

Report on the Bali Conference

by Kenn Basham.

I recently had the privilege to be sponsored by NAPWA to attend the 9th ICAAP Conference in Bali, between the 7th and 13th of August. ICAAP stands for the International Congress on AIDS in Asia and the Pacific. The area covered is enormous, extending from the India/Pakistan Sub-Continent right through South East Asia (Vietnam, Myanmar, to Taiwan) and from Indonesia to PNG, Vanuatu, Fiji and right across to the Cook Islands. With over 3 thousand delegates there was a lot of diversity in the people, cultures and customs. But, as always, some of the problems and obstacles never seemed to change.

I was sent as a representative from the Board of NAPWA, as a continuing part of my involvement with our work in PNG. It was my first conference overseas and I wanted to share with you a few thoughts on the trip. Both the conference and Bali.

For me, one of the visual highlights was the flight there. Our route was over the center of Australia, basically a line from Melbourne to Broome. Seeing Wilpeena Pound and other amazing, rusty red geological landscapes, Lake Eyre and surrounding salt flats, gleaming white, with hundreds of kilometers of bright orange/red parallel sand dunes and the twisting river systems all laid out in front of me. It is something I will always be able to see in my mind. It was like the most outlandishly coloured 3D map.

I had never been to Bali before, and we arrived after dark, so saw very little on the trip from the airport, but it was a

lovely balmy tropical evening after Canberra's recent nights. Like all tropical locations, the colour seems so saturated and bright at first. The next morning, the greens were so green, the Hibiscus so red and the pink Bouganvillia almost hurt your eyes.

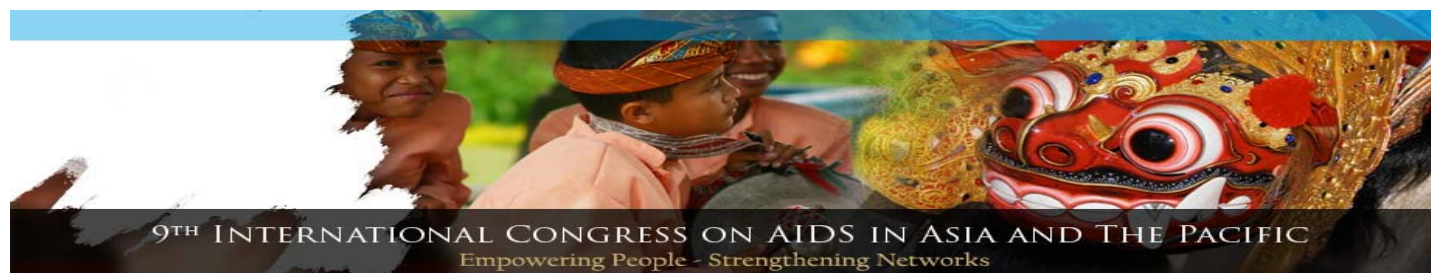
It was straight to work though. The first two days were Satellite Conferences in the Sanur Beach area, about ¾ hours drive through a city much like any in a developing country, but full of small alters and offerings, many swathed in checked sarongs, bright yellow offering boxes and bright red or blue banners and parasols decorating them all. Sparkling flashes of fabric, shop signs, flowers. The traffic was terrifying in its casual nature. Scooters everywhere, thousands of them on the road, often with Dad driving, the toddler on his lap holding on to the handle bars and Mum behind, sometimes with a smaller child or infant between her and Dad. He's the only one with a helmet and they're all in thongs or barefoot. The part of me that used to work as a nurse kept seeing really horrible possible accidents everywhere. But I only saw one accident (in the airport carpark when we arrived) and only had one really (really, really) close shave in a taxi the whole time. On the most part, politeness and good humour rules and the horn is used constantly, to say "I'm Here", not in anger. I never thought you would be able to blow a car horn softly. Still, it has to be experienced, with all the senses, to be appreciated.

