

Next Steps



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Introduction



You have probably been given this booklet because you have tested positive for HIV.

Whatever your gender, sexuality, or cultural background, being diagnosed with HIV is a big deal. You may experience a range of emotions and these may change over the days and weeks ahead.

While being diagnosed with HIV is a challenge, it is not insurmountable. People from all walks of life are living with HIV and enjoying full and active lives.



This booklet has been written to provide information you may find useful as you work through your HIV diagnosis. Before we get into the details, here are some things to consider:

- You are not alone! There are more than 27 000 people living with HIV in Australia, just over 2000 of whom are women. Most people with HIV are living full lives. There are established peer-support organisations and networks you can access if you think talking to other people living with HIV may be useful.
- HIV treatments have radically improved and now offer most people with HIV a long and healthy life. In Australia, it is uncommon for HIV to develop into AIDS, and it rarely results in a person's death. Most people with HIV are healthy and getting on well in their lives - working, studying, in relationships, having children, looking after their families, and doing all kinds of things they enjoy.
- Over time, your way of dealing with your HIV diagnosis will change. It doesn't matter if it's similar or different from the way others cope. Take the time and space you need to think your situation through. If you are struggling, consider seeing a counsellor who is trained in this area.

- Becoming informed about HIV will help you make choices and gain a sense of control over the disease. There are well established HIV organisations offering up-to-date information, care and support.
- It is good to get support from friends or family as soon as you can but think carefully about who you want to tell and when you want to tell them. Close friends and family can be a great source of support although it is important to think through how they are likely to react and whether they will keep your information private.
- Now you have your diagnosis, you will be able to take greater control over your health. There are many things you can do to keep yourself healthy.

Fact or fiction

Myth	Reality
I can't tell anyone.	If you feel uncomfortable telling people you have HIV, you can talk to your doctor or a peer support worker or counsellor at your local HIV organisation. They can provide support and also help you work out who to tell and how to tell them. You don't have to tell people immediately. In fact, it's advisable not to rush out and tell lots of people straight away, although you may want to tell family or friends.
I will infect people I love.	Just because you have HIV does not mean you will infect anyone. HIV is not passed on by hugging, kissing, coughing, touching, or sharing cups or cutlery. HIV is passed on through unprotected sex or sharing injecting equipment so if you practise safe sex and don't share needles you will not put loved ones at risk. Having an 'undetectable viral load' can also substantially reduce infection risk. HIV can be passed on from mother to child through pregnancy, at delivery or through breastfeeding but there are a range of interventions to prevent transmission. Mother-to-child transmission in Australia is rare.
Nobody will want to have sex with me again.	HIV-positive people can have a full and active sex life, and many do. Being HIV positive does not mean your partner or a potential partner will automatically reject you. In fact many people report that when they disclosed their HIV status, they received support and found a greater level of intimacy in their relationship.
I'll never be able to have children.	Many HIV-positive women and a growing number of HIV-positive men have decided to have children. There are numerous ways to greatly reduce risk of transmission from parent to child. These days, when properly managed, it is entirely possible to have children that are free of HIV.
HIV is a death sentence.	Most people diagnosed today can expect a similar life expectancy to non-infected peers. Given enormous improvements in HIV treatments, many people with HIV live long, healthy, productive lives.
HIV is a gay disease.	HIV does not discriminate. Although approximately two thirds of diagnoses in Australia each year are among gay men, the other diagnoses are among people who have been infected through heterosexual sex or (less often) injecting drug use. HIV affects people from all genders and cultural backgrounds.
HIV only affects people in the city.	There are people living with HIV all over Australia – in cities, small towns and rural communities.

What is HIV & what does it do?



What is HIV?

HIV (Human Immunodeficiency Virus) is a virus that damages your immune system so that your body becomes less effective at fighting off infection and other diseases. Once you get HIV, you cannot get rid of it. However, there are effective treatments which can minimise the amount of HIV in your body and limit damage to your immune system — keeping you in good health. These treatments can also greatly decrease the likelihood of passing on HIV to others during sex. Research for a cure is continuing but is expected to take many more years.

What is AIDS?

If you don't take HIV treatments, your immune system can become severely damaged so that you develop serious "opportunistic infections" and diseases that make you feel very ill or can be fatal. A person at this stage is described as having AIDS (Acquired Immune Deficiency Syndrome).

As more people are diagnosed early in their illness and take modern, effective antiretroviral treatments, people rarely progress to AIDS in Australia any more. Even people who are diagnosed late with an opportunistic infection or AIDS related cancer are generally expected to recover from such illnesses if they are treated effectively.

How is HIV transmitted?

HIV is present in some body fluids:

- blood
- semen (cum)
- pre-cum
- vaginal fluid
- rectal fluid
- breast milk

HIV can be transmitted when these fluids enter the bloodstream of another person. Unprotected sex (sex without a condom) and sharing needles or syringes are the most common means of HIV transmission. Unprotected anal sex is generally far riskier than unprotected vaginal sex. Oral sex has a very low risk of HIV transmission unless a person has cuts or sores in their mouth.

HIV can be transmitted from an HIV-positive mother to her child during pregnancy, birth or breastfeeding, however transmission can usually be prevented through a number of interventions.

HIV cannot be transmitted by hugging, kissing, coughing, touching, shaking hands, sharing food or toilet seats.

Living with HIV

What happens when I first get HIV?

Some people have no symptoms when they are first infected with HIV but many people get a 'seroconversion' illness. During seroconversion, HIV enters the body and begins to multiply rapidly. Seroconversion illness often includes flu-like symptoms like tiredness, headache, lethargy, aching joints, fevers, night sweats, a rash, diarrhoea, and/or swollen lymph glands. Seroconversion illness usually lasts a week or two. Because seroconversion illness feels a lot like the flu or other illnesses, many people do not recognise it as a sign of HIV infection.

"It was shock. Numbness. The first HIV test I ever had came back positive. I only had the test because a friend suggested it."

What does HIV infection mean in the long term?

After the first few weeks, HIV attacks the immune system more slowly so most people feel well for years. Even without treatment, the average time before clear symptoms emerge is around seven years, but it generally ranges from about two to 15 years.

HIV treatments have dramatically changed the experiences of people living with HIV. Modern treatments can keep you well long-term. A person recently diagnosed who is in the early stages of HIV infection can anticipate a life expectancy similar to their HIV-negative peers. However, every person is different so your experience of living with HIV will be based on the interaction of factors including:

- how advanced your HIV infection is when you are diagnosed
- how well you look after yourself emotionally and physically
- decisions about HIV treatments
- how well treatments work for you
- factors based on your own physiology and genetics
- co-infection with other illnesses such as sexually transmissible infections and hepatitis

Can I check how my HIV is progressing?

Your doctor will regularly undertake tests to see how your immune system is functioning. The two main tests measure your viral load and your CD4 cell count. The results of these tests allow your doctor to monitor how your HIV infection is progressing. Your doctor can then provide advice about when you should start treatment or alter the treatments you are taking.

