizers and anti-seizure drugs. More recently, they've been researched as cancer-fighting agents and now as part of HIV cure research.

In their attempt at a cure, the Danish researchers and other non-Danish collaborators are in the middle of a Phase I human trial involving 15 participants.

One of the research team's leaders, Ole Søgaard, MD, a senior researcher at the Aarhus University Hospital in Denmark, said in an email to POZ, "No, I would not say that we are on the brink of an HIV cure, and I can say for sure that I never said that we were. It would have been great if the story had been angled in a less sensational way."

The blame for sparking the inaccurate perception, which is making its way through other global media and the social media sphere, is a misleading, or perhaps inflammatory, headline in the United Kingdom's The Telegraph from April 17 that reads, "Scientists on brink of HIV cure."

The article goes on to qualify this statement through a quote from Søgaard, who said that he felt confident about HDAC inhibitors' abilities to activate HIV from the reservoir, but stated that questions remain about the body's ability to kill flushed virus.

Søgaard, who says the Telegraph story had additional errors beyond the misleading headline, qualifies his team's work as "a very interesting trial, which I hope will help inform HIV researchers how to get closer to a cure for HIV. The trial is still ongoing. However, we will present the first data from the trial at the [International AIDS Society] pre-symposium meeting in Kuala Lumpur, Malaysia, in late June."

The Telegraph has since revised the article and the Aarhus University Hospital has issued a correction, in which they wrote, "The authors [of the Telegraph story] state that they regret if anyone got the impression from reading the article that there may be a cure for HIV in the immediate future. Like many others, the researchers believe that a cure for HIV is an achievable goal, but most likely it will take many years, numerous basic science discoveries, and several [Phase I and II] trials before a HIV cure may actually be reached."

Source: www.aidsmeds.com

Dr. Deborah Persaud

Functional HIV cure after very early ART of an infected infant

At the Conference on Retroviruses and Opportunistic Infections (CROI) there was a presentation that made world headline news about a child born with HIV being cured.

This was 'the poster child' presentation of CROI 2013, as it generated huge media interest on both television and print media. The paper reports on an HIV-infected child treated with ART from 36 hours' old to 18 months. At 26 months of age the child remained functionally free of detectable replication competent virus. This paper raised considerable debate about its implications. For example, could this child be an elite controller anyway, or was this just long-term PrEP. Obviously one child 'cured' doesn't change practice but ongoing study of this case will be interesting.

The report by Dr. Deborah Persaud summarises:

The authors reported on a case of functional HIV cure in a 26-month-old child that tested HIV positive on the second day of life as a result of maternal infection. Antiretroviral therapy (ART) was initiated at 30 hours of age and was discontinued at age 18 months. Plasma viral load tests were positive for samples from days 7, 12 and 20 of life but not for a sample from day 29. Between 1-26 months of age, HIV RNA was undetectable (<20 copies/mL) in 16 plasma samples. At age 24 months, ultrasensitive methods detected a single copy of HIV RNA and 37 copies of HIV DNA/million monocyte-enriched peripheral blood mononuclear cells, but no replication-competent virus was detected with co-culture of resting CD4+ T cells. At 26 months, four copies of HIV DNA/million monocyte-enriched peripheral blood mononuclear cells were detected. Functional HIV cure was confirmed with negative results from standard clinical assays. In conclusion, this case suggests that very early ART may prevent the development of a latent reservoir of HIV and achieve a cure in children.

Source: www.researchreview.co.nz

Tinana Ora Aotearoa Update

February was a busy month for members of Body Positive NZ & Tinana Ora Aotearoa starting with Waitangi Day, Auckland Harbour Boat Cruise, quite a lot of friends, family and members came to enjoy the company.

The boat left West Haven from Pier Z and by 12.10pm everyone had spread our around the boat to make themselves comfortable and cosy.

A few popped the wine, other drank chilled bottles of lemon. Chi was available for those that did not wish to partake of alcoholic beverages. The skipper of the cruise gave a running commentary by pointing out places of interest as we cruised along.