The shops were colourful and busy but most of the houses seemed to be the 2nd story of the shop, in small streets

behind the shops or most often, behind walls, in private compounds with large wooden doors opening onto the street. Travelling in a bus (relatively high up) gave me a chance to see into some of these courtyards and gardens, all very lush and full of exotica. Otherwise there weren't many 'public' gardens as such, but pot plants everywhere and full of flowers. Again, the household 's alters and their bright colours and offerings were to be seen, usually over the top of walls or set into a little niche somewhere. Many times Bali was referred to as the "Island of the Gods" and it seemed quite appropriate. The overall picture was just as you would imagine from the images we've all seen on the travel posters.

In contrast to this, the conference sessions were all held at the International Conference Center or in neighbouring resorts, all 4 or 5 Star rated. They reminded me most of all of a golf course in some 'gated community' in America somewhere. Very pretty, lots of flower beds of tropical colour set in rolling green lawns. Palms and bright pots of Bouganvillia everywhere. But nothing especially 'Bali' except some of the garden sculptures and fountains etc. Luckily our hotel (not 4 star by any means) was only 10 to 15 mins by taxi from the Nasa Dua area where the Conference Centre was located. Convenient when there wasn't a shuttle bus, or for an hour or twos 'time out' here and there during the conference.

The number of delegates was very large (somewhere between 3 to 4 thousand, depending on who was



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POSITIVELY is a regular publication for people living with HIV/AIDS in the ACT and surrounding districts. Currently we are looking for people to assist us with the publication e.g. writing groups. No experience is necessary as we will provide training in all aspects of publishing from writing articles through to the printing stage. If you can spare a couple of hours from time to time please drop into the office for a chat or give Marcus a call. Positively is a monthly publication produced within the ACT with funding from the ACT Dept of Health. Submissions for the next edition are due on **Wednesday 14 November** Opinions expressed in this publication do not necessarily reflect those of the editor, publisher, nor PLWHA ACT.

Positive Support Services in the ACT and surrounding areas

People Living With HIV/AIDS ACT

Provides support for HIV+ people in the ACT through a newsletter and links with other PLWHA organisations throughout Australia. We also provide individual support with advocacy and representation on health and other issues, and referral to other agencies. Ph 6257 4985

Positive Support Network

HIV+ people get together to offer support and share information. PSN is mostly a social occasion where people can share the experience of being HIV+ over a free meal, without the formality of a structured meeting. Dinner on alternate Tuesdays. Ph 6257 4985.

Positive Women's Group

The Positive Women's Group meets for social activities throughout the year. For information on the group's gatherings or if you would like to suggest some activities contact Marcus, Nada or Stephanie on 6257 2855 or 6257 4985

Trevor Daley Fund

The Fund provides assistance for people with HIV/AIDS who are experiencing financial hardship, for the part payment of bills, a treatments allowance and some other costs. Applications can be made to the TDF Committee by any service provider. For more information call the TDF on 6257 2855.

Counselling

Stephanie Buckle is the AIDS Action Council counsellor. Free consultation available to all HIV+ people, their partners, carers or significant others. Phone 6257 2855 to make an appointment.

Jane Keany is the counsellor for the ACT Division of General Practice HIV/AIDS Program, and offers subsidised counselling services for people infected with or affected by HIV, their significant others and people at risk of HIV infection. Jane is available at the Interchange General Practice. Phone 6257 3004 or 0402 222 408 to make an appointment

Health Maintenance and Treatments Information

All enquires to Marcus

Phone 6257 2855

Treataware www.treataware.info

Nutrition

Consultation with a dietician from The Canberra Hospital is available free at the Canberra Sexual Health Centre. Appointments necessary. Phone Canberra Sexual Health on 6244 2184.

An HIV specialist nutritionist from Melbourne will be visiting quarterly. For further info contact Marcus or Mick on 6257 4985

Canberra Sexual Health Centre

Co-located with The Canberra Hospital. Free service available (no Medicare card is required) for testing and treatment of STIs, HIV clinic and counselling for issues such as safe sex, relationships and sexual functioning problems. Walk-in consultations available for urgent matters. Call on 6244 2184 to make an appointment.

Library

PLWHA and the AAC have an extensive range of books and videos for your enjoyment.

Educational books on HIV issues, cooking, Sci-Fi and general reading material, just to name a few of the areas covered. If you would like to borrow any of them please see Lynn or Mandi at the AAC reception desk who will sign them out to you and explain the borrowing conditions. We also have a number of new books in the library this month.