Viral load

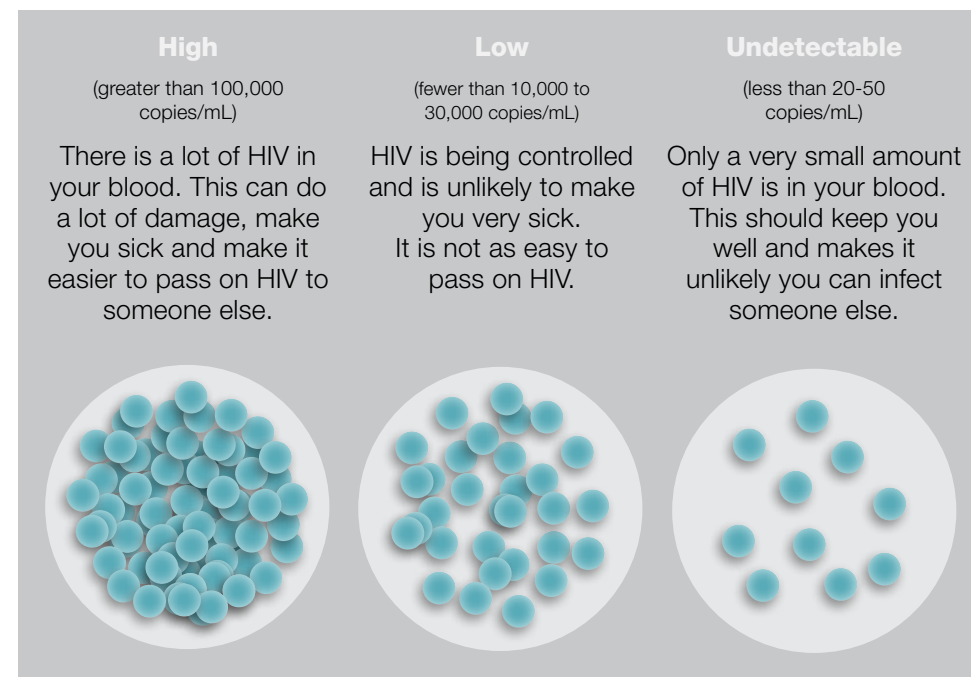
HIV multiplies by copying itself within your body. Your viral load indicates how active HIV is, damage to your immune system, risk of future damage to your immune system and risk of serious HIV-related infection. Your viral load also indicates how well your treatments are working or whether you should start treatment.

A viral load test is a simple blood test that measures the amount of HIV in your bloodstream. The lower your viral load, the better.

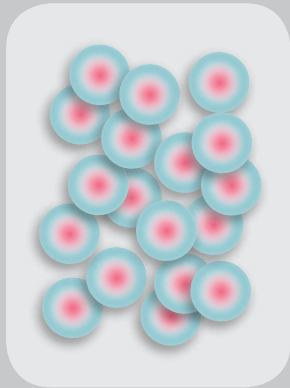
If your viral load is high and you start taking treatments, your viral load should go way down. Your doctor will aim to get it down to an 'undetectable' level. That means you still have HIV but there is so little it doesn't show up in the usual tests.

An undetectable viral load will greatly reduce the risk of transmitting HIV although it does not eliminate it. A viral load test measures HIV in blood but your viral load can be higher in other body fluids such as semen and vaginal fluid, particularly if you have a sexually transmissible infection. If you have maintained an undetectable viral load for six months or more, take your medication as prescribed, do not have any STIs, and have regular check-ups, you can be confident you will not pass on HIV through sexual intercourse. Talk to your doctor about your particular circumstances if you are thinking of relying on low viral load as a substitute for safe sex.

Understanding viral load

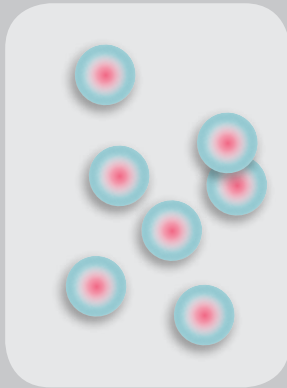


Understanding your CD4 cell count



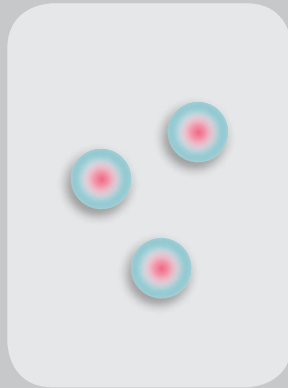
**More than 500
cells/mm³**

Your immune system is still relatively healthy but recent research suggests there may be real benefits in starting treatment now to keep your immune system healthy over the long term. Talk to your doctor about how starting treatment now can benefit your health.



**350 to 500
cells/mm³**

Your immune system appears weakened. Think seriously about starting treatment as soon as possible. Delaying treatment can have serious repercussions.



**Less than 350
cells/mm³**

Your immune system is very weak. Start treatment immediately.

CD4 count

CD4 cells are a critical part of your immune system. A person with a healthy immune system usually has between 500 and 1500 CD4 cells per cubic millimetre of blood. HIV infects and destroys CD4 cells until they are so depleted your immune system does not work properly.

A CD4 test is a blood test that identifies how many CD4 cells you have and how strong your immune system is. If your CD4 count is low, you are more likely to get sick. If you go on treatment, your CD4 count should go up considerably, which will stop you from getting sick.

Doctors used to rely on your CD4 cell count to determine when you should start treatment. Now treatment is recommended for all people with HIV, however, treatment becomes increasingly urgent as CD4 count decreases.

"I just needed to know what I am dealing with. I got an appointment with a specialist and that appointment could not come quick enough."

Being Diagnosed



Being diagnosed - the first few weeks

Being diagnosed with HIV can trigger a range of emotions. It is different for everyone so whatever your reaction — it's normal.

Being diagnosed when you're well

Many people are diagnosed while still feeling well, with low HIV viral load and high CD4 count. This is often referred to as 'asymptomatic' infection. For most people, asymptomatic infection lasts several years, even without treatment. It remains important to have regular contact with your doctor three or four times a year so you can have physical examinations and blood tests to detect any changes in your immune function. Talk to your doctor about starting treatment. There is now evidence that commencing treatment just after diagnosis yields immediate and lasting benefits.

Late diagnosis

If you have had HIV for some time before you are diagnosed, you may already have a low CD4 count and/or opportunistic infection. The symptoms of a suppressed immune system can include diarrhoea, minor persistent or recurring skin conditions, lack of energy or swollen glands. You will need to start HIV treatment straight away. In most instances, this will not only slow down the progress of HIV but will trigger some recovery of your immune system and make you feel much better.

Getting an HIV diagnosis is a big deal, so you may want to:

- **Take some time**

If you're feeling overwhelmed by your diagnosis it may be useful to take a few days off to de-stress and think through how you want to proceed from here. Your doctor will be able to provide you with a medical certificate for work if you need it. It will not mention HIV.

- **Delay big decisions**

Don't do anything radical just yet. Your understanding of how HIV will impact your life is likely to change over the next few weeks so it's important not to make any major life changes until you've had time to think things through.

- **Get connected**

It's important you get the support you need, particularly in these early days. For many people that will mean telling family or friends, however, people react in many different ways so you may want to choose one or two close family or friends you think will handle the news in a supportive way. There will be plenty of time to tell others. Remember, once you have told someone you have HIV you cannot take it back, so think about who will be able to provide support and keep your confidence.

- **Seek support**

There are HIV organisations all over Australia that offer peer support or

counselling. These organisations have staff and volunteers who are very experienced and will have a good understanding of many of the issues you are facing. They will often be able to answer your questions. Even when they don't have 'all the answers', they can be a sounding board for you to discuss issues that are worrying you so you can arrive at decisions that work best for you.

It may take you some time to work out how HIV fits with your sense of self or sense of 'identity'. Talking to other positive people about their experiences and how they have coped can be useful.

- **Get more information**

If you haven't already done so, make a follow-up appointment to see your doctor in the next few days. You may want to make a list of questions to ask. If you are uncertain about your HIV test results, you could also request another test.

- **Decide on a health care provider**

It's important to develop a good relationship with an HIV doctor. If you don't feel comfortable with your doctor or if they don't have expertise with HIV, ask for a referral to another doctor who is experienced in treating HIV infection. The Australasian Society for HIV Medicine (ASHM) maintains a list of doctors with HIV expertise (see bit.ly/NSprescribers)

A few weeks after diagnosis

A few weeks after your HIV diagnosis, you may start to manage the reality of your HIV infection differently. Some people start to feel a lot calmer and more optimistic as they begin to understand how they will manage their HIV infection long term. Others may feel depressed or demoralised.