Lunch of bacon and eggs, pies, with salad, filled rolls of various combinations, asparagus rolls, fish & chicken sandwiches was all prepared by Charlie," thanks Charlie". By the time we had arrived near Herald island , lunch had been served.

Afternoon tea were a very large chocolate and banana cake. Kindly donated by Allluyah in the arcade on Karangahape Rd.

It was a great way to spend out Waitangi Day on the Auckland Harbour.

As we departed our separate ways Granma Karen under 35 was heard to say " It was nice we spent this time together to have a laugh and share a word or two but its time to say so long till next year it's Bruce.

Big gay out on the 10th February was a first for me very much an eye opener fill with a lot of laughs with most outranges people from all walks of life.

The humour for me was the amount of Drag queens trying so hard to look their best but in my eyes they kinda looked desperate "sorry girls". Music wise, some of the entertainment was great. Others were a pain to the ears in reality each to their own taste.

It was good to see a large group people in front of the stage dancing and pumping to the music. There was a lot of talent on show to fill one's eyes to the max yummy he he ! There was a lot of things happening around the park its to much to mention. A very entertaining day and I will return next year.

Gay Pride parade on Saturday 16 February started 4pm sharp. The excitement of the whole event was overwhelming for all participating waited for the parade to get under way.

As we had a couple hours to wait we all walked round to check out the other floats. We got a great response from NZAF crew for the style of our costumes. The floats and participants I observed were very colourful and very much out of this world. It was a parade that gay people could pull together with humour , laughter and colour, yes very outrageous .

The body positive float in our eyes looked great, we were there to make a statement and I believed we sure did make our statement known.

There was a Carl, Charlie, Phil and myself acted as Marshalls to prevent our members from going to close to the wheels of our float.

As things turned out they all remained at the rear of the vehicle, this gave the marshals room to clown around on the sides.

By the time we had got to the far end of Ponsonby road we had stripped the float of most of the pink NZ flags by handling them out to children watching the parade.

At first I was to ride on the float, because of my mis trust of the driver, I decided to walk.

Wow big effort on my part, as tired as I was the excitement with the cheering of the crowd kept me going.

I was thankful to Charlie for walking back to Body positive house with me as my feet were killing me, I've never walked that distance in a very long time.

Special thanks to the gays for their patience and perseverance in getting out float together with the sounds, posters and decorations. Great job guys. All in all I had a great day.

The 3rd of March was very moving experience Body Positive NZ hosted the circle of friends Trust at Kanuaka Grove Western Springs with more than forty family, friends and member Living with HIV in attendance.

I had never heard of the circle of friends until four days prior to the gathering at Western Springs.

Keith and Roger were officiating minters on the day. The circle of friends was forms in American to remember those living and to them that had died of HIV & AIDS.

Your name can be placed on the circle of friends only if you have HIV at cost of $250.00.

Fabulous concept mixing those that had died with the living in a circle of friend and love.

Thank you Body Positive for the experience.

By Michael Rewha

Body Positive's New Wellington Office Needs Your Help

Body Positive's new Wellington Office is set to open at Level 2, 55 Courtney Place very shortly.

A lot of items such as office furniture has already been kindly donated for the new office, however we are still looking for lots of the everyday necessities. If you live in the Wellington Area and would like to donate any of the items on the following list, or would like to donate your time in helping Ron get the office up and running, **please contact him on 027-200-4152 or 0800 HIV LINE.**

Items needed:

- Coffee, Tea, Sugar etc.
- Stationary
- Toiletries
- Cleaning products
- Artwork for the walls
- Stereo
- Washing Machine & Dryer
- Large White Towels for use during Massage Therapy
- Cash Donation towards purchasing any of the above items.

Members Recipe

Lets face it... who doesn't love cake!!!! Carrot Cake has the added bonus of being slightly healthier than the rest (ignoring the frosting that is!!), and having it as squares makes it very simple and extra cheap to make while still just as yummy..