Greater Southern Area Sexual Health and Hep C Service

Sexual Health Counsellor/Educators

Angela Trevaskis

Queanbeyan, Braidwood, Yarrowlumla Shire

Ph- 02-6298 9233 Mobile 0428 972 414

Aboriginal Sexual Health HIV/AIDS Worker

Sharyn Medway

Ph 02-4827 3913 Mobile 0429 985 606

Sexual Health Nurses

Christine Taylor -

South Coast, Batemans Bay - Eden

Ph- 02-4476 2344 Mobile 0427 219 874

Shannon Woodward & Lee Constable

Queanbeyan-Goulburn Region

Ph- 02-6298 9213 mobile 042 789 3247

Margaret Trill

Albury 02 6058 1839

Robyn Ridley & Sally Anne Brennan

Wagga Wagga 02 6938 6492

Sally Daveron

Griffith 02 6966 9930

Clinical Nurse Consultant

Alison Kincaid Albury 02 6058 1831

Sexual Health Physician

Dr Katherine Turner

Ph 6298 9213

HIV/AIDS Related Programs Manager

Michael Bolton

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The Fine Print

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speaking) and security was very visible. The Police all looked like a SWAT team, the Army were all in black, and most carried matching sleek black machine guns. The conference security people were in blue. There was a bag search to get into the 'golf course' area, then an X-Ray, metal detector and bag search (as at the airport) to get into the Conference Centre building and finally a swipe of your photo ID card at a chip reader to get into the conference area proper. Made going in and out for chats or 'smoko' breaks a chore at times, but not impossible with good timing. These informal and social gatherings, whether in groups or 1 and 2's, are still one of the most productive times at conferences. Debriefing, networking and "peer support" all still happen here, not in the sessions inside. Those are for information sharing and learning, by listening and questioning the speakers. After a while, outside was the quietest and most relaxing area and a personal meeting spot for 'the group' was a necessity if you were to ever find each other again.

The satellite meetings were largely around the role and place of HIV +ve people, and men (especially men who have sex with men) and transgender people in the region's response to the epidemic. These groups, along with the Injecting Drug Users, are now identifying themselves as the unseen, and often deliberately ignored, partners in this response by governments. This feeling of dissatisfaction and anger that I'm starting to see in fellow delegates reminded me so much of the HIV +ve scene in Australia a couple of decades ago. Many times during the conference I had a strong feeling of Deja'vu from 20 years ago, the time when the various PLWHA groups were being set up around the country and NAPWA and AFAO were beginning. The time when HIV +ve people started to speak

up and demand a place and voice in the response to HIV.

Most of the plenaries and sessions that I attended through ICAAP were around Leadership Development and Peer based services. I really didn't get a chance to get to quite as many sessions as I intended, as I found that so much time was spent talking to other +ve men and women from around the region. As well as Health workers from various small Pacific nations (who I had assumed were HIV negative). There was a hunger to learn how best to apply what has already been demonstrated to work (as in many examples from Australia) and for help to design and implement programs that were specific for a particular country's individual needs. Advice on how to best set up a functional HIV +ve Support Group or Advocacy body were frequent topics. At times it was hard to keep having to say over and over "Just keep going with what you're doing". One logical step at a time. Due process. It takes time. It's taken us 20 years to get to where we are. Don't get discouraged, you're doing the right thing."

The major theme regarding problem areas that came out of ICAAP was "Stigma and Discrimination". Again and again, the topics boiled down to stigma and discrimination and how best to gain recognition of established (and importantly recognised) Human Rights. The delegates spoke of these basic needs again and again, from all areas in this vast region. Basic Human Rights for our HIV +ve Friends and Family.

The theme, or slogan, for ICAAP 9 was "Empowering People, Strengthening Networks". As the NAPWA representative at this conference, I felt that I was able to achieve some part of this, with my discussions with the other delegates. I

was there as an HIV+ve representative from a successful NGO, that is the national advocacy and representational organisation of +ve people. As an example of one model that can be used and adapted, I think NAPWA is relevant to this region. As the representative from NAPWA, I felt that I was successful in networking with both HIV+ve individuals and a variety of other NGO, Faith Based and Governmental representatives. Extending the networks is essential work, and somewhat easier face-to-face such as at a conference.

