

# COUNTRY MATTERS

Winter  
2007

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SUPPORT

EDUCATION

RESOURCES

ADVOCACY



## *a body of knowledge*

Exhibition 25 August to 2 September 2007  
Dudley House View Street Bendigo

### A BODY OF KNOWLEDGE PHOTOGRAPHIC AND TEXT EXHIBITION

Over the past few years, Positive Women Victoria has been developing a strategy to empower its members and raise awareness of the general public about women and HIV/AIDS by the use of the creative arts. In partnership with CAN Victoria they are proud to be able to share this stunning photographic & text exhibition called A Body of Knowledge with central Victoria.

A Body of Knowledge is a compilation of photographs and text created by world renowned photographer Michael Coyne in collaboration with award winning writer Graham Pitts and members of Positive Women Victoria. This stunning exhibition provides HIV positive women with the opportunity to enjoy self expression by sharing their feelings and thoughts.

The exhibition will be on display Saturday 25 August to Sunday 2 September 2007 at Dudley House, View Street, Bendigo

*We hope to challenge your thinking, stir your emotions and perhaps even prompt a change to your behaviour.*

For more information please visit [www.positivewomen.org.au](http://www.positivewomen.org.au) or [www.can.org.au](http://www.can.org.au)  
Or contact CAN 5443 8355

#### *Exhibition Launch!*

Friday 24 August from 6.30pm

Everyone welcome. Light refreshments provided.

Country Awareness  
Network (Victoria) Inc.  
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Bendigo VIC 3552

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## SOME DATES FOR THE DIARY

- **Aug. 24 (Fri.)**  
**6.30pm**  
**Body of Knowledge Exhibition Launch** Dudley House, View Street Bendigo. Everyone welcome. Light refreshments provided. For more information, contact CAN Resource Centre.  
**03 5443 8355**
- **Aug. 25 - Sept. 2**  
**Daily 11am - 5pm**  
**Body of Knowledge Exhibition** Dudley House, View Street Bendigo. Everyone welcome. For more information, contact CAN Resource Centre.  
**03 5443 8355**
- **Aug. 27 (Mon.)**  
**9.30am-1.30pm**  
**HIV Service System Reform Consultation Forum** for HIV service providers and PLWHAs. DHS Head Office, Level 1, Room 1.03, 50 Lonsdale St., Melbourne. Additional information ring Greg Dowling @ DHS  
**03 9096 7374**
- **Aug. 29 (Wed.)**  
**10am-2pm**  
**HIV Service System Reform Consultation Forum** for HIV service providers and PLWHAs. DHS Lodon Mallee Office, 74-78 Queen St., Bendigo. Additional information ring Greg Dowling @ DHS  
**03 9096 7374**
- **Aug. 29 (Wed.)**  
**4.30pm-7.30pm**  
**HIV Service System Reform Consultation Forum** for HIV PLWHAs only. Batman's Hill on Collins Street, 623 Collins St., Melbourne. Additional information ring Greg Dowling @ DHS  
**03 9096 7374**
- **Sept. 13 (Thurs.)**  
**10am-4pm**  
**Same Sex Domestic Violence Training** at Bendigo Community Health, 3 Seymoure St., Eaglehawk. For more information or to book, contact the Centre 5443 8355 or [can@can.org.au](mailto:can@can.org.au)

## HEPATITIS C AWARENESS WEEK

# October 1-7

*(featuring a second Annual CJAM!)*

Details to come

Country Matters is produced by Country Awareness Network (Victoria) Inc.

The opinions and language expressed in this newsletter are those of the authors and not necessarily those of CAN or management. While all care is taken to ensure the accuracy of information, the information contained is not intended to be comprehensive or current and should not be relied upon in place of professional medical advice. The mention of, or any photographs of persons in the newsletter in no way implies his or her health status, sexual orientation or preference.

## CORRECTION

In the article 'Rising STI Rates' published in the Autumn 2007 issue of Country Matters, the article reported a drop of Chlamydia infections based on published daily surveillance reports.

Subsequently it's been discovered that occasionally the Chlamydia figures are not up-to-date due to data entry backlog due to the high volume of notifications reported. The article should have stated:

Between January to mid April 2007 there were 3011 cases of Chlamydia cases notified, this is a 3% increase compared to the 2921 cases notified for the same period in 2006.

# LETTER FROM A READER..

My name is Rose and I recently read an article in Country Matters in relation to Jeffrey Robertson receiving an Enterprise Achievement Award from Tattersall's so richly deserved.

On May 24th 2004 I received a phone call from Jeffrey who was in Warrnambool at my son's home to say he needed to talk to us about our son David who we had not seen or spoken to since 1990. Then at the time he was 20 and David had said he was gay. We were from small town in Queensland and God forbid our son was gay! We disowned David and had no contact until Jeffrey called us.

Jeffrey had the daunting task of calling us on David's behalf to tell us David was dying from AIDS and wanted to say goodbye and to tell us he

loved us. Shocked and bewildered, Jeffrey spoke to us for a while, told us his story and explained you could not catch HIV over the phone or by hugging or kissing.

We wanted so much to be with David but we are pensioners and were still riddled by guilt and remorse about how we rejected our only son so many years ago.

Jeffrey asked us for our address and details etc. To our surprise an hour later we had a call from Qantas saying a flight was booked to Melbourne the 25th May and coach transfers to Spencer street railway station and return tickets to Warrnambool. Jeffrey called us back and said he had also arranged a hotel not 5 minutes from where David lived.

So with great trepidation Raymond and I arrived in Warrnambool at 4pm on May 25th. We were astounded as a man in a wheelchair greeted us and took us to David's house. He was gravely ill but so happy to see us. We cried, laughed, hugged, kissed and reminisced and all was forgiven. We were family again.