Fitting HIV into your life can be time consuming. It is normal to feel frustrated and stressed about the increased time required to juggle all of life's demands. The good news is that your HIV diagnosis means you can take control of your health and your plans for the future. Are you treating yourself well? Ask yourself:

Am I eating well and trying to get enough sleep and exercise?

One of the most common effects of HIV is fatigue or chronic tiredness.

Sleep, good diet and exercise can reduce fatigue. HIV can prevent your body from absorbing food and nutrients and can cause weight loss. It is important to maintain a healthy body weight to sustain your body's defences. Alternatively, being overweight can increase health risks such as diabetes or heart disease. Weight-bearing exercise such as walking, cycling, yoga and Pilates can address muscle wasting which is associated with both HIV and some HIV treatments.

For more tips on healthy living, check out

- Top Tips for Living Well with HIV at www.hivtoptips.org.au/
- Your Body Blueprint at www.yourbodyblueprint.org.au
- NAPWHA's Health and Treatment pages at www.napwha.org.au/health-treatment/



Have I done something nice for myself?

It is important to look after your mental health, including reminding yourself that HIV is not a punishment – it is a virus that can be managed long term. Have you been treating yourself well? Consider doing something nice for yourself, like buying a book, seeing a movie, going for a swim or a walk, having a massage, or taking some time off work and having a holiday.

Have I set some goals?

Although your goals may change over time, setting some short term goals can help you stay focused. Maybe you want to join the gym, take up yoga, redecorate a room or pay off some debt. We're all different and some people simply are not planners but if you feel ready, you may also want to set some longer term goals. Setting goals can help you work out how you're feeling about things now... and also get you some great rewards down the track.

Have I found support?

If you haven't yet told anyone you have HIV, have a think about who you may be able to trust. If you can't think of anyone or if it seems too soon, consider talking to a peer support worker or counsellor at your local HIV organisation. They can provide support and can also help you work out who to tell and how you might tell them. You are not alone and do not need to deal with everything by yourself.

Staying social can make a big difference to how you handle things. For some ideas, check out AFAO's Your Body Blueprint site at www.yourbodyblueprint.org.au

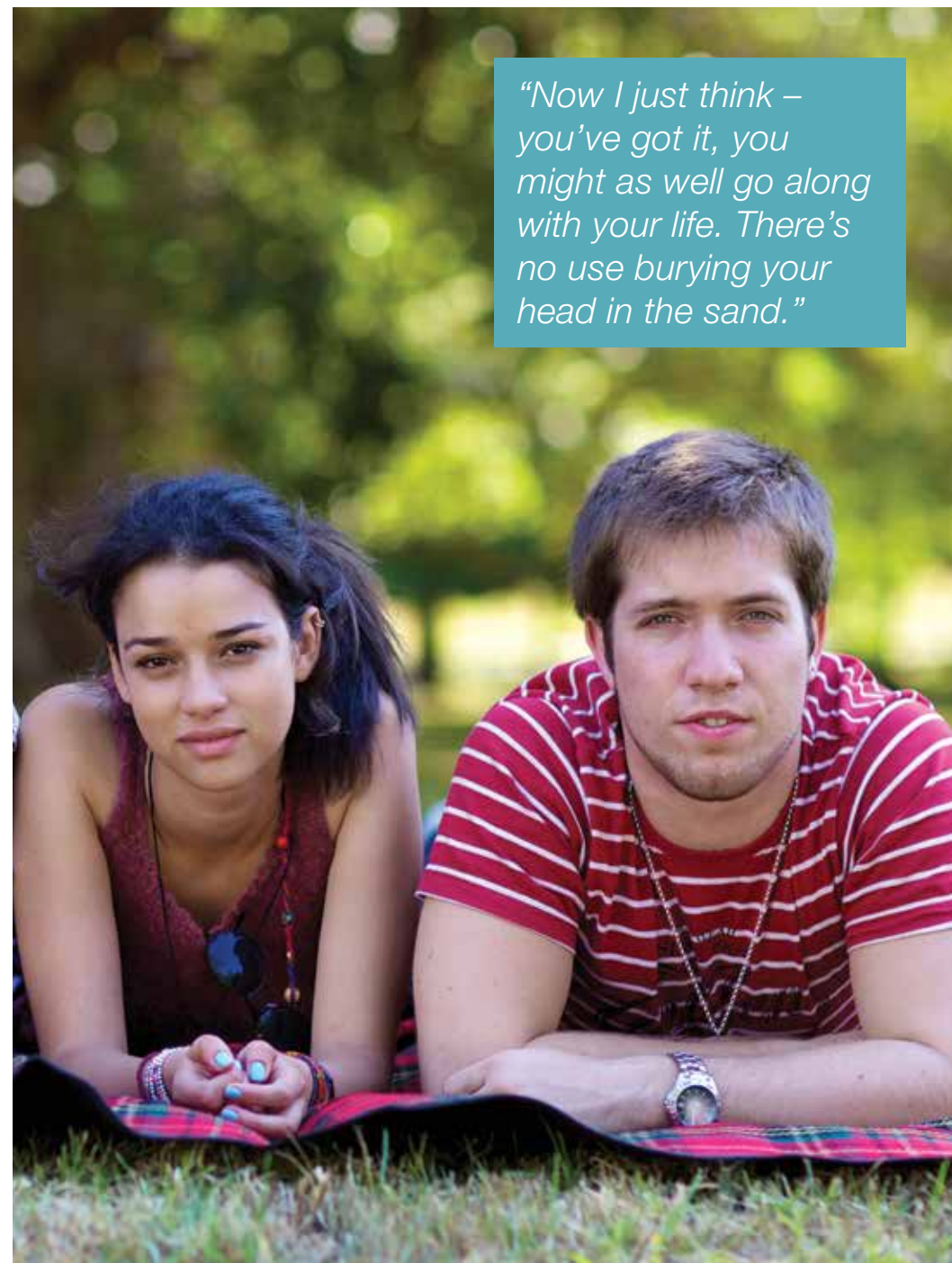
Have I told my partner?

Disclosure is a very personal process and can be daunting. If you are in a relationship but haven't told your partner about your HIV diagnosis, you will need to think carefully about how, where and when you can broach the subject. Your HIV diagnosis may come as a shock to them, and they may be scared or confused. They might also need to be tested for HIV. Your doctor or HIV service organisation staff can provide support to help you work through this process.

It is important not to delay telling your partner for too long as the longer you leave it, the more difficult and complex it may become. Some people react badly to the idea that their partner has been keeping their HIV diagnosis a secret from them.

You will need to discuss sex as soon as possible so you can come to an agreement on safe sex practice. Be reassured, there are many thousands of people with HIV in Australia who are leading active and satisfying sexual lives with HIV-negative partners by practising safe sex. Consider making an appointment to see your doctor together to discuss risk of HIV transmission in your specific circumstances.

"Now I just think – you've got it, you might as well go along with your life. There's no use burying your head in the sand."



"I feel comfortable with the way my doctor explains things. I think that's why I trust him and his recommendations about treatment. Still before I go to see him, I always jot down any questions. Otherwise I'll forget something!"

Do I need more information about my HIV infection?

