



# Karumah Update

## February 2020

**Welcome to the first Karumah newsletter of 2020!  
This year brings some big changes but we're excited about this  
next chapter for our community.**

### **From The Coordinator**

Welcome back to the new year, I hope you've all had a nice Christmas New Year break and are ready for what is coming up for Karumah.

This year begins our 31st year of service and I am personally very proud of the work that has gone out of this organisation, particularly over the last 10 years. Last year we celebrated our 30th anniversary with a book of stories from our service users and launched it in style at the Exchange Hotel in Hamilton. If you haven't received your copy of the book, make sure you contact us and get one.

2020 not only heralds the New Year but a new decade, and Karumah is in for some big changes.

Firstly Catherine, our case manager, has resigned, she has been working with Karumah for 7 years, and I will be sorry to see her go. Her work with our service users has been legendary, always going above and beyond to meet their needs, even in her own time. Her case management has hit some major goals with great results from service users in keeping with the chronic condition self-management model she has been using. She has always

**365**  
**new chances**  
**(HAPPY NEW YEAR!)**

been easy to approach and is well-liked by her co-workers. I wish Catherine all the best for whatever she has planned in the future.

This means we will have a new case manager coming on board this year, we have started recruitment already, and the applications have been promising. As soon as we have someone suitable on board I will make the introductions.

We also have a new board, fresh faces new energy and hopefully, they will turn out some great work. A big thank you to the outgoing board members, who volunteered their time to make sure Karumah had good governance and good leadership. Many thanks.

This year we are continuing with the Peer Catch Ups on a fortnightly basis, it's a great opportunity to meet up with other people living with HIV and share a meal. We are continuing with our 'Peer Leader' Group and I know Aly has some big plans for them. Keep an eye out for the dates and venues.

Last year we moved our 'Weekend Getaway' to Camp Breakaway since the closure of Myuna Bay and by all accounts, it was a great venue so we will be going back there again this year. We will also be hosting a carer's event in October, and a volunteer thank you lunch, for our tireless volunteers. Our events are subsidized if you are a member of Karumah, membership is \$5 per year.

**Machele Kerzinger**



**You have brains in your head  
You have feet in your shoes  
You can steer yourself  
in any direction you choose.  
- Dr. Seuss**

# Karumah Board 2020

The Karumah AGM was held at the Imperial in Maitland on January 21st, 2020 and was productive and well attended. A new board was elected and we welcome all new and returning members. We had so many nominations that an additional director's position was added which is so exciting! Our board guide and shape our work and this increased engagement is wonderful to see.

## Karumah Board of Directors for 2020

Chairperson	Michael Hopkins
Vice-Chairperson	Baden Willmot
Treasurer	Peter Levett
Secretary	Keith Olds
Director	Greg Allen
Director	Brian Lambton
Director	Brett Grentell
Director	Michael Lee
Director	Wayne Rogers



**We would also like to thank outgoing chairperson Paul Thornton for his dedicated service over the past two years.**

# Contact Information Update

**The Karumah team have new work phones!  
Please update your contacts with these new numbers.  
The office number is still 02 4940 8393.**

<b>Role</b>	<b>Email &amp; Phone Number</b>
General Manager	<a href="mailto:admin@karumah.com.au">admin@karumah.com.au</a> <b>0411 060 154</b>
Case Manager	<a href="mailto:casemanager@karumah.com.au">casemanager@karumah.com.au</a> <b>0411 060 863</b> <i>(this number will be active once our new case manager starts)</i>
Community Support & Promotions Officer	<a href="mailto:peersupport@karumah.com.au">peersupport@karumah.com.au</a> <b>0411 060 492</b>

## A message from our friends at Positive Life NSW:

Any Positive Life supporters including friends, partners and family, who want to be in our float. Numbers are strictly limited to 60 people!

Walk with us under our theme 'Hidden in Plain Sight' and raise awareness of the diversity of PLHIV who are living hidden in plain sight. This theme is for all of us hidden in plain sight due to shame or fear of stigma and prejudice, including women, heterosexuals, trans and gender diverse individuals, Aboriginal and Torres Strait Islanders, culturally and linguistically diverse people, and gay and bisexual men living with HIV. Amongst these are people who have not tested for HIV and don't know their status who are also hidden in plain sight.



### WHEN AND WHERE

Saturday 29 February 2020. You will need to be available from 5pm onwards at Hyde Park, Sydney.

### REGISTER

Email Bella on [contact@positivelife.org.au](mailto:contact@positivelife.org.au) or call on (02) 9206-2177 or 1800 2245 677 (freecall) by Monday 24 February 2020 with your name, contact number, email address, and your t-shirt size!

# Stigma is still slowing progress of treatment for HIV/AIDS

By Elton John and Darryl O'Donnell November 30, 2019 *SMH*

Progress against HIV is a barometer of our humanity. In 2019, we'll mark World AIDS Day with more powerful medical tools than ever before. But it is our political, financial and social commitment to the mission that must deepen if we are to achieve a final victory.