About 4 hours later that same evening David passed away in my arms, but he died a very happy man and we were blessed enough to be with our boy at this time. We took David home and we had a funeral service for him. It was beautiful. Also Jeffrey continued to call and support us.

We now help people living with HIV in Queensland and are members of PFLAG. Raymond and I regret our

discriminative behaviour but in his death our son gave us a peace and serenity by being able to forgive us and needing us to be with him when he knew he was dying so we could move on.

The money used to pay for our fares etc. and to take David back home was paid out of a grant by the R S Ross Trust Fund Foundation and a group called Breaking the Chains (supported by CAN) but may I say none of this would have happened had it not been for the courage, determination and generous nature of David's friend Jeffrey Robertson. Thanks so much Jeffrey. You are our hero always.

David was 34 when he died.

Rose and Raymond Mac

## NSW: DROPS OF BLOOD PROBABLE CAUSE OF HEP C SPREAD

Printed from [medicalsearch.com.au](http://www.medicalsearch.com.au)

<http://www.medicalsearch.com.au/news/viewrecord.asp?id=26807>

4/07/07 -

At least three patients probably contracted hepatitis C because of inadequate infection control at an eastern Sydney GP's clinic, an investigation has found.

Health Minister Reba Meagher said NSW Health had now notified almost 2,000 patients who had attended Dr Daniel Hameiri's Double Bay clinic and who could be at risk of the blood-borne virus.

They are being advised to be tested for hepatitis C as well as hepatitis B and HIV.

The investigation found the spread of the highly infectious virus, detected in three patients in March, had probably occurred as a result of "inadequate infection

control practices" at the clinic.

The disease, for which there is no vaccine, can cause liver damage including cirrhosis and liver failure, over a period of many years.

All three female patients who contracted the disease had visited the clinic for vitamin or mineral injections.

"Although the risk is low we also want to encourage anyone else who has received injections at this clinic to contact their doctor," Meagher told reporters.

Director of Public Health for South Eastern Sydney and Illawarra Health Service, Professor Mark Ferson, said during the investigation 300 patients had already been notified to be tested.

Of those, 160 people had been tested with two further patients having been found to have contracted hepatitis C, however Prof Ferson said this may be a coincidence. He said the disease could have been spread at the clinic as easily as a drop of infected blood being on a tourniquet, used to make a vein stand out when giving injections.

"That tourniquet might have a drop of blood from someone on it that was infected and then placed over the wound of the next person, that's one of the theoretical possibilities," he said.

Prof Ferson said Dr Hameiri had cooperated fully with the investigation and had closed his clinic for a period

of time to upgrade his infection control procedures.

His clinic was also inspected prior to re-opening, with infection control knowledge and practice of clinic staff being found to be up to standard.

Director of communicable diseases for NSW Health, Dr Jeremy McAnulty, said GPs had been written to as part of the investigation reminding them of the high importance of infection control.

Dr McAnulty said Dr Hameiri had now been referred to the Medical Board and Health Care Complaints Commission, with a further determination to be made by those two bodies.

Source: AAP NewsWire

# HepC InfoLine 1800 703 003 up and running!

The Hepatitis C Council of Victoria is very pleased to announce the launch of a new enhanced service.

**The HepC InfoLine** offers a telephone information, support and referral service for people with hepatitis C, their family and friends and concerned members of the community.

The **HepC InfoLine** started operation on the 1<sup>st</sup> July 2007 and has come into being as a result of a consolidation of community based services for people living with hepatitis C and HIV/AIDS. As a result we now have two new specialist telephone information, support and referral services, one for Hepatitis C, operated by the Hepatitis C Council of Victoria and another for HIV/AIDS and Sexual Health operated by

PLWHA (People living with HIV and AIDS).

At the **HepC InfoLine** we offer:

**Information:** For any questions you might have about hepatitis C or if you would like us to send you some written information, you can ring the HepC InfoLine. We have a wide range of resources ranging from our basic information booklet *Impact to Women and Hepatitis C* and *Thinking about Treatment for Hepatitis C?* So if you're after any information, we offer a friendly and non judgmental service, all you have to do is give us a call!

**Support:** We can offer all sorts of support over the telephone. Sometimes people just need to have a chat and voice some of their concerns, or they may need some specific information around support services. At other times people may benefit from joining our

support group or they may need support around finding out what services are available. We can help by referring you to service providers or providing you with information about what types of support are available in the community for when you need it.

**Referrals:** We have an extensive database of service providers including Hepatitis C sensitive and aware GP's, Liver Clinics and Specialists, Complementary Medicine Practitioners, Multicultural and Multilingual Health and Support Services, as well as support networks across the state.

We're up and running and we'd very much like to hear from you if you need any information or if you need some support and/or referral to services. We're only a free phone call away. We're open 7 days a week (see our hours below) and we're waiting for your call!

**HepC Infoline 1800 703 003**  
(free call)

9.30am - 4.30pm Mon.  
9.30am - 7.00pm Tue.- Fri.  
4.00pm - 7.00pm Sat.&Sun.

If you have a question about **HIV/AIDS or Sexual Health** please give the Connect Line a call:

**Connect 1800 038 125**  
(free call)

11.00am - 7.00pm Mon.-Fri.  
4.00pm - 7.00pm Sat.&Sun.