If you need more information about your HIV infection, make another appointment to see your doctor. You can ask for a longer appointment if you think you'll need it. It can be useful to go armed with a list of questions. Here are some common questions people ask:

- How long do you think I will stay healthy?
- Should I start treatment – even if I feel well?
- Will there be side-effects from treatment?
- What happens if I miss a dose?
- Are there other medications or non-traditional therapies I should be using?
- What should I change in my day to day life to stay healthy/improve my health?
- Does it matter if I smoke?
- Will alcohol or other recreational drugs have any effect on my HIV?
- How physically active can I be?
- How do I keep track of any physical developments related to my HIV?
- How do I recognise complications or opportunistic infections?
- What can I do to prevent them?
- I'm feeling very anxious/depressed. What can I do?
- What can I do to avoid transmitting HIV?

Is smoking a big deal?

If you are HIV positive, stopping smoking is one of the most important steps you can take to improve your health.

Smoking affects blood supply to your heart and other parts of your body. It reduces the amount of oxygen in your blood and damages blood vessel walls. Smoking increases your risk of heart attack, stroke and peripheral artery disease (which can lead to gangrene and limb amputation). Smoking is particularly damaging for people with HIV because it will further weaken your immune system.

Stopping smoking improves your health within hours, with significant improvement in the following weeks and months. Your risk of cardiovascular disease will decrease rapidly within a year, and within two to six years it will be similar to that of a non-smoker. The risk of having a stroke begins to fall soon after quitting smoking, with most benefit experienced within two to five years.

Some AIDS Councils and PLHIV (people living with HIV) organisations have programmes in place specifically for HIV-positive people who want to stop smoking. Check with your local AIDS Council or PLHIV organisation to see what support they can offer you.

Giving up smoking is challenging. Remember:

Not everyone is successful the first time. It may take several attempts before you are smoke free. Each attempt brings you closer to your goal.

- There are many strategies to help you quit and you may decide to use more than one. Get advice and support from Quitline (13 78 48) or via www.quitnow.gov.au. The more support and help you receive the more likely you will succeed.
- Talk to your GP and your friends for emotional support. Having good people around you can only increase your chances of giving up.
- There are now medications available to help you stop smoking. Talk to your doctor about whether these are suitable for you.

"Give yourself time. Be gentle on yourself. And don't hesitate to call out for company if you need it."



Should I start treatment?

HIV treatment is now recommended for all people with HIV. Treatments are very effective at stopping the virus from reproducing, which allows the immune system to fight infection and slows disease progression. Recent research suggests starting treatment early will optimise your long-term health. Still, there are a range of issues to consider before you start, so talk to your doctor about when you want to start treatment and anything you can do to make sure you will be able to take your treatment exactly as prescribed. For more information, see Treatment (p.41).

What else do I need to know about how HIV will affect my body?

HIV and HIV treatments impact different parts of your body. Your doctor can provide individualised information about how HIV is affecting, or is likely to affect, your body and what you can do to maximise your health. You can get a brief overview from AFAO's Your Body Blueprint site at www.yourbodyblueprint.org.au.

"Love will always come along and I think there is always someone for everyone. Just because you are positive it doesn't mean that nobody is going to love you."

Decisions, Decisions



Who should I tell?

Being open about having HIV can be liberating. Telling a few people you trust can also build stronger relationships and provide you with great support. Still, you don't need to rush out and tell people.

It is important to have people you can talk to about your HIV but it is also a good idea to try to keep some control over where that information goes. If you need to, give yourself some time to adjust to the news before you decide to tell your friends or family.

If you think a person may have a bad reaction to the news, you may want to wait until you are feeling more confident and think you can handle it, or you may decide not to tell them. Ask yourself:

- Who can I trust with this information?
- Who will offer me the support that I need?
- Who will be able to accept this information without judging me?
- Who will respect my privacy and be able to keep this information confidential?

Once you have told someone, you cannot 'untell' them. If you don't want everyone knowing that you have HIV, be careful not to tell people who gossip. When you do tell someone, you can ask them to keep your confidence although that can be stressful for them. You could ask them to be careful who they tell, let them know if you've told anyone else, or suggest other people they could turn to for support.

People with HIV often become ‘the educator’ when telling their friends about their HIV diagnosis. That can become exhausting but you will probably know a lot more about HIV than they do and it is important they have a good understanding of what HIV infection means (and what it means to you!) so they can support you.

If you can’t work out who you can talk to or if it seems too soon to tell anyone, consider talking to a peer support worker or counsellor at your local HIV organisation. They can provide support and can also help you work out who to tell and how you might tell them.

You do not have to disclose your HIV status to your employer, or work colleagues. You also do not need to tell your doctor, dentist or other health professionals although it is often important to tell people providing medical treatment about your HIV infection as it gives them a clearer picture about your health. Seemingly unrelated conditions may be caused by your HIV infection. Any drugs prescribed for another condition may impact your HIV and/or interact with HIV treatment. It is a good idea to tell your dentist as HIV can affect your gums. Providing full health information to your healthcare providers may prompt them to give you more information which you can use to make your own health related decisions.

“With the benefit of hindsight, some of the things that were big problems are not big problems anymore. When the immediacy died off, I was glad I hadn’t told certain people.”

Your HIV doctor can discuss your health with other health care workers directly involved in your HIV care. This is important because optimal care often relies on the expertise of different healthcare providers working in partnership.

Your healthcare provider cannot reveal your HIV status to anyone else except in extreme and unusual circumstances, for example, if you are unconscious and requiring emergency medical care and your HIV status is relevant to that care. It is illegal to discriminate against a person with HIV, including in health care settings.

Having sex

Getting an HIV-positive diagnosis is a lot to deal with, and people’s feelings about sex can vary greatly. It may be the last thing on your mind. You may feel “infectious”, angry or depressed, which can result in loss of sex drive (regardless of your partner’s HIV status). Alternatively, you may feel like having a lot of sex. However you are feeling right now, your feelings about sex will probably change over time.

It’s important to remember that HIV-positive people can enjoy a healthy and fulfilling sex life. Lots of HIV-positive Australians do. There are many people out there who will find you desirable regardless of your HIV status.

The most common form of HIV transmission in Australia is anal or vaginal sex without a condom but there are numerous ways to reduce HIV transmission risk. If you are not ready to have sex, there are many other intimate sexual activities you can enjoy that involve little or no risk such as kissing, massaging, mutual masturbation and oral sex.

A note on STIs (Sexually Transmissible Infections)

If either you or your partner has a sexually transmissible infection (STI) the risk of HIV transmission is increased. You or your partner could have an STI even if you have no symptoms. Common STIs include herpes, syphilis, gonorrhoea, chlamydia, genital and anal warts, and hepatitis B and C.

It is important to protect yourself from STIs because they can cause more severe symptoms and may be more difficult to treat in people with HIV. Syphilis can progress to severe symptoms more rapidly, and genital warts and herpes can be resistant to treatment. Herpes outbreaks can also be more frequent. If you have regular herpes outbreaks, you may want to discuss herpes suppression therapy with your doctor.

Condoms offer the best means of protection against STIs but they do not offer absolute protection against all STIs because a condom may not cover all of the infected area. Even if you always use condoms, sexual health check-ups are important. Generally, the more partners you have, the more regular check-ups you’ll need.

Sex with a partner who does not have HIV (or you don't know their status)

There are a number of options that substantially reduce the risk of HIV transmission during sex.

Condoms

Correct use of condoms during sex prevents HIV transmission. Condoms also prevent transmission of most STIs which can increase risk of HIV transmission and also compromise your health.

Most condoms are made from latex and experts recommend you always use a water based lubricant such as Wet Stuff or KY with them because oil based lubricants like Vaseline or hand cream can damage the condom. Lube can also make sex with condoms more fun! If you are allergic to latex there are also condoms made of polyurethane. Polyurethane is stronger and thinner than latex and oil-based lubricants can be used with them.