The remarkable medical progress against HIV is something that was quite frankly unimaginable a mere 30 years ago. When the Elton John AIDS Foundation was formed we were losing many dear friends to AIDS. We simply didn't have medicines that could save people's lives, only medicines to make their end of life more dignified and compassionate. So that is what we funded.



Now, daily treatment is available that is so effective that someone on the right HIV regimen has a normal life expectancy and cannot pass the virus to others. And preventative treatment options mean that at-risk individuals can protect themselves from the virus before it's even contracted.

We have the tools and it is just not good enough that people are too scared or ashamed to test for HIV in the first place. Across Asia and the Pacific, 13 nations criminalise sex between men. When your identity and sexual practice is criminalised, that's a pretty high barrier to seeking an HIV test. Let alone treatment.

Much of this progress is thanks to the Global Fund to Fight AIDS, TB and Malaria and global leadership from heads of state and international organisations to come together in the name of research and collective impact. This year, France hosted the Global Fund replenishment summit where a record \$14 billion was committed, including Australia's largest ever pledge - \$242 million - to future progress. We commend Australia for this leadership. Now is the time to turn these funds into action.

Since HIV is transmitted through blood and semen it has swiftly pulled some of society's most marginalised and oppressed people into its orbit: men who have sex with men, people who inject drugs and sex workers. And because of that, stigma became the virus's best friend. This stigma is slamming the brakes on our medical potential.

This is true here in the Asia-Pacific region. Progress is solid, but not nearly strong enough. Nearly 6 million people are living with HIV, yet only a little over half have access to

life-saving anti-retroviral medicine. And that is why now is not the time to pat ourselves on the back.

And although AIDS deaths have reduced from 270,000 in 2010 to 200,000 today (a drop of 24 per cent), HIV infections have only dropped 9 per cent over the same period, with 310,000 newly infected last year. This is a zero sum game. Too many people are still dying and too many people are becoming infected. Each one of those numbers is a human life and we need to remember there are faces behind these figures who deserve kindness and dignity.

We now see that toxic social policy stands in the way of evidence-based healthcare. The technology and medicine are available to allow those living with HIV to lead perfectly healthy lives with no prospect of onward transmission, yet discriminatory laws inhibit this possibility.

The Philippines provides a vivid example. Organisations such as Love Yourself mobilise HIV activists and advocates to encourage testing for HIV and the use of ground-breaking new medicines such as the HIV prevention pill PrEP.

But Love Yourself is swimming against the tide. The Philippines has the fastest growing HIV epidemic in the region. It is no coincidence that its president claims he “used to be gay” before he “cured” himself and has also allowed the extra-judicial killing of more than 12,000 people who use drugs.

Stigma is not the only barrier to us achieving the goal of ending HIV transmission and AIDS-related deaths. Selective access to healthcare presents a massive challenge as well. In Australia for example, the Australian government has taken the welcome step of making PrEP available through public subsidy on the Pharmaceutical Benefits Scheme. This is driving a spectacular decline in HIV transmission among gay and bisexual men.

However, these gains are not replicated among migrant men who have sex with men and are ineligible for Medicare. And the benefits of PrEP and other innovations such as home-testing are clearly not spreading to Australia's first people. HIV is actually on the increase among Aboriginal and Torres Strait Islander populations.

There is cause for optimism, but we need to ensure that the most vulnerable and marginalised are not forgotten, but prioritised.

HIV is a microcosm of the challenge of our age - the potential of our incredible scientific advancements gravely threatened by our human flaws. This World AIDS Day let's remember this dynamic as the visionaries who fought the virus in the 1980s did, that science only takes us so far but we require collective action and kindness to break down the barriers of discrimination to reach an AIDS-free future.

# Community Support & Promotions

*Oh My Goodness!* How can it already be February already?!

I'm excited to be back at Karumah after an absolutely massive 30th anniversary year. I'm so proud of everything we achieved as a community last year, especially our amazing book *Karumah: 30 Years of Caring*. Drop me an email at [peersupport@karumah.com.au](mailto:peersupport@karumah.com.au) if you haven't got your copy yet and I'll send one out to you.

We're already planning our events for 2020 and I can't wait to see everyone when our **Peer Catch Ups restart on Thursday February 13th at 12:30pm at The Wickham Park Hotel**. If you haven't come along before, there's never been a better time to join your fellow community members for lunch. It's a great way to share experiences and make new friends. Lunch is only \$6 for Karumah members and we can often help arrange transport if that's a barrier.

I'd love to run a couple of workshops this year, so let me know what topics you would like to explore or learn more about and I'll do my best to make it happen. We had some great ones at last year's Weekend Getaway and so it would be wonderful to offer more of these valuable experiences throughout the year.



Thank you to everyone who came along to the Annual General Meeting last month. It was so great to see so many people enthusiastic about the future of Karumah. Welcome