**Garry Sattell**  
Community Participation Coordinator  
Hepatitis C Council of Victoria  
HepC Infoline 1800 703 003

Got a question about hep C? Phone us

hepC infoline  
1800 703 003

## Have your say about . . .

### Reform of the HIV Service System

Have your say about the directions for reform of the HIV service system being considered in Victoria by attending one or more of the following Consultation Forums:

#### Positive Forum - for people living with HIV/AIDS only

When: Wednesday 29<sup>th</sup> August 2007

Where: Batman's Hill on Collins Hotel  
623 Collins St, Melbourne  
Collins Room

Time: 4.30pm - 7.30pm

A light dinner will be provided

#### Melbourne Consultation Forum - for HIV service providers & PLWHA's

When: Monday, 27<sup>th</sup> August 2007

Where: DHS Head Office  
Level1, Room 1.03 - 50 Lonsdale St, Melbourne

Time: 9.30am - 1.30pm

Lunch will be provided

#### Bendigo Consultation Forum - for HIV service providers & PLWHA's

When: Wednesday, 29<sup>th</sup> August

Where: DHS Loddon Mallee Regional Office  
74-78 Queen St, Bendigo (Conference Rooms 1 & 2)

Time: 10.00am - 2.00pm

Lunch will be provided

NOTE: You must **RSVP for the Forums by 10<sup>th</sup> August 2007** by emailing [alison@rprconsulting.com.au](mailto:alison@rprconsulting.com.au) or telephoning Alison on (02) 9712 5055

For a copy of the Consultation Paper or more information, please contact Greg Dowling at the Department of Human Services on (03) 9096 7374 or download the paper from the internet at [www.health.vic.gov.au/hiv aids](http://www.health.vic.gov.au/hiv aids)

How to provide written feedback to the consultation paper:

Email Ann Porcino at [ann@rprconsulting.com.au](mailto:ann@rprconsulting.com.au)

Mail to RPR Consulting, 18 Spencer Rd, Mossman, NSW, 2088

Feedback form on the HIV/AIDS webpage at [www.health.vic.gov.au/hiv aids](http://www.health.vic.gov.au/hiv aids)

# When serosorting is seroguessing

<http://www.aidsmap.com/en/news/23EDA23D-D5C4-4F9A-95EF-4ADC0A6E749E.asp>

Gus Cairns, Wednesday, July 11, 2007 - <http://www.aidsmap.com/en/news>

Gay men attempt to reduce their risks of acquiring or transmitting HIV using information about HIV status, the Eighth AIDS Impact Conference in Marseille heard last week, but use a complex, fallible and sometime contradictory mix of guessing and rationalisation to do so.

As a result, said Peter Keogh of Sigma Research in London, who was one of the presenters in the session on 'Risk Perception': "The notion of who should be responsible for safer sex, and what responsibility consists of, becomes ever more fraught."

Over the past few years there has been increasing interest in understanding what gay men do to avoid HIV infection and transmission when they know their own and their partner's HIV status. This behaviour has been dubbed 'serosorting' by some researchers, because it often involves choosing to have unprotected anal intercourse only with partners of the same HIV status.

## Seroguessing in Australia

At last week's conference Iryna Zablotska of the University of New South Wales in Australia introduced a new term – 'seroguessing' – for what a lot of gay men actually do.

She said that the proportion of Australian gay men, both with and without HIV, who both had unprotected sex and who attempted to serosort, in other words restrict it to men of the same HIV status, had increased between 2001 and 2006.

Zablotska was analysing figures derived from two national surveys of gay men, the Positive Health cohort, a group of 549 HIV-positive men established in 2006, and the HIM (Health In Men) survey, an annual gay men's health survey established in 2001. Between them, these comprised just over 2000 men. She looked at the reported figures for unprotected anal sex (UAI) amongst the men and the figures for UAI between same-status men.

She then re-interviewed a subset of 427 gay men to find out whether their 'knowledge' of their partner's HIV status was in fact knowledge, based on open discussion, or a guess.

Between 2001 and 2006 the

proportion of HIV-positive men who had unprotected sex (with casual partners) increased from 32% to 40% and HIV-negative men from 12% to 16%.

At the same time the proportion of men who said they restricted casual sex (protected or not) to partners of their own status increased from 21% to 34% in HIV-positive men. The proportion of HIV-negative men who said they restricted sex (protected or not) to other negative men increased from 9% to 15% during this period.

But in HIV-negative men especially, knowledge of a casual partner's HIV status was very much the exception rather than the rule: 80% said at least some of their sexual encounters were with partners of unknown status.

Amongst HIV-positive men, if it was 'known' that the other partner had HIV, then condom use became a rarity. The proportion of anal sex between two known HIV-positive partners that involved condoms decreased from 43% in 2001 to only 7% in 2006. This, however, was within a context in which only 38% of HIV-positive men said they always disclosed their HIV status themselves.

Overt serosorting – agreeing to have unprotected sex with a partner of the same 'known' HIV status – was less common amongst HIV-negative men. This is hardly surprising as 'knowledge' of HIV status is intrinsically a less certain thing if men are negative, as it only dates from the last HIV test. However it did seem to be increasing. The proportion of anal sex that was unprotected between casual partners who 'knew' they were both negative increased from 5% in 2001 to 22% in 2006 (in apparent contrast to figures from London – but see Elford below).

## How do you know for sure?

We put 'knew' in quotes because when Zablotska re-interviewed 178 positive and 249 negative gay men about whether their knowledge of partners' HIV status came from overt disclosure, she found that a quarter of the HIV-positive men and 40% of the negative men who said they 'knew' their HIV partner's HIV status had in fact guessed it.

She also found that, in HIV-negative men at least, the proportion of sex acts that were condomless was actually higher when men guessed their partner's status than when they had discussed it.

Amongst the men who said they had UAI at all, if partners had neither discussed nor assumed their partner's status, she found, 30% of the sex had by HIV-positive men, and 34% of the sex had by HIV-negative men, was unprotected. If HIV status was overtly discussed, then 87% of the sex had by HIV-positive men and 58% of the sex had by HIV-negative men was unprotected.

But on the occasions when men assumed their partner's status, then 78% of the sex had by HIV-positive men and 61% of the sex had by HIV-negative men had was unprotected.