Undetectable viral load

Effective HIV antiretroviral treatment can significantly reduce a person's viral load until it is 'undetectable'. Having an undetectable HIV viral load greatly reduces the risk of HIV transmission. If you have had a stable undetectable viral load for at least 6 months, take your treatment consistently, and you and your partner have no other STIs, you can be confident you will not pass on HIV. For a variety of reasons, including emotional ones, some people

prefer to take additional measures such as using condoms.

A viral load test measures HIV in blood but your viral load can be higher in other body fluids such as semen and vaginal fluid, particularly if you have a sexually transmissible infection. Talk to your doctor about your particular circumstances if you are thinking of relying on low viral load as a substitute for safe sex.

Pre-Exposure Prophylaxis (PrEP)

PrEP describes the use of HIV antiretroviral medication by people who are HIV negative to prevent HIV infection. If used effectively PrEP can dramatically reduce the risk of HIV infection. PrEP can also be combined with condoms and other prevention methods to maximise protection.

Understanding of PrEP effectiveness is growing. Your HIV-negative partner will need to speak to a specialist PrEP prescriber (doctor) about their eligibility for PrEP and how it should be taken.

Oral sex

There is hardly any risk of passing on HIV through oral sex, however this risk increases if a person has cuts or ulcers in their mouth, has an STI or if the positive partner is menstruating.

Penetration using hands

It is safe for another person to use their hands or fingers to penetrate your anus or vagina providing the person has no cuts, sores or scratches on their hands. If they do have any cuts, sores or scratches, it is advisable to use latex gloves.

Menstrual fluid

Having sex when you have your period can increase the risk of HIV transmission so it's a good idea to consider using condoms during vaginal sex or dams during oral sex.

If you think your partner has been exposed to HIV

If you have sex and think your partner may have been exposed to HIV, there is a course of treatment available to minimise the likelihood of them becoming infected with HIV. This is called post-exposure prophylaxis (PEP). It involves prescription of antiretroviral drugs taken for a period of four weeks. Your partner will need to visit a doctor and commence PEP within 72 hours although treatment is more likely to be effective the sooner it is started. A national list of PEP prescribers is available at www.getpep.info.

Sex with a positive partner

If you and your partner are both HIV positive, you may not want to use condoms.

Even if you both have HIV, it is important to protect each other from STIs. STIs can be more difficult to treat in people with HIV, and the STI symptoms can be more severe. Some STIs can increase your viral load. Syphilis can progress to severe symptoms more rapidly and can be more difficult to treat. Genital warts and herpes can also be resistant to treatment. Herpes outbreaks may occur more often in people who are HIV positive. If you have herpes, you may want to discuss herpes suppression therapy with your doctor.

Having children

Many HIV-positive Australians have chosen to have children. Due to increased knowledge of HIV and advances in HIV treatments there are a range of strategies that can be used to minimise risk of HIV transmission to a partner or child.

HIV-positive men

There are a number of options that substantially reduce the risk of HIV being passed from an HIV-positive man to his female partner or to a child during its conception. These include:

- the male partner being on effective antiretroviral treatment for an extended period to achieve an undetectable viral load (while also free of STIs).
- the female partner taking antiretroviral treatment (PrEP) to prevent HIV infection.
- having unprotected sex only while the woman is ovulating to reduce the number of times unprotected sex occurs.
- sperm washing, which requires the male partner giving a semen sample to a clinic. The sperm (which does not contain HIV) is then separated from the seminal fluid (which does contain HIV), before the sperm is injected into the woman's uterus. Sperm washing is expensive as it requires the involvement of a fertility clinic.

HIV-positive gay men wanting to have children face additional barriers related to access to reproductive services. Reproductive services, surrogacy and adoption are covered by state and territory legislation so the law varies across jurisdictions.

For gay men who are considering becoming (or already are) parents, Gay Dads Australia offers specific support, information and advice through its website at

www.gaydadsaustralia.com.au.

For more detailed information on the reproductive options available to HIV-positive men, including gay men, search for 'reproductive options' on the AFAO website at www.afao.org.au.

HIV-positive women

The risk of passing on HIV from mother to child is very low (less than one per cent) if the mother is on successful treatment, the child is born through caesarean section and the baby is not breastfed.

Options to reduce risk of transmission from an HIV-positive woman to her HIV-negative male partner while trying to conceive include:

- the male partner taking antiretroviral treatment (PrEP) to prevent HIV infection.
- self-insemination rather than unprotected sex. Using this process, the male partner ejaculates into a container and the sperm is then inserted into the vagina using a syringe.

If you are thinking about having a child, it is important to make sure you and your partner understand all your options and you have an expert medical team to support you. Talk to your doctor as soon as possible as they will understand the specifics of your circumstances and have access to the latest information about reducing HIV transmission risk.

For further general information search

www.afao.org.au
for 'having children'

www.pozhet.org.au
for 'having a baby' or

www.afao.org.au
for 'positive women'



Taking recreational drugs

HIV damages your immune system making it difficult for your body to fight off disease. Many party drugs like ecstasy and methamphetamines (e.g. Crystal or Ice) can further suppress your immune system. Staying awake for long periods of time, not eating enough, or not eating the right foods can also damage your immune system, even if you are in good health.

There is only limited understanding of the way HIV treatments interact with recreational and illicit drugs however the following cautions should be considered:

- Avoid taking HIV treatments and other drugs at exactly the same time. Wait a couple of hours between doses.
- Some HIV treatments (e.g. Ritonavir and other protease inhibitors) slow down the body's elimination of recreational drugs. They may cause dangerous or even fatal interactions with ecstasy and methamphetamines.
- Some recreational drugs lower the levels of HIV treatments in your blood so less of the dose is absorbed.
- Drink plenty of water.
- Start with a smaller amount of any illicit drug and monitor for unusual responses.

- Seek emergency medical help if you experience dizziness, sudden drowsiness, blurred vision, heart palpitations, vomiting or any other severe unexpected effect.
- Methamphetamines and ecstasy can make eating difficult, which can be a problem for people who need to take treatment with food.

"Part of looking after myself better after my diagnosis included cutting back on recreational drugs. I still partake on special occasions but I've got out of the routine of every weekend. I feel much better, mentally and physically."

For further information on recreational drug use (including the interaction of specific drugs and HIV) see VAC's Touchbase Alcohol & Drugs site at touchbase.org.au, or ACON's Stimulant Health Checkup site at www.stimcheck.org.au.



Your rights

Disclosure

Generally you do not have to tell people you have HIV however there are limited exceptions to this rule:

- **Personal relationships**

In some states public health law says you must tell prospective sexual partners that you have HIV before you have sex unless you take reasonable precautions to prevent transmission (for example, using condoms). In Tasmania, the law states you must tell people you have HIV before you have sex or use injecting drugs with them regardless of whether you make efforts to prevent HIV transmission.

There have been a small number of criminal prosecutions for HIV exposure or transmission. It is difficult to generalise about these cases but it is important to note that all have relied on the fact that the person with HIV did not disclose their HIV-positive status before sex. There have been no criminal prosecutions where a condom has been used during sex, whether or not the person with HIV disclosed their status.

For more information on laws relating to disclosure search the AFAO website (afao.org.au) for 'disclosure factsheet'.

- **Work**

You are not required to disclose your HIV status in most work environments although there are a few exceptions. Doctors, nurses and dentists who perform exposure prone procedures are required to know and disclose their HIV status. Everyone who applies to join the Australian Defence Force is tested for HIV, and if found to be HIV positive, will not be allowed to join. The Australian Defence Force also regularly undertakes HIV testing of its personnel. In some states, it is illegal to work as a sex worker if infected with HIV (or other STIs) even if you only practise safe sex and/or have an undetectable viral load.

Discrimination

Discrimination on the basis of HIV status is unlawful across Australia. Laws cover people with HIV, people believed to have HIV, and people who associate with people with HIV. Although these laws do not extend into personal life, they do cover the areas of work, accommodation, education, access to premises, clubs and sport and the provision of goods, facilities, services and land.