Frosted Carrot Cake Squares

Ingredients

FOR THE CAKE
- 200g carrots , peeled and gratted
- 175g soft brown sugar
- 200g self-raising flour
- 1 tsp baking soda
- 2 tsp cinnamon
- zest 1 orange
- 2 eggs
- 150ml sunflower oil

FOR THE FROSTING
- 50g softened butter
- 75g icing sugar
- 200g cream cheese
- sprinkles (optional)

Directions

1. Line and grease a 18cm square tin. Pre-heat oven on to 160C (180C without fan).
2. Sift the sugar, flour, baking soda and cinnamon on top of the grated carrot, then add the orange zest and mix well
3. Mix the eggs with the oil and pour into the carrot mixture. Stir to combine, then transfer to the lined tin, shake gently to level it.
4. Bake the cake for 30 minutes, or until cooked through (test with skewer). Allow to cool in the tin.
5. For the frosting, mix the butter and icing sugar together, then stir in the cream cheese until smooth.
6. When the cake is cool, spread the top with the icing and cut into squares. Decorate with sprinkes if you like.

If you have a favourite recipe that you would like to share with the other members of Body Positive, please e-mail it to: ***ron@bodypositive.org.nz*** *as we would love to include them in a future editions of the Positively Positive Newsletter.*

Body Positive Brain Teaser

Wordsearch

Summer is over, but here is a little something to brighten your winter day.. Find and circle all of the summer themed words that are hidden in the grid. The remaining letters spell an additional word.

BARE FEET
BEACH BALL
BOAT
CLOUDS
DRIFTWOOD
HAT
KITE
LIFEGUARD
OCEAN
PAIL
PIER
SAILING
SAND
SEAGULL
SEASHELL
SEASHORE
SKY
STARFISH
SUNGLASSES
SUNSCREEN
SUNSHINE
SURFBOARD
SURFING
SWIMMING
SWIMSUIT
T SHIRT
TOWEL
VOLLEYBALL
WADING
WATER
WAVES

T	R	I	H	S	T	S	T	O	W	E	L	B	E	
Y	K	S	E	S	U	A	T	S	A	G	L	E	R	
A	S	V	U	R	I	I	O	D	D	N	A	A	O	
S	A	E	F	N	U	F	R	B	I	I	B	C	H	
W	U	I	S	S	S	A	R	D	N	L	Y	H	S	
W	N	N	M	S	O	C	R	A	G	I	E	B	A	
G	A	I	S	B	A	I	R	N	T	A	L	A	E	
P	W	T	F	H	F	L	O	E	D	S	L	L	S	
S	I	R	E	T	I	K	G	C	E	D	O	L	E	
H	U	E	W	R	C	N	A	N	E	N	V	S	A	
S	A	O	R	L	I	F	E	G	U	A	R	D	G	
T	O	T	E	E	F	E	R	A	B	S	N	L	U	
D	E	S	W	I	M	M	I	N	G	P	A	I	L	
L	L	E	H	S	A	E	S	D	U	O	L	C	L	

Last editions solution

6	7	9	5	4	8	2	1	3
4	1	8	2	6	3	5	9	7
3	2	5	9	1	7	6	4	8
7	9	4	8	3	2	1	6	5
1	5	2	6	7	4	8	3	9
8	6	3	1	5	9	4	7	2
9	4	1	7	2	5	3	8	6
2	3	7	4	8	6	9	5	1
5	8	6	3	9	1	7	2	4

Diary Dates

June

Tue	11	Massage Clinic
Wed	12	Club Phoenix
Fri	14	Members Lunch
Tue	18	Massage Clinic
Wed	19	Club Phoenix
Fri	21	Members Lunch
Tue	25	Massage Clinic
Wed	26	Club Phoenix
Fri	28	WINZ Clinic
Fri	28	Members Lunch