HIV-positive men were 5.2 times more likely to have unprotected sex if they knew their partner's HIV status, and 3.2 times more likely if they assumed it, Zablotska said. HIV-negative men were 1.9 times more likely to have unprotected sex if they knew their partner's HIV status, and 2.1 times more likely if they assumed it – and they assumed it nearly twice as often as positive men.

## Serosorting in HIV-negative men

In contrast to the figures from Australia, the UK's Jonathan Elford reported no apparent increase in serosorting behaviour amongst HIV-negative men between 1998 and 2005. In his latest unveiling of figures from his annual survey of gay men using London gyms, Elford said that the proportion of HIV-positive men who restricted unprotected sex to casual partners of the same HIV status increased from 6.6% to 17.7% during this period. However the proportion of HIV-negative men who reported overt serosorting remained flat, at around 1.5% to 2%.

This is an apparent contrast to the Australian figures, but it's important to note that Elford and Zablotska were asking different questions. Elford was asking the negative men both whether they had unprotected sex and, if they did, whether they restricted it to

men they were sure were negative. Zablotska was asking negative men what proportion of sex was unprotected if HIV-negative men knew their partner's status for sure – and only 15% even thought they knew for sure.

This means that the proportion of HIV-negative men in Australia who were overtly serosorting – both establishing casual partners' HIV status and restricting unprotected sex to them – only increased from 0.45% to 3.3% during the same period.

## Negotiated safety

In contrast to the situation with casual sex, Elford found that HIV-negative men were more likely than HIV-positive men to have unprotected sex with primary partners of the same HIV status than HIV-positive men. This is hardly surprising as HIV-negative men are more likely to find themselves in a concordant relationship than HIV-positive men.

Where the negative status has been ascertained through testing, this situation is better called 'negotiated safety' than 'serosorting', Elford said. The proportion of HIV-negative men who restricted unprotected sex to a main partner of the same status increased from 12.4% in 1998 to 19% in 2005 and the proportion of HIV-positive men who did the same increased from 5.1% to 10.1%.

## Rationalising guesswork

The other presentations in the session were qualitative studies of the thinking behind the 'seroguessing' – the calculations and rationalisations gay men use to ascertain or estimate status and decide whether to have unprotected sex.

A presentation by Maria Luisa Cosmaro from the Italian Association Against AIDS (LILA) combined a qualitative survey of 20 in-depth interviews with gay men who acknowledged risky sex with a larger quantitative survey of 322 gay men.

The qualitative sample was selected from gay men aged 18-55, 30% of them in a steady relationship, and was chosen so that a third each of the sample was HIV-positive, tested HIV-negative, and untested. In the

(Continued on page 7)

## When serosorting is seroguessing

(continued)

(Continued from page 6)

quantitative survey a larger proportion of men were in a steady relationship (43%) and a larger proportion had tested HIV-negative (68%, against 11.5% positive and 20.5% untested).

In the quantitative survey, consistent condom use was uncommon. Twenty-one per cent said they 'often' used condoms, 42% 'sometimes' and 37% 'rarely'.

Most (95%) went to gay clubs, 63% went to cruising areas (21% frequently) and 78% used gay chatlines (42% frequently). Of the men who used chatlines, 80% had had sex with someone they met online, and 20% 'often' did.

Italian gay men had high levels of knowledge and usage of post-exposure prophylaxis (PEP). Three-quarters of them had heard about it, 10% had taken it and 2% had taken it 'often'. They also took HIV seriously; three-quarters of them said they 'feared AIDS', and 48% of them added 'despite the availability of HAART'.

When asked to describe what they would regard as their main risky behaviour (they could describe more than one), 47% said 'sex (or anal sex) without a condom,' 20% contact with body fluids, and 15.5% either 'promiscuity' or 'little attention paid to choice of sexual partner'. Five per cent said 'sex with people looking unhealthy' 2.5% said 'thoughtlessness due to drug use' and 2% said oral sex without a condom. Six per cent said that all the sex they had was risky and nearly 12% said they did not know what was risky.

The most important part of the research was probably the qualitative interviewing, where men were asked to describe why they had chosen to have unprotected or high-risk sex and these were then sorted into (non-exclusive) categories.

These revealed a level of knowledge about sexual partners and about how one could judge HIV risk that Cosmaro described as 'very superficial':

- 46% said they felt safe if they chose sexual partners carefully, without defining this further
- 43.5% said they did not insist on condoms for fear of rejection
- 43% said they felt they were safe because they didn't have

sex very often

- 43% said that they would think that a partner proposing sex without a condom would likely be HIV-negative
- 36% said condoms were either unpleasant or ruined the excitement
- 33% said they relied on partners saying they were HIV-negative (one said "If he is negative, then I am negative")
- 19% said they "were HIV-positive and want to enjoy life." Cosmaro later commented that this apparently irresponsible attitude was tempered by the complementary rationalisation that the HIV-negative men used: That someone willing to have sex without a condom must already be HIV-positive
- 12% said they were HIV-negative and simply had faith they always would be.

Cosmaro commented that (in common with the Zablotska survey), an HIV serostatus described as 'known' was often nothing of the sort, because men used cues such as outward appearance to decide on someone's status. She said it was a challenge to prevention that gay men actually sought out what she called "duty free zones" where concern about risk was deliberately left behind. For instance, 42% of the men interviewed agreed that they would regard a gay venue that did not feature HIV prevention posters and literature as more fashionable and 'sexy' than one that did.

### "Why I thought I wouldn't get HIV"

Iryna Zablotska's colleague at the University of New South Wales, Jeanne Ellard, interviewed a group of recently-diagnosed men about 'Why I thought I wouldn't get HIV'.