If you believe you have experienced discrimination based on your HIV status, contact your local HIV organisation. You could talk through your experience and discuss whether you should contact an anti-discrimination agency.

Insurance

You have a legal obligation to disclose all relevant information when applying for insurance. If you decide to take out a new insurance policy such as life insurance, income protection, or death and disability insurance, you will need to disclose your HIV-positive status. If you don't disclose your HIV status, the insurance company won't pay out when you make a claim. When you disclose your HIV status, some companies may refuse to insure you while others will charge higher premiums. As HIV treatments have improved, the range of insurance options has also improved, so it is worth shopping around to find the best deal.

You do not need to disclose your HIV status to your superannuation fund, however, if you become ill or experience serious financial hardship, you may be able to access some or all of your superannuation early. This will normally require disclosure of your HIV status and other health information. If you intend to access your superannuation early it is important you seek independent advice as your application must satisfy very strict criteria.

Superannuation funds often include a 'default' insurance cover, which means you are automatically insured unless you opt out. This can be a good option for people with HIV as it does not require any disclosure unless you want to make a claim.

"It was part of the process, having to learn about who and where to disclose."

Immigration

The Department of Immigration requires anyone applying for permanent residency to provide the results of an HIV test.

Donating blood

The law states that people with HIV cannot donate blood, semen, ova or other body tissue.

Overseas travel

For many people with HIV, travel is a regular part of life, whether for work, study or pleasure. In most cases, HIV is not a barrier to travel and holidays. To avoid problems, it is usually best not to disclose your HIV status unnecessarily — not to other travellers, to customs or immigration officials, or to work colleagues. HIV continues to be heavily stigmatised in many countries, and frankly, your HIV status is not their business.



The HIV/AIDS Legal Centre has developed a series of booklets on HIV and the law. Search the HALC website (www.halc.org.au) for 'HIV and the law'.

- **Travel restrictions**

Some countries continue to restrict entry and residence of foreigners who are HIV positive, however, many do not. Recently there have been some major improvements to international travel restrictions including those in 2010, when the US removed its entry restrictions for people with HIV and China removed restrictions for people with HIV on short term stays.

Although laws prohibiting entry of people with HIV are clearly discriminatory and frequently lack any rational basis, it is important to understand visa requirements before travelling. The Global Database on HIV-specific Travel and Residence Restrictions website (www.hivtravel.org) provides up to date information for all countries in the world. Those planning a holiday can refer to the 'Entry' section. Those planning a longer stay may need to refer to the 'Residence' section. If you remain uncertain about your legal rights, it may be useful to contact the country's embassy to ask them directly.

- **Treatment while travelling**

In most cases, bringing (importing) HIV medicine for your personal use will not pose a problem but if you are worried you may want to check each country's specific customs regulations by ringing their embassy before you go. If you are using a drug substitution treatment (such as methadone or buprenorphine) you should definitely check country regulations as some countries consider substitution treatment to be illicit drug use.

When travelling, keep your medication in its original packaging (labelled with your name) and also your doctor's prescription (to show the medication was prescribed) but ensure the prescription does not mention HIV.

It is usually best to carry your medication in your hand luggage as checked luggage can be lost or delayed. It is also useful to take some extra medication with you in case your return is delayed for some reason. Looking for prescription medicine in another country can be time consuming and expensive, and your medication may not be available.

Many people take their treatment at the same time every day which can be tricky when crossing time zones. If you are on a complicated schedule or if you are concerned about managing the time change, ask for advice from your doctor. If you are concerned about how your health will be while travelling, you may want to find out where the local HIV clinic is or get the address of a specialist physician before you travel.

"There is no all-knowing person out there who knows what's best for you. I'm on treatment. I exercise. I travel. It's worth putting your energy into things that make you feel good about yourself. Do what's best for you!"



Treatments



Considering when to start

HIV treatments are made up of combinations of HIV antiretroviral drugs. These treatments are very effective at stopping the virus from reproducing, which allows the immune system to fight infections.

Treatment is now recommended for all people with HIV, regardless of disease stage, so the question of ‘when to start’ will depend on your readiness. It may include both a desire to maximise your health and a wish to reduce your infectiousness.

“The treatment side-effects aren’t too bad for me. I have just got used to taking them now – it’s like second nature. I don’t like the fact that I need them, but the reality is that they’re no big deal.”

There are a number of issues to be considered when deciding when to start treatment. HIV treatments:

- reduce the amount of HIV in your body. If you are feeling unwell, that will make you feel better and/or it will take longer for you to become sick. Treatment is now recommended for all HIV-infected people, irrespective of CD4 count, to reduce the risk of disease progression.
- can reduce the amount of HIV in your body to an undetectable level. That makes it unlikely you will pass HIV on to someone else if you have maintained an undetectable viral load for six months or more, take your medication as prescribed, do not have any STIs, and have regular check-ups. Ask your doctor for advice.
- may cause side-effects but these are often manageable and short term as they occur while your body gets used to the medication. Some people experience no side-effects at all. More serious or long-term side-effects are less common than they used to be but if you notice any symptoms it is important to talk to your doctor about how to address them as soon as possible. Many persistent side-effects can be reduced by medication. You must not stop treatment without talking to your doctor as doing so can have long-term harmful consequences.
- can be difficult to manage because you need to take your treatment exactly as your doctor tells you – at the same time each day. This is known as treatment adherence. Treatment adherence is vital or the drugs will become less effective, even if you start taking them regularly again.

Drug schedules used to be complex but they are now much simpler with some people taking only a single pill each day. Still, you may need to think through issues like how to store your drugs, how to fit them in around meals, and travelling. Your doctor or health worker should have some suggestions about how to manage this. You can also check out AFAO's HIV Treatment Adherence factsheet (search for 'adherence factsheet' at www.afao.org.au) or NAPWHA's Adherence Tips (search for 'adherence tips' at www.napwha.org.au).
- are a long term commitment. Once you start treatment, you should keep taking it. You should not stop because HIV can become 'resistant' to treatment – meaning the HIV treatments won't work properly if you need to start taking them again. Stopping suddenly can also trigger significant deterioration in your health.



Treatment guidelines

The official Australian HIV treatment guidelines have changed a lot over the last few years. They now encourage people to consider taking treatments far earlier.

The Australian Treatment Guidelines state:

1. Antiretroviral therapy (ART) is recommended for all people with HIV, irrespective of CD4 count, to reduce the risk of disease progression.
2. Doctors should regularly discuss the current 'state of knowledge' about when to start ART with all people with HIV who aren't on treatment.
3. All decisions to start ART should be made by the person with HIV, in consultation with their health care providers, so that they are fully informed and supported in their decision making.
4. The decision to start ART should take into account both personal health benefits and risks, and reduction in transmission risk.

The current treatment guidelines are based on an enormous amount of long-term scientific research. The most recent changes are the result of findings from the START study (May 2015) which showed the benefits of starting HIV antiretroviral treatment soon after diagnosis.

Treatment is now recommended for all people with HIV but is particularly important for people with a low or rapidly declining CD4 count, people with an associated medical condition, people aged over 45, and pregnant women.

Treatment should also be considered to prevent onward transmission of HIV, particularly for sero-discordant couples.

Research on HIV treatments is ongoing and knowledge about HIV treatments continues to grow, so it is important to keep talking to your doctor to make sure you know about the most current evidence. Australian HIV treatment guidelines state all decisions about treatments remain with the person being treated, so you can make decisions that are right for you.