On a personal level, it was an exceptional experience for me. Bali was a beautiful warm place, with friendly and smiling people everywhere. A lovely break from Canberra's winter. But as always when I'm out of Australia, I learnt much more about the conditions our HIV+ve friends live with. Their access to care and medication. The criminalisation of sexuality or behaviour. The stigma and discrimination. Once again, I find our friends inspiring and I feel invigorated and energised by my meetings with them. I learnt a lot, it was time well spent and I expect to be able to integrate it into any future overseas work. The experience will certainly improve my effectiveness as the NAPWA Board member dealing with this area. I'm thankful that I was given the chance to attend the 9th ICAAP Conference in Bali, and enjoyed it very much.

I will be writing a more comprehensive report for the NAPWA Board in the next few days, covering more detail of the conference contents. Contact myself, Mick or Marcus for a copy if you're interested.

Kenn Basham.



treataware

Informing HIV treatment choices
www.napwa.org.au/treataware

Nurse Philip

Dear Nurse Phillip,

I have heard that being HIV positive can increase a woman's risk of cervical cancer developing. Is this true and if so, is there anything that can be done to reduce the risk?

There are studies that show that HIV positive women seem to have an increased risk of invasive cervical cancer and in those who have it, the progression is more aggressive.

Initially, cervical cancer has very few symptoms. When cervical cancer shows symptoms (such as bleeding after sex, vaginal bleeding, unusual discharge and pain in the back, lower abdomen and pelvic regions), the cancer will be advanced and much less responsive to treatment.

Human papilloma virus (HPV), a common sexually transmitted virus, is associated with the changes in the cervix that progress to cancerous changes. It is usually present without any apparent symptoms. Having HIV can increase susceptibility to infection with cancer causing types of HPV and

can increase the duration of HPV infections. As a result, it is advisable for HIV positive women to have more frequent Pap smear screening than every 2 years, as is usually recommended for HIV negative women. The current advice seems to be to start with six-monthly Pap smears and reduce the frequency to annual screening if there are no abnormalities detected after a few tests. But there are exceptions, for example if your CD4 count has ever been very low, it may be advisable to stick with 6 monthly Pap smears.

A healthy immune system can put you in a better position with regard to HPV and the associated changes in the cervix. So maintaining a good CD4 count is imperative. If you are not on anti-retroviral treatment, talk to your doctor about your immune status, particularly if your CD4 count is heading below 500; the likelihood of invasive cervical cancer can increase with even modest immunosuppression. If you are on treatment, attention to compliance and regular monitoring of both Viral Load and CD4 are essential. Discuss these with your doctor if there are any problems.

Although regular Pap smears are

essential, they may be less sensitive in HIV positive women, that is, it is more likely that some worrying changes will be missed in HIV positive women. Depending on your level of risk for cervical cancer and history of previous changes, your doctor might recommend a more thorough screening process. This may involve the use of a colposcope for looking at the surface of the cervix and possible biopsy (sampling of tissue for examination in the laboratory) of the cervix.

As HPV is the cause of most cervical cancers, there is an argument for HPV vaccination (particularly before the onset of sexual activity); timely vaccination may help prevent infection with some of the common cancer causing HPV strains. In addition to immune suppression caused by HIV, other factors, such as smoking contribute to the development of cervical cancer.

So yes, in addition to modifying risk factors, the use of appropriate screening can reduce the likelihood of developing cervical cancer.

Public Forum on Menopause



AUSTRALASIAN
MENOPAUSE
SOCIETY
NEW DIRECTIONS IN WOMEN'S HEALTH

Would you like to hear relevant, reliable and researched information about health and wellbeing at midlife?

Presenters from Australasian Menopause Society and other experts in Menopause will address issues relating to; midlife health, menopause, treatment of symptoms including herbal and hormone therapies, and other self-management strategies including healthy eating, physical activity and emotional health and well being.