She said she had found that gay men were not complacent about the health risks of HIV and did not want to catch it and that there was little evidence of 'treatment optimism' – that people with more positive views of HIV treatment were more likely to have unsafe sex.

However she also found that men used a lot of rationalisations to 'talk themselves into' unsafe sex.

One said he'd persuaded himself HIV was rare: "I would think about all the times I'd had unprotected sex and was fine, and

concluded that that showed there weren't many HIV-positive guys in Sydney. I certainly didn't know any."

Another rationalised that 'fit' guys on the scene must be negative: "If they were HIV-positive, their quality of life would be lower and they wouldn't be out partying."

If someone overtly disclosed HIV status then sex was protected, but men more often used guesswork: "When you sense someone doesn't want to use a condom, then it sends a little trigger to your head that he might be positive," someone said.

In a paper from the USA, Lisa Eaton of the University of Connecticut found that 36.5% of 628 men interviewed at Gay Pride events agreed with the statement "I'd be more likely to have unprotected sex if my partner told me he had the same HIV status."

Gay men who answered 'yes' to the question were three times more likely to have had anal sex the last time they had sex and 2.2 times more likely to have had unprotected anal sex than ones who said 'no'; they were also 50% more likely to believe that serosorting was an effective strategy against HIV.

They also had on average a 21% lower score when it came to a series of questions gauging their self-efficacy – their confidence in their ability to achieve goals.

### Proximity to the epidemic makes gay men more realistic about HIV disclosure

Finally, Peter Keogh of Sigma Research in the UK quoted data that showed that HIV-negative gay men with proximity to the epidemic, i.e. knew or had had sex with someone they knew to be positive, were more realistic about whether HIV-positive men would disclose or not and what their chances were of encountering one.

He interviewed 36 men who had engaged in high risk sex and divided them into 'high proximity' men who either knew HIV-positive men or had had sex with one in the past year, and low-proximity men who didn't and hadn't.

The low-proximity men expressed contradictory attitudes towards status disclosure. On the one hand they thought people with HIV were unlikely to disclose. "What person's going to really admit to HIV?" asked

one. Another said "Most people don't talk about HIV – it's a 'don't ask, don't tell' attitude."

On the other hand they assumed that if someone HIV-positive did have sex with them they would disclose: "I would expect disclosure because I'd imagine they'd feel a sense of duty," said one. "If someone has HIV they should say," said another.

In contrast the high-proximity men had more realistic attitudes. They assumed that a high proportion of men they knew did have HIV: "I often hear about people I didn't know were positive," said one. "If I have sex in a sauna I know that a lot of guys are going to be positive; it's just statistics," said another.

They did not expect HIV-positive men to disclose straight away but assumed they would if a relationship started to happen: "I'd expect status to be discussed if guys start wanting something more," one said. The high-proximity men were less anxious about HIV than the low-proximity men, but more fatalistic: "Sometimes you're safe; sometimes you're not," one shrugged.

### References

Zablotska Manos I et al. *Practice of serosorting: will it minimise HIV transmission risk?* Eighth AIDS Impact Conference, Marseille, abstract 282, 2007.

Elford J et al. *Serosorting, negotiated safety and HIV risk reduction among London gay men.* Eighth AIDS Impact Conference, Marseille, abstract 393, 2007.

Cosmaro ML et al. *Research on the reasons which lead MSM to deliberately adopt risky sexual behaviours.* Eighth AIDS Impact Conference, Marseille, abstract 143, 2007.

Ellard J. *Why I thought I would not get HIV: assumptions, misrecognitions, and optimism.* Eighth AIDS Impact Conference, Marseille, abstract 139, 2007.

Eaton L. *Risk compensation: serosorting and risk for HIV transmission.* Eighth AIDS Impact Conference, Marseille, abstract 529, 2007.

Keogh P. *Gay men's perceived proximity to HIV: a qualitative analysis.* Eighth AIDS Impact Conference, Marseille, abstract 366, 2007.

## Concern over increase in chlamydia infections

Chlamydia infection rates among young people in Australia are rising significantly, with the number of reported cases having nearly doubled in the last five years, affecting approximately four in every 100 young people.

In response to the increasing numbers, a new public health project 'Sex and Sport' has been launched to increase awareness of chlamydia. The project will provide free, confidential testing and management, and sexual health information for young people in the Loddon Mallee region, and investigate ways in which the incidence of chlamydia can be reduced in the community.

Chlamydia is one of the most common sexually transmitted infections

(STIs) in the Western world, and affects both women and men. It is easily detected with a simple and painless test and is easily treated with one dose of antibiotics.

"Alarmingly, up to 85 per cent of women and men with chlamydia will not know they are infected. In the majority of cases, chlamydia shows no signs or symptoms, and if not detected can lead to infertility in women, Associate Professor Margaret Hellard, Director of the Burnet Institute's Centre for Epidemiology and Population Health Research Program said.

"Chlamydia notifications have nearly doubled over the past five years, so there is an increasing risk of becoming infected, and for women this can

cause serious complications if left untreated," she said.

If undiagnosed, chlamydia can cause pelvic inflammatory disease which can lead to chronic pelvic pain and even infertility, with up to two thirds of cases of tubal infertility attributable to chlamydial infection.

Professor Hellard said the Institute was using local sporting clubs as a means of being able to meet and communicate with young people in local communities.

"We have a responsibility to ensure we provide the best possible health care for our young people," Professor Hellard said.

"While the response to the program has been very positive among young men, it has been difficult to discuss this issue with young women who were more likely to suffer long-term complications from untreated chlamydial infections," she said.