There are six classes of HIV antiretroviral drugs which work in different ways to make it difficult for HIV to reproduce. They are commonly used in combination to maximise their effectiveness and prevent the development of drug resistance. This is known as 'combination therapy'. Your doctor will help you work out the best combination for you by considering:

- an effective combination to suppress your viral load
- a dosing schedule that is a good fit with the demands of your daily life
- treatments that deliver manageable or no side-effects

If you start one treatment combination and it does not successfully lower your viral load or if it triggers difficult side-effects, you can usually try a different drug combination. It is very important you alert your doctor to difficulties as soon as possible so your doctor can help you manage a change of treatment. **Do not stop taking the drugs without talking to your doctor.**

For more information on HIV treatments see AFAO's HIV Tests & Treatment site at hivnt.org.au.

"I play a very active role in monitoring my health and also my treatment decision making. I have an excellent doctor who encourages me to be informed and participate in the process."





Do I need to take lots of pills?

HIV treatments used to involve multiple doses of different drugs taken at specific times each day, some before and some with food, which often meant complicated medication schedules. For most people, such complex drug routines are a thing of the past. Although most people now take a combination of three drugs (sometimes more) from at least two 'drug classes', it is not unusual for separate treatments to be formulated together and combined into a single pill to reduce the number of pills people need to take. Some people take a single pill each day.

You do not need to 'master' the science of HIV treatments. That is the job of your doctor. But if you want to know more, check out NAPWHA's Treatment Database by searching www.napwha.org.au for 'treatment database', or the Antiretroviral Agents Adult Dosage Card by searching www.afao.org.au for 'pill chart'.

Taking your treatment as prescribed (adherence) is very important. In the long term, adherence can have major implications for the development of drug resistance which can affect future treatment options. For a list of tips about treatment adherence, search "www.napwha.org.au" for 'adherence tips' or "www.afao.org.au" for 'adherence fact sheet'.

Treatments are usually subsidised by the government but frequently include a 'co-payment', where you pay a portion of the cost. If you find yourself under financial stress, there is help available. It may also be useful to seek help to re-organise your budget or to pay off bills or debts. There are financial assistance programs for some people with HIV. Contact your local AIDS Council or PLHIV organisation for information.



Ineligible for government subsidised treatment?

Unfortunately, there are people with HIV living in Australia who do not qualify for Medicare or subsidised treatment. These include people living in Australia for extended periods on long-stay temporary visas – such as overseas students, people on work visas, and people on bridging or partner visas waiting for permanent residency applications to be decided.

Some people on temporary visas are eligible for Medicare under special provisions, including reciprocal agreements between Australia and certain countries. Seek advice from your migration agent or lawyer about whether you may be eligible for Medicare – especially if you have recently applied for or obtained a new type of visa.

If you are not eligible for Medicare, there are a number of ways you may be able to access HIV medication. One way is to get a prescription from an HIV specialist doctor and then pay full price (which will be expensive). If you have private medical insurance, it may cover some of the cost. Another option is to obtain free antiretroviral treatment by joining a research study.

You can also purchase generic HIV medications online. It is very important that you choose a reputable supplier to make sure the drugs are safe and that continuity of service is assured. Purchasing online requires a prescription from an HIV specialist doctor. Explain to your doctor that you'll be buying HIV treatments online and ask the doctor to help you ensure you are ordering the correct medication.

For detailed information and advice on options for purchasing HIV treatments without a Medicare card, see NAPWHA's webpage on how to access HIV care and treatment in Australia (search 'how to access HIV treatment' at www.napwha.org.au).

Support Agencies



Services that can help

There are many established HIV support agencies and peer-support organisations offering up to date information, care and support. You may want technical information, physical support, or someone to talk to — a counsellor or peer support worker. Remember, no problem is too big or small.

“You just feel really different. It was when I started to meet other positive women that things started to change.”

Australian Capital Territory

AIDS Action Council of the ACT (AACACT)

Advice, mental health & social support services, financial assistance, legal advocacy

Havelock House (Gould St Entrance)
85 Northbourne Avenue
Turner ACT 2612

Tel: (02) 6257 2855
www.aidsaction.org.au

Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)

Education, practical support, information and advocacy to users of illicit drugs

112-116 Alinga St
Canberra ACT 2601

Tel: (02) 6279 1670
www.cahma.org.au

Sex Worker Outreach Project (SWOP) ACT

Information and support for people who engage in sex work

Havelock House (Gould St Entrance)
85 Northbourne Avenue
Turner ACT 2612

Tel: (02) 6247 3443
www.aidsaction.org.au/services-programs/swop/

New South Wales

ACON

HIV prevention, health promotion, advocacy, care and support

414 Elizabeth Street
Surry Hills NSW 2010

Tel: (02) 9206 2000
TTY* (02) 9283 2088
Free call: 1800 063 060
www.acon.org.au

ACON Hunter Office

Newcastle
Tel: (02) 4962 7700

ACON Mid-North Coast Office

Port Macquarie
Tel: (02) 6584 0943

Coffs Harbour
Tel: (02) 6651 6017

ACON Northern Rivers Office

Lismore
Tel: (02) 6622 1555

Positive Life NSW

Advocacy, publications, services, speakers' bureau, social marketing, education and peer support

Suite 5.2, Level 5
414 Elizabeth Street
Surry Hills NSW 2010

Tel: (02) 9206 2177
Free call: 1800 245 677
www.positivelife.org.au

Multicultural HIV/AIDS & Hepatitis C Service

Bilingual/bicultural support & advocacy for people from non-English speaking backgrounds

Tel: (02) 9206 2060
Free call: 1800 108 098
www.mhahs.org.au

HIV Positive Heterosexuals (PozHets)

Statewide service providing education and support for heterosexuals living with HIV and their families

Tel: (02) 9395 0444
Free call: 1800 812 404
www.pozhet.org.au

Ankali

Volunteers provide one-to-one emotional support for people living with HIV, their partners, families and friends. Referrals into counselling & professional support

Tel: (02) 9332 9742
www.thealbioncentre.org.au/ankali/the-ankali-project

Bobby Goldsmith Foundation (BGF)

Financial help, supported housing, financial counselling, help with essential bills, loans of essential appliances

Tel: (02) 9283 8666
Free call: 1800 651 011
www.bgf.org.au



HIV/AIDS Legal Centre (HALC)

Free HIV-related legal services

Tel: (02) 9206 2060

Free call: 1800 063 060

www.halc.org.au

New South Wales Users & AIDS Association (NUAA)

Education, practical support, information and advocacy for users of illicit drugs

414 Elizabeth Street
Surry Hills NSW 2010

Tel: (02) 8354 7300

Free call: 1800 644 413

www.nuaa.org.au

Sex Worker Outreach Project (SWOP)

Information and support for people who engage in sex work

PO Box 1354
Strawberry Hills NSW 2012

Tel: (02) 9319 4866

Free call: 1800 622 902

www.swop.org.au

Northern Territory

Northern Territory AIDS and Hepatitis Council (NTAHC)

Education, advocacy & support

46 Woods Street
Darwin NT 0800

Tel: (08) 8944 7777

NTAHC Alice Springs

14 Railway Terrace
Alice Springs NT 0870

Tel: (08) 8953 3172

www.ntahc.org.au

People Living with HIV/AIDS NT

Peer support, information & advocacy

PO Box 2826
Darwin NT 0800

Tel: (08) 8944 7777

Sex Worker Outreach Project (SWOP) NT

Information and support for people who engage in sex work

46 Woods Street, Darwin NT 0800
14 Railway Terrace, Alice Springs NT 0870

Tel: (08) 8941 1711

www.ntahc.org.au/programs/sex-worker-outreach-program

Queensland

Queensland AIDS Council (QuAC)

Education, advocacy & support

30 Helen Street
Tenneriffe Qld 4005

Tel: (07) 3017 1777

Free call 1800 177 434

www.quac.org.au

QuAC Cairns

Tel: (07) 4041 5451

Queensland Positive People (QPP)

Peer support, advocacy, treatments and health promotion information

21 Manilla Street
East Brisbane Qld 4169

Tel: (07) 3013 5555

Free call 1800 636 241

www.qpp.net.au

QPP Cairns

Tel: (07) 3013 5511

Queensland Injectors Health Network (QuiHN)

Education, practical support, information and advocacy for users of illicit drugs

www.quihn.org

QuiHN Brisbane

1 Hamilton Place
Bowen Hills Qld 4006

Tel: (07) 3620 8111

Free call: 1800 172 076 (Outside Brisbane)

QuiHN Gold Coast

Shop 12, 89-99 West Burleigh Road
Burleigh Heads Qld 4220

Tel: (07) 5520 7900

QuiHN Sunshine Coast

59 Sixth Avenue
Cotton Tree Qld 4558

Tel: (07) 5443 9576

QuiHN Cairns

60 Pease Street
Manoora Qld 4870

Tel: (07) 4032 1463

Respect

Information and support for people who engage in sex work

28 Mein Street
Spring Hill Qld 4000

Tel: (07) 3835 1111

www.respectqld.org.au



South Australia

Positive Life SA

Advocacy and referrals for PLHIV

16 Malawa Street
Glandore SA 5037

Tel: (08) 8293 3700

www.positivelifesa.org.au

SA Mobilisation + Empowerment for Sexual Health (SAMESH)

Support, education and counselling

Check web site for contact details.

www.samesh.org.au

Cheltenham Place/Centacare

Individualised support program for PLHIV, including home based respite support.

72 Cheltenham Street
Malvern SA 5061

Tel: (08) 8272 8799

[www.centacare.org.au/
OurServices/HealthWellbeing/
HIVServices.aspx](http://www.centacare.org.au/OurServices/HealthWellbeing/HIVServices.aspx)

South Australian Sex Industry Network (SIN)

Information and support for people who engage in sex work

276 Henley Beach Road
Underdale SA 5032

Tel: (08) 8351 7626

www.sin.org.au

Tasmania

Tasmanian Council on AIDS Hepatitis & Related Diseases (TasCAHRD)

Care and support, advocacy,
financial support, housing assistance,
education

319 Liverpool Street
Hobart TAS 7001

Tel: (03) 6233 3557

Free Call: 1800 675 589

www.tascahrd.org.au

Victoria

Victorian AIDS Council (VAC)

Care and support, counselling, medical services, education, advocacy

6 Claremont Street
South Yarra Vic

Tel: (03) 9865 6700

Free Call 1800 134 840

www.vac.org.au

Living Positive Victoria (LPV)

Support, advocacy, treatments

Suite 1, 111 Coventry Street
Southbank VIC 3005

Tel: (03) 9863 8733

www.livingpositivevictoria.org.au

Positive Living Centre

Community centre, massage,
naturopathy, relaxation, yoga, food
pantry, peer support, financial
assistance, legal centre, self-
development and other activities

51 Commercial Road
South Yarra VIC 3141

Tel: (03) 9863 0444

Free Call: 1800 622 795

Positive Women – Victoria

Support and information for positive women and their families and friends

Tel: (03) 9076 6918

www.positivewomen.org.au

Straight Arrows

Support, services for HIV-positive heterosexual men and women and their families

Suite 1, 111 Coventry Street
Southbank VIC 3006

Tel: (03) 9276 3792

www.straightarrows.org.au

Positive Counselling – HIV/Hep C

Free counselling for individuals, couples, families and friends of people with HIV

William Road Family Therapy
3 Williams Road
Windsor VIC 3181

Tel: (03) 9530 2311

Harm Reduction Victoria (HRVic)

Education, practical support, information and advocacy for users of illicit drugs

128 Peel Street
North Melbourne VIC 3051

Tel: (03) 9329 1500

www.hrvic.org.au

Resourcing Health & Education (RhED)

Information and support for people who engage in sex work

10 Inkerman Street
St Kilda VIC 3182

Freecall 1800 458 752

www.sexworker.org.au/

Western Australia

Western Australian AIDS Council (WAAC)

Education, advocacy and support

644 Murray Street
West Perth WA 6005

Tel: (08) 9482 0000

www.waaid.com

Western Australia Substance Users Association (WASUA)

Education, practical support, information and advocacy for users of illicit drugs

519 Murray Street
West Perth WA 6005

Tel: (08) 9321 2877

www.wasua.com.au

Magenta Sex Worker Support Project WA

Information and support for people who engage in sex work

122 Aberdeen Street
Northbridge WA 6003

Tel: (08) 9328 1387

www.magenta.org.au

National Organisations

Australian Federation of AIDS Organisations (AFAO)

National federation for the HIV community response. AFAO's members are the AIDS Councils in each state and territory; the National Association of People with HIV Australia (NAPWHA); the Australian Injecting & Illicit Drug Users League (AIVL); the Anwernekenhe National HIV Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association

PO Box 51
Newtown NSW 2042

Tel: (02) 9557 9399

www.afao.org.au

National Association of People with HIV Australia (NAPWHA)

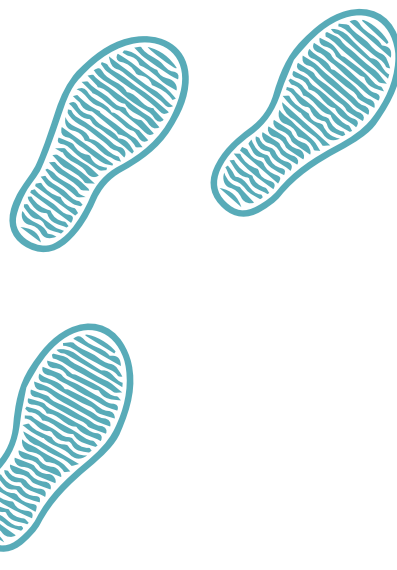
National peak organisation representing people living with HIV, providing leadership in advocacy, policy, education and prevention

PO Box 917
Newtown NSW 2042

Tel: (02) 8568 0300

Freecall 1800 259 666

www.napwha.org.au



Australian Injecting & Illicit Drug Users League (AIVL)

National organisation representing people who use or have used illicit drugs, and the peak body for state and territory peer-based drug user organisations

GPO Box 1552
Canberra ACT 2601

Tel: (02) 6279 1600
www.aivl.org.au

Anwernekenhe National HIV Alliance (ANA)

Aboriginal and Torres Strait Islander community-based organisation providing national leadership in promoting and advocating for culturally appropriate services in HIV education, prevention, treatments, care and support for Aboriginal and Torres Strait Islander people

PO Box 51
Newtown NSW 2042

Tel: 1300 138 535
www.ana.org.au

Scarlet Alliance, Australian Sex Workers Association

National organisation representing current and former sex workers, and the peak body for state and territory peer-based sex worker organisations

Suite 9, 245 Chalmers Street
Redfern NSW 2016

Tel: (02) 9690 0551
www.scarletalliance.org.au

The Institute of Many (TIM)

Peer-run group for HIV-positive people offering online membership through which people can make friends, talk, share knowledge and skills through a confidential group on Facebook.

TIM also brings positive people and their allies together at casual events in Sydney and Melbourne. For further information go to

www.theinstituteofmany.org.

National Network of Women Living with HIV

National peak organisation representing women living with HIV, providing leadership in advocacy, policy and education

For further information contact
NAPWHA

Tel: (02) 8568 0300
admin@napwha.org.au





This guide is produced by
the Australian Federation of
AIDS Organisations

www.afao.org.au

ISBN 978-1-876-469-65-X

Printed September 2015



**Australian Federation
of AIDS Organisations**

Leaders in the HIV community response

napwha national association of
people with HIV australia