July

Tue	2	Massage Clinic
Wed	3	Club Phoenix
Wed	3	Waikato Support Group Meeting
Fri	5	Members Lunch
Sun	7	Y+ Under 35's Group
Tue	9	Massage Clinic
Wed	10	Club Phoenix
Fri	12	Members Lunch
Tue	16	Massage Clinic
Wed	17	Club Phoenix
Fri	19	Members Lunch
Tue	23	Massage Clinic
Wed	24	Club Phoenix
Fri	26	WINZ Clinic
Fri	26	Members Lunch
Tue	30	Massage Clinic
Wed	31	Club Phoenix

August

Fri	2	Members Lunch
Sun	4	Y+ Under 35's Group
Tue	6	Massage Clinic
Wed	7	Club Phoenix
Wed	7	Waikato Support
Fri	9	Members Lunch

For detailed updates check out the online calendar at www.bodypositive.org.nz

Under 35's Group

As a younger HIV+ person you may feel an added sense of isolation because of your age.

Y+ is a monthly social group for HIV+ people aged 35 and under, giving younger people an opportunity to connect and socialise with other people around your own age.

Call 09 309 3989 for details or visit www.bodypositive.org.nz

Positive Health Scheme

The Positive Health Scheme helps assist members to pay for their medical fees and associated healthcare costs.

For more details on the scheme or to join, please contact Body Positive on 0800 HIV LINE

Positive® Health

A new healthcare scheme for People Living with HIV

WINZ Clinic

Remove the anxiety you experience in dealing with WINZ.

Body Positive operates a monthly WINZ Clinic for anyone at our premises with qualified, sensitive, understanding and supportive WINZ staff.

Work and Income
Te Hiranga Tangata
A service of the Ministry of Social Development

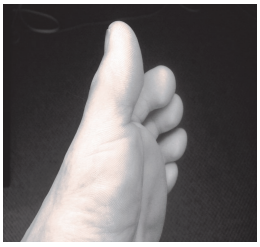
Friday Members Lunch

Members please note Body Positive will be hosting a drop-in lunch every Friday at Body Positive House in Auckland starting at mid-day.

Foot Doctor

A professional podiatrist runs a clinic here at Body Positive House on a monthly basis.

Phone now for an appointment
09-309 3989



Budgeting Service

Need help with your money? Body Positive has developed a computer software programme that helps you to identify concerns and issues with your personal budget and recommend ways to help.

Contact us in complete confidence.

6 on 6

The next 6 on 6 will start soon. This facilitated peer support group is for anyone who has issues around their HIV status. It is particularly useful to recently diagnosed people and is open to both men and women.

If you would like to register your interest in attending or want more information call us on 09-309 3989

Vitamins & Supplements

Body Positive has a fantastic Swisse brand Men's and Woman's Multi Vitamins available for members at the low cost of only $16 for 30 days supply (Usually over $30!)

Drop by BP House or call **0800 HIV LINE**

An extensive range of other vitamins & supplements are also available, please see **www.bodypositive.org.nz** for full details.

Recycled Medication

If you have unused medication or no longer need left over medication, please either return it to your prescribing physician or drop it into us or send it to: (We will pass it onto physicians.)

Body Positive Inc.
PO Box 68-766
Newton Auckland 1045

Facial Lipodystrophy Treatment

A fantastic facial filler treatment is available through Body Positive to reverse the effects caused by Lipodystrophy.

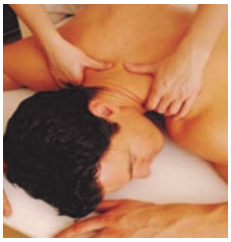
Please contact Body Positive on 0800 HIV LINE for more information.

Massage Therapy

Massage Therapy is available at Body Positive House every Tuesday.

$40 per session or free with a Positive Health ID Card *(Limit: 6 free sessions)*

Phone 09 309 3989 to book an hour to pamper your body.



Club Phoenix

Weekly Drop In every Wednesday at Body Positive House from 6pm for people living with HIV/AIDS

Hot and cold non-alcoholic beverages are provided with some easy listening café style music to chill out to. Come and share your thoughts, experiences and sense of humour or just come in for a social chat in this relaxed and friendly environment.