We are really keen to recruit young people (16-25 years of age) to participate in the study. Any sporting club interested in becoming involved or for more information, contact:

**Maureen Todkill,**  
Regional Coordinator,  
Women's Health Loddon  
Mallee, Bendigo on  
5443 0233 or  
0408 148871,  
Email:  
maureen.todkill@whlm.org.au



Providing housing assistance for people living with HIV/AIDS

365 Hoddle Street Collingwood, Victoria 3066

PH : 03 9417 4311

Free Call 1800 674 311



6 Claremont Street

South Yarra VIC 3141

03 9865 6772

[www.plwhavictoria.org.au](http://www.plwhavictoria.org.au)

# 2007/08 CAN Membership Drive

## CAN Memberships Now Due

All CAN memberships expire 30<sup>th</sup> of June every year. All members (concessional & otherwise) are required to complete a renewal form each year. If you haven't renewed your membership, please take a moment to complete and return the form on the back page of this newsletter. We hope you will continue to support CAN and its objectives by renewing your membership.

If you're not a member, please consider showing your support for CAN and the services we provide to rural Victorian communities by joining today. Your membership ensures that you receive information and updates about the work of CAN, entitles you to stand for the Board of Management and to exercise your vote at special and annual general meetings.

***If you have queries regarding membership, please ring CAN Resource Centre on 03 5443 8355***

## NEW CLINIC IS OPEN!

People living with Hepatitis C &/or HIV will now have increased access to local treatments with the long awaited opening of Bendigo Health's Infectious Diseases Clinic.

The clinic will provide treatment and ongoing support for patients with infectious diseases including Hepatitis, Human Immunodeficiency Virus (HIV), tuberculosis, Methicillin-resistant *Staphylococcus aureus* (MRSA) and other complex infections requiring specialist treatment.

The clinic will operate via Bendigo Health's outpatients department and will be staffed by specialist physicians, Dr. Les Fisher, Dr. John Gorey and Professor Lindsay Grayson as well as clinical nurse consultant, Catina Eyres. Written referral from the patient's medical practitioner is required for outpatient clinic appointments.

"The clinic will provide community members with specialist services similar to those provided in metropolitan areas. Continued liaison with local Bendigo services will help Bendigo Health provide the client with supportive and comprehensive care close to their home. We look forward to providing this new and exciting service to the Loddon Mallee community," said acting chief medical officer Dr John Edington.

Contact Catina Eyres, Clinical Nurse Consultant, on 5454 8422 for further information.



**Think he'll say  
he's HIV just because  
you think he should?  
Think Again.**

For more information on HIV Disclosure,  
read the Think Again brochure,  
go to [www.thinkagain.com.au](http://www.thinkagain.com.au)  
or call your local AIDS Council.



## Straight Arrows Inc

# 2007

Supporting people living with HIV/AIDS

- Heterosexual men
- Women
- Partners and family
- Positive people who have children

### SOCIAL OPPORTUNITIES AND HEALTH PROMOTION EVENTS



Fairfield House  
Moubray St  
Prahran  
Rear of Alfred Hospital  
PO Box 315  
Prahran  
Vic 3181.

Phone: 9206 3792  
Fax: 9206 3817  
Email:  
info@straightarrows.org.au  
support@straightarrows.org.au  
executive.officer@straightarrows.org.au  
www.straightarrows.org.au

#### April

27th, 28th and 29th  
Camp Seaside  
A weekend retreat for people living with HIV who have Children

#### May

8th  
Café Conversation. PLC Prahran  
Positive men and women + Partners  
  
25th  
Poemmen Treatments night. Supper  
What's new in treatment  
Positive men only

#### June

6th  
Positive and Pregnant  
Positive women only PLC Prahran  
  
22nd  
The law and HIV PLC Prahran  
Positive men, women + partners

#### July

10th  
Café Conversation. Venue TBA  
Positive men, women + partners  
  
18th  
Outreach office (Pantry) PLC Prahran  
Positive men, women + partners 12-4

#### August

17th  
HIV and transmission; Lunch  
Myths and Facts. PLC Prahran  
Positive men, women + partners  
  
31st  
Jaws: Oral health and immunity. PLC Prahran  
Positive men and women

#### September

7th  
Dining Out: French Cuisine, 6-30pm  
Positive men, women + Partners( adults only )  
  
24th  
Positive Edge lunch; Meet the treatments officer PLC Prahran  
All welcome

#### October

10th  
Café Conversation: Venue TBA  
All welcome  
  
27th  
Behind Closed doors: HIV & the family  
BBQ Lunch: PLC Prahran  
All welcome

#### November

9th  
Pancake parlour and movie of your choice  
The Jam Factory Prahran  
All welcome  
  
28th  
Outreach Office (pantry ) PLC Prahran  
All welcome. 12-4

#### December

7th  
Xmas Dinner  
All welcome  
  
10th-14th  
Outreach to members

**Every Tuesday**  
Swimming for the ladies  
St Kilda Sea Baths  
Children welcome

## New Executive Officer, Linda Beilharz Joins WHLM

Women's Health Loddon Mallee has the great pleasure to introduce our new Executive Officer, Linda Beilharz.

Linda has worked in the Loddon Mallee region for many years in many capacities. She comes to us with a strong background in gendered health, health promotion, social justice, research, senior management and community development. Linda approaches her work with a feminist analysis of social relations, power and social structures, has a strong understanding of determinants of health and an interest in working 'upstream' to build health and prevent illness.

Linda has worked at St

Luke's for the past ten years as a Senior Manager in Community Services and as Director, Community Capacity Building and Research Unit. Prior to St Luke's Linda worked at Bendigo Community Health Services for seven years.

In her spare time, Linda has walked/skied for 56 days crossing from Hercules Inlet on the edge of the Antarctic to the South Pole – 600 nautical miles (approximately 1,200 km). More recently, Linda did a carbon neutral crossing of Greenland.

Linda will assume her role with Women's Health Loddon Mallee on Monday, July 30th.