Presenters:

Dr Rosie King – Sex and Relationship Therapist – Libido

Dr Liz Farrell – Gynaecologist and President elect of the Australian Menopause Society – Hormonal treatment of menopausal symptoms

Professor Martha Hickey – Gynaecologist - Non hormonal treatments for menopausal symptoms

Venue Bradman Theatre, National Convention Centre Canberra

Date Thursday 17 September 2009

Time 7.30pm

Cost \$10.00

Booking Information: Please contact

Viv Wallace, AMS Secretariat on 4642 1603 or via email at ams@netlink.com.au to register your interest. www.menopause.org.au

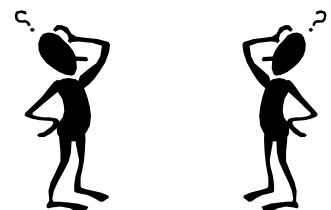
Wanting to go along but not by yourself ?

Give Nada a call on 6257 2855 at Westlund House Resource Centre.



Is he thinking what I'm thinking?

www.thinkagain.com.au



Getting a good night's sleep

We have all had times when sleep eludes us, but for some people getting a good night's sleep can be a major problem.

Sleeping less is not necessarily a cause for concern. As we get older, we tend to sleep for fewer hours each night, and to have a lighter and more broken sleep.

Sometimes, sleeping difficulties are due to an underlying problem, such as depression, emotional worries, stress, illness, pain, breathing and snoring problems, restless legs syndrome and some medications. In these cases, dealing with the underlying problem usually solves the sleeping difficulties.

Sleeping tablets

Sleeping tablets are sometimes prescribed for short term or occasional use. However, using sleeping tablets for more than a few days at a time can cause problems, particularly in older people.

When taken for more than 10–14 days, our bodies get used to sleeping tablets, so they don't work as well.

As a result, you need larger and larger doses to get the same sleep effect. Your body can also become dependent on them, making it difficult to sleep without them or to stop using them.

Sleeping tablets may give you a less

deep and less relaxed sleep than normal sleep, and you may feel less refreshed the next day.

Sleeping tablets can also have serious side effects, including memory loss, confusion, drowsiness and unsteadiness, that make you more likely to have accidents and falls during the day.

If you have been using sleeping tablets for some time, your doctor may advise you to stop using them. However, coming off sleeping tablets is not always easy, as some people experience withdrawal symptoms when they stop taking them. Common withdrawal symptoms include poorer sleep, sweating, feeling ill, dizziness, blurred vision, irritability, poor concentration, feeling anxious, and feeling depressed. The withdrawal symptoms are temporary, and can be minimised by slowly reducing the amount of sleeping tablets you take over a period of 6–8 weeks or more.

Talk to your doctor about the best way to come off your sleeping tablets, and other ways of tackling your sleep problems.

Sleeping without tablets

Using non-drug methods to help you get a good night's sleep is much better for your health and well-being than resorting to sleeping tablets.

However, working out which methods work for you may take time. Here are a few methods that might help:

- Wake and get up at the same time

each morning, even if you've had a bad night's sleep.

- Avoid napping during the day, especially in the afternoon.
- Regular exercise and sunshine help you sleep better, so be active and spend time outside during the day.
- Avoid alcohol and caffeine-containing drinks (tea, coffee, cocoa and cola) in the evening: have a bedtime cup of warm milk or a carbohydrate snack instead.
- Get your body into 'going to sleep' mode by winding down with quiet activities and a regular 'going to bed' routine in the hour or so before bedtime.
- Don't read or watch TV in bed.
- Learn and practice some relaxation techniques, and use them when you can't get to sleep. If you can't get to sleep, get up and do something until you feel sleepy.

The information in Medicines Talk is not medical advice, so seek professional help before making any decisions based on this information.

This article was accurate and up-to-date when it was published (2009). The evidence or context for this article might have changed since then.

Medicines Talk is a free quarterly newsletter for consumers written by consumers about using medicines wisely. Subscribe to the hard copy version using our [online ordering system](#), or write to Medicines Talk, National Prescribing Service Limited, PO Box 1147, Strawberry Hills, NSW 2012.

JUST WALK IT



Just Walk It is a free walking program which aims to increase participation in regular physical activity. Walking groups are led by volunteer leaders offering a local, enjoyable, social and supportive physical activity option for people who wish to walk in their local area with friends, family or colleagues.

JUST WALK IT

What do I gain from joining a walking group?

The Heart Foundation recommends that you do at least 30 minutes of moderate-intensity physical activity, such as brisk walking, on most or all days of the week.

Regular walking can reduce the risk of developing heart disease and stroke, help you to feel more energetic, reduce stress, improve posture and mood, maintain bone density and improve joint mobility and stability. People of all ages can improve their health and well-being by becoming active.

Where can I join a group?

To find a group near you, contact Heartline on 1300 362 787 (cost of a local call) or Just Walk It on 02-6269 2635. How do I start a group in my local area or workplace?

If there is no group near you and you would like to start one, contact Just Walk It on 02-6269 2635 or email us for a coordinator's kit and information to help you start your group

The Trevor Daley Fund

The Trevor Daley Fund aims to assist people living with HIV who may be experiencing financial hardship and is managed by the AIDS Action Council of the ACT. The costs of treatments for HIV and side-effects and living with the uncertainty of fluctuating health and wellbeing associated with a long term chronic illness can be great.

In the financial year 1990/1991, it was decided that a discretionary fund that provided limited assistance to positive people through donations would become a properly structured program. While this demanded a commitment to ongoing fundraising and the use of considerable staff and volunteer resources, this decision was based on a clearly evidenced and increasing need. On World AIDS Day in 1992 this financial scheme was named the Trevor Daley Fund, in memory of Trevor Daley who had been a long term and committed volunteer and employee and had died of an AIDS related condition in the previous September.

If you are living with HIV and experiencing hardship you may be eligible for financial assistance. However, you will be required to complete a TDF Application Form and

a Client Consent Form so that your needs can be discussed with other relevant AAC staff or a representative of another agency or practitioner with whom you are working. Evidence of your income and your HIV status (if you are a new client) will be required to ensure that the fund, which is made up of public donations is used for those it is intended.

TDF may be able to assist you with medical related travel expenses if an application is submitted prior to your travel and you are unable to access equivalent medical care in the ACT region. Consideration will also be given to the provision of assistance to a carer if an applicant is unable to travel alone. However, please note that every effort to access the ACT Government's Interstate Travel Scheme must be made before consideration of TDF assistance. Details on this scheme can be accessed from the PLWHA office at Westlund House.

In addition, assistance may be provided for the payment of 50% of gas and electricity costs up to a maximum of \$300 per financial year. Similarly, 50% of telephone rental fees may be covered if the applicant's name is included on the account.

Other treatment related expenses are available for non-PBS medications, vitamins and natural therapies to a total of \$600 per year, at \$50 per month (a \$5 dispensing fee is payable when picking up vitamins and supplements). While PBS medications are not covered every assistance will be provided for you to access the government's Safety Net Scheme.

Importantly, the TDF will consider all reasonable applications for financial assistance that fall within the funds objective of "assisting in managing the expenses associated with living with HIV in the ACT". If you are unsure, please contact us to ascertain your eligibility.

Food vouchers, bus tickets and household goods may be obtained from welfare agencies such as The Salvation Army, Anglicare and the St. Vincent de Paul Society. PLWHA workers will be happy to provide you with contact details, support and advocacy if required.

For further details on financial assistance through the Trevor Daley Fund, please contact Marcus or Nada at Westlund House or call either on 6257-2855.

HIV Tests & Treatments

(3rd Edition, 2009)



What this booklet is about

This booklet describes the currently available antiviral drugs for the treatment and management of HIV infection. It also describes some common tests used to monitor the health of people with HIV, and how these tests can be used to help you look after your health, or make decisions about starting, stopping or changing antiviral treatments.

Who this booklet is for

This booklet is for anyone with HIV who may be considering starting, stopping or changing treatment. It is designed for all people with HIV, whether you have been recently diagnosed, or have known about your HIV positive status for some time.

The information in this booklet is designed to help you:

- understand how HIV antiviral treatments work, and what drugs are currently available;
- understand the different tests which might be suggested by your doctor to help monitor your health; and
- work with your doctor to come up with the most appropriate HIV treatment and management strategy for you – whether with or without antiviral drugs.

It also contains some information about:

- drug side effects and how they might be managed; and
- tips and tricks for getting the most out of your drugs.



Call Westlund House Resource Centre or talk to your Doctor for your copy

Treatment update

New non-nuke approved

A new Non-Nucleoside Reverse Transcriptase Inhibitor – Etravirine – will be listed on the Pharmaceutical Benefits Scheme (PBS) from July 1. Non-nukes form an important backbone of many people's drug regimens however resistance to the two others currently prescribed – Nevirapine and Efavirenz – is common. Fortunately, etravirine has proved effective in many people who are resistant to these drugs. Its addition to the antiretrovirals currently available in Australia will benefit many of the more treatment-experienced. Its indication for use targets those who have had at least three treatment combinations fail in their therapy history.

Positive Living article • Adrian Ogier, June 2009

What is an Integrase inhibitor?

In order for HIV to successfully take over a T-cell's machinery so that it can produce new viruses, HIV's RNA is converted into DNA by the reverse transcriptase enzyme (nucleotide/nucleoside reverse transcriptase inhibitors can block this process). After the "reverse transcription" of RNA into DNA is complete, HIV's DNA must then be incorporated into the T-cell's DNA. This is known as integration. As their name implies, integrase inhibitors work by blocking this process.

There is currently one Integrase inhibitor licensed for use in Australia .

- Raltegravir (Isentress)

Taken from HIV Tests & Treatments (3rd Edition 2009)

Changed Viral Load Test .

ACT Pathology has updated HIV viral load testing. They are now using the automated Roche Cobas Ampliprep/ Cobas Taqman HIV monitor assay. The previous assay could detect virus in the range of 50 - 100,000 RNA copies/mL, and the new assay (test) will detect virus in the range 40 - 10,000,000 RNA copies/mL. This will not make a difference to clinical care. If a viral load has previously been <50 copies/ml, it will quite likely become < 40 copies/ml.

For people who are not on treatment, and are used to seeing a viral load > 100,000 copies/ml, the changeover may be more apparent as viral loads up to 10,000,000 copies/ml can now be measured. However, this doesn't mean that anything different is happening, just that higher viral loads can now be measured more precisely. T cell counts will remain the best indicator of need for treatment. Confused ? Talk to your Doctor.

Dr Sarah Martin (CSHC)

Brenda's Blenda

With spring upon us I thought I would start the new season with a dish that is equally at home in winter or spring, after all Canberra still have some cold nights ahead of it.

Chicken and spring vegetable casserole

INGREDIENTS

9 thigh pieces, diced (800g-900g)
2-3 tablespoons olive oil
1 bunch spring onions, whole and trimmed or (2 medium brown onions, diced)
3-4 celery sticks, peeled and roughly chopped
1 small bunch Dutch carrots or (2-3 medium carrots, roughly chopped)
1 cup white wine
1½ cups chicken stock
1-2 bay leaves
1 cup tomato puree
30g butter
1 tablespoon olive oil, extra
4 cups mixed mushrooms, roughly

chopped or torn (Swiss brown, oyster and field mushrooms)
2 teaspoons thyme leaves
1 bunch asparagus; ends trimmed, peeled and cut into 4cm pieces
½ cup flat-leaf parsley, roughly torn

METHOD

In a large flame-proof, lidded casserole pot, over a medium to high heat, brown thigh meat in olive oil and remove. Pour off excess fat.

Add onions, a little extra olive oil if necessary, and cook until beginning to colour and soften.

Add celery and carrots; cook further 1-2 minutes.

Pre-heat oven to 180°C/160°C fan-forced.

Return chicken to pot. Add wine, chicken stock, bay leaves and tomato puree. Bring to the boil. Place lid on casserole pot and place in pre-heated oven; cook 1 hour. Meanwhile; over a medium heat. Using a large non-stick pan; add butter, olive

oil, mushrooms and thyme. Cook until soft. Remove from heat.

Return pan to heat and cook asparagus until tender. Remove from heat.

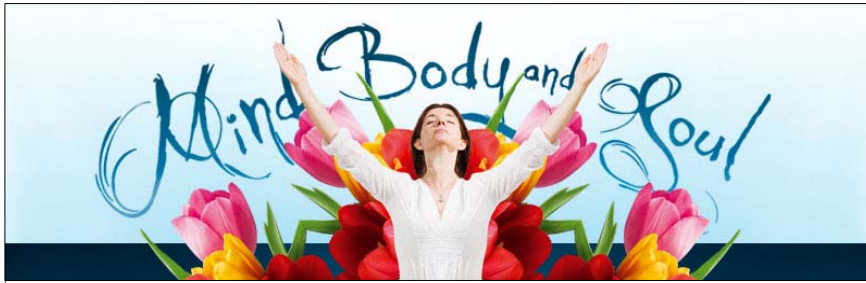
Remove casserole from oven, add wilted mushrooms, asparagus, thyme and torn parsley. Stir gently to combine.

Serve with crusty bread and a light salad.

Love Brenda

XOX





PLWHA ACT would like to invite you for a stroll through the gardens of Floriade on Wednesday 16 September. Leaving at Westlund House at 9.30am we will stroll through the displays at a leisurely pace, and upon returning to Westlund House, at around 12ish, we will have lunch of pizza!. Transport will be provided if required from Westlund House to Floriade and back again in time for lunch.

For further details or RSVP please contact **Mick or Marcus** on ph 62574985 or email to plwha.act@aidsaction.org.au



Dietician Clinic/PSN Dinner

On 22 September PLWHA will be holding a Dietician clinic with Jenny McDonald.

Appointments are available from 10 am to 5pm



That evening Jenny will attend as a guest speaker at the PSN Dinner. The dinner will be held at Westlund House starting at 6pm. Members wanting to make an appointment for the Dietician Clinic or attend the dinner please contact Marcus or Mick at

PLWHA on 6257 4985.

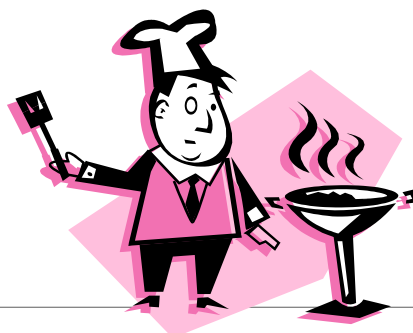
SPRING BBQ

PLWHA ACT will be holding a welcome to Spring BBQ dinner for members and their partners. The dinner will be held at Westlund House on Tuesday 1 September starting at 6pm.

For catering purposes those members wishing to attend please RSVP to Marcus or Mick by email at

plwha.act@aidsaction.org.au

or ph 6257 4985.



COMING EVENTS

Tuesday 1 September

PSN BBQ Dinner 6pm Welcome to Spring Westlund House

Wednesday 2 September

PSN Lunch 12 - 2pm Westlund House

Thursday 3 September

Legal clinic from 6pm Westlund House

Saturday 5th September

Community, Stitch and Bitch

1.30 to 4.30 pm

Call 6257 4985 for details

Wednesday 9 September

PSN Lunch 12 - 2pm Westlund House

Tuesday 15 September

Positive Women's Get together

Wednesday 16 September

PSN Lunch 12 - 2pm Westlund House

Floriade Visit 9.30 am

Thursday 17 September

Legal clinic from 6pm Westlund House

Public Forum on Menopause

Venue Bradman Theatre, National Convention Centre Canberra

Date Thursday 17 September 2009

Time 7.30pm

Cost \$10.00

Booking Information: Please contact Viv Wallace, AMS Secretariat on 4642 1603 or via email at ams@netlink.com.au to register your interest.

www.menopause.org.au

Tuesday 22 September

Dietician Clinic - Jenny McDonald

PSN Big Dinner - Jenny McDonald

Wednesday 23 September

PSN Lunch 12 - 2pm Westlund House

Wednesday 30 September

PSN Lunch 12 - 2pm Westlund House

Thursday 1 October

Legal clinic from 6pm Westlund House

Wednesday 7 October

PSN Lunch 12 - 2pm Westlund House

Tuesday 13 October

PSN Dinner 6pm Westlund House

Wednesday 14 October

PSN Lunch 12 - 2pm Westlund House

Wednesday 21 October

PSN Lunch 12 - 2pm Westlund House

Tuesday 27 October

PSN Dinner 6pm Westlund House