PFLAG stands for Parents and Friends of Lesbians And Gays. We are a non-profit voluntary organisation whose members have a common goal of keeping families together. PFLAG has been formed to provide help, support and information to families and friends of all gay people.

**Bendigo PFlag Meets 1<sup>st</sup> Monday of every Month**

**At**

**Loddon Mallee Women's Health**

**47 Myers Street, Bendigo @7.30pm**

**Contact - Debbie on 0418 710061**



**FRIENDS  
ALIKE  
BENDIGO  
CENTRAL  
VICTORIA**

Social Support Group for the GLBTI community and their friends in the Bendigo / Central Victorian region. Hosts regular activities and social functions including monthly dance parties, coffee nites & fundraisers. Monthly newsletter available.

For more information:

03 5439 6505

PO Box 1149 Bendigo 3552 or

Email: [fabcv@optusnet.com.au](mailto:fabcv@optusnet.com.au)

## SAME SEX DOMESTIC VIOLENCE TRAINING



# The ALSO Foundation

The Victorian AIDS Council and Gay Men's Health Counselling Services in collaboration with TheALSO Foundation, have developed a professional training package for counsellor's and workers in the community and health sectors around same sex domestic violence (SSDV)..

The training will:

- Explore the effects of homophobia and internalised homophobia as barriers for people experiencing SSDV
- Assist participants to further develop understandings of SSDV and its effects for individual clients and the community
- Facilitate the exploration of supportive ways of working with people experiencing SSDV

The training is part of a broader project which aims to educate the GLBTI and the general community about SSDV through a brochure series to be released in September 2007. Participation in the training gives your service the opportunity to be included in the service listing section of the brochures.

**Cost:** \$25 (small community organization or NGO) \$50 (community organization or NGO with a training budget \$200+ per person) \$165 (private counsellors large agencies)

**Participants:** 10 (minimum) to 25 (maximum) people

**Time:** 10am-4:00pm

**Date and Venue:** Thursday 13<sup>th</sup> September  
Bendigo Community Health Centre  
3 Seymoure Street, Eaglehawk, Bendigo

If you would like to register or for further information about the training, contact Adam Wright at CAN on (03) 5443 2299 or [adamwright@can.org.au](mailto:adamwright@can.org.au)



**Victorian AIDS Council  
Gay Men's Health Centre**  
including the Positive Living Centre



## Positive Living Centre

51 Commercial Road Prahran 3181

Ph 03 9863 0444

Fax 03 9820 3166

Toll Free 1800 622 795

### Regular Activities at the PLC

#### Tuesdays at the PLC

Lunch (12.30 - 2.00pm)

Delicious and nutritious 2 course lunch  
with cordial, coffee and tea.

**\$3.00 concession / \$5.00 all others**

*Socialise with friends & meet new people.*

Activities in the Afternoon

#### Bowling Club

PLC members are invited to join 10-pin bowling at

Strike on Chapel / 325 Chapel Street

*Every second Tuesday @ 2pm*

*April 3, 7 / May 1, 15, 29 / June 12, 26*

**Meet at reception @ 1.45pm**

**Cost: \$5 for 2 games (usually \$15)**

#### **Brunch**

**Tues. - Fri. daily 10am - 3pm**

Have brunch at the PLC for free. You can help yourself to cereal, toast and spreads, orange juice and fruit when available. Copies of the daily paper available.

#### **Evening Dinners**

**Thursdays 6pm - 7.30pm**

Make sure you visit the PLC for a healthy and delicious 2 course dinner. It's a fantastic way to socialise with friends and meet other people.

**Cost: \$3.00 for members with Health Care Card  
\$5.00 for other members & guests**

Many other services & programs available at the PLC including:

- Haircuts
- Cyber Room
- Complimentary Therapies
- Yoga
- Massage Therapy
- Acupuncture
- Art Class
- And lots more...

Contact PLC or CAN for their full schedule.

## Phone Bill Relief

CAN is able to offer clients assistance with the support of Telstra in the form of vouchers to use towards the costs of their phone bills through the Telstra Bill Assistance Program (TBAP). It is available for Telstra customers only and the vouchers can only be used towards home phone accounts (sorry, no mobiles).

For further information or to access this support program, contact Adam at CAN on:

**03 5443 8355**

**[adamwright@can.org.au](mailto:adamwright@can.org.au)**

Got a question about HIV or Sexual Health?

4pm to 7pm Weekends

Monday to Friday 11am to 7pm

support

information

referral

hiv • sexual health  
**Connect**  
1800 038 125

## OTHER ORGANISATIONS

### AHAG - AIDS HOUSING ACTION GROUP

365 Hoddle Street Collingwood VIC 3066  
 Ph (03) 9417 4311 / Fax (03) 9416 3143  
 Freecall 1800 674 311  
 Email [ahag@infoxchange.net.au](mailto:ahag@infoxchange.net.au)

### ALSO Foundation

Ph (03) 9827 4999  
 Website: [www.also.org.au](http://www.also.org.au)

### Breaking The Chains

Warnambool HIV / HEP C SUPPORT GROUP  
 Contact Jeffery on 03 5562 8216

### HIV, Hepatitis, STI Education + Resource Centre

*(Formally Access Information Centre)*  
 The Alfred, Fairfield House, Moubay St. Prahan VIC 3181  
 Monday-Friday 9.30am to 4.30pm  
 Ph (03) 92766993 / Fax (03)95336324

### FAB-CV (Friends Alike of Bendigo - Central Victoria)

PO Box 1149, Bendigo VIC 3552  
 Ph (03) 5439 6505 / 0418 836 006  
 Email [fabcv@optusnet.com.au](mailto:fabcv@optusnet.com.au)

### Gay and Lesbian Switchboard

6pm-10pm Thursday to Tuesday / 2pm-10pm Wednesday  
 Ph (03) 9510 5488  
 Toll Free 1800 184527

### Gay and Lesbian Health Victoria - GLHV

Ph (03) 9285 5382 / Fax (03) 9285 5220  
 Email [info@glhv.org.au](mailto:info@glhv.org.au)  
 Website [www.glvh.org.au](http://www.glvh.org.au)

### Haemophilia Foundation Vic

Suite 5 Ground Floor, 860 Napean Hwy Moorabin  
 Ph (03) 95557595 / Fax (03)95557375

### Help Lines—AIDS, HEP C & Sexual Health Line

PO Box 96 Carlton South VIC 3053  
 Toll Free (AIDS) 1800 1330392  
 Toll Free (HEPC) 1800 800 241  
 Email [aidshep@vicnet.net.au](mailto:aidshep@vicnet.net.au)

### Hepatitis Council of Victoria

Suite 5 / 200 Sydney Road, Brunswick VIC  
 Ph (03) 9380 4644 / Fax (03) 9380 4688  
 Toll Free 1800 703 003

### HIV/AIDS Sunraysia Support Group

RSD Colignan, VIC 3494  
 Ph (03) 5029 1596

### Minus18

Support and Events for same sex attracted youth  
 Ph/SMS 0400 964687  
 Email [info@minus18.org](mailto:info@minus18.org)  
 Web [www.minus18.org](http://www.minus18.org)

### PFLAG - Parents, Families and Friends of Lesbians & Gays

Bendigo Group  
 Contact Debbie on 0418 710 061  
 Email [pflagbendigo@gmail.com](mailto:pflagbendigo@gmail.com)

### PLWHA VIC. - People Living with HIV/AIDS Victoria

6 Clairmont Street, South Yarra VIC  
 Ph (03) 9865 6772  
 Email [info@plwahvictoria.org](mailto:info@plwahvictoria.org)

### PLC - Positive Living Centre

51 Commercial Road, Prahran VIC  
 Ph (03) 9863 0444  
 Freecall 1 800 622 795

### Positive Women

PO Box 222, Prahran VIC 3181  
 Ph (03) 9276 6918 / Fax (03) 9276 6918

### Straight Arrows

PO Box 315, Prahran VIC 3181  
 Ph (03) 9276 3792 / Fax (03) 9276 3817  
 Email [straightarrows@bigpond.com](mailto:straightarrows@bigpond.com)

### VACCHO

5-7 Smith Street, Fitzroy VIC 3065  
 Ph (03) 9419 3350 / Fax (03) 9417 3871  
 Email [vaccho@tpgi.com.au](mailto:vaccho@tpgi.com.au)

### V.A.C / G.M.H.C - Victorian AIDS Council Gay Men's Health Centre

6 Clairmont St., South Yarra VIC 3141  
 Ph (03) 9863 6700  
 Toll Free 1800 134 840

### Way2Be

Group for 16-25 year olds who are same sex attracted or GLBTIQ  
 Greater Bendigo Youth Services  
 Ph (03) 5434 6000

### Way Out—Rural Victorian Youth and Sexual Diversity Project

Cobaw Community Health Service  
 47 High Street, Kyneton, VIC 3444  
 Ph (03) 5421 1619 / Mobile 0428 347 470  
 Email [shackney@cobaw.vic.gov.au](mailto:shackney@cobaw.vic.gov.au)

# Become a part of CAN!

Country Awareness Network (Victoria) Inc.—CAN is a community based, not-for-profit, non-government membership organisation funded by the Department of Human Services to provide information, support, referral, education, prevention and advocacy services regarding HIV/AIDS, Hepatitis C and other blood borne viruses and Sexually Transmitted Infections to rural and regional communities of Victoria.

To become a part of CAN, either as a member, subscriber or volunteer; simply complete the form below and return to us by mail or fax along with any applicable payments.

Or to simply subscribe to Country Matters and our mailing list, email: [can@can.org.au](mailto:can@can.org.au)

TAX INVOICE ABN 84 621 704 503

Please retain a copy for your records. A tax receipt will be forwarded upon receipt of any payments.

Name: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Please tick

## Membership

- I/We wish to become a member of CAN (Vic). I accept and agree to the Rules\* of the organisation.
- Individual (\$15 annually)       Organisational (\$30 annually)

**Note:** Free membership is provided to people living with HIV/AIDS, Hepatitis C and/or a chronic STI. Complete the form and return to the attention of the Coordinator. **No record is made or kept of any member's health status in our membership records nor is any information shared with any other person or organisation.**

\*Copies of the Rules of the organisation are available from the CAN Resource Centre.

## Subscribe (free)

- Please add me/us to CAN's mailing list and keep me/us informed regarding its activities and events.
- Optional: Our organisation would like to receive \_\_\_\_\_ additional copies of Country Matters to distribute.

## Volunteer

- I/We would like to learn more about CAN's volunteer opportunities. Please contact me/us.

## Donate

CAN gratefully accepts donations. (All donations over \$2 are tax deductible)

- I/We would like to donate \$ \_\_\_\_\_

CAN (Vic) • P.O. Box 1149 • Bendigo VIC 3552 • P 03 5443 8355 • F 03 5443 8198

Email: [can@can.org.au](mailto:can@can.org.au)

**Privacy Statement:** We collect this information to add you to our database and to notify you of information and events relating to CAN (Vic.) Inc. We store this information either in hardcopy or electronically or both. Access to this information is strictly limited to staff who are bound by a confidentiality & work place practice agreement. Your information will not be passed on to any other organisation or individual without your written permission. You can access and correct your personal information by contacting our Manager/Coordinator: phone 03 5443 8355 or email [can@can.org.au](mailto:can@can.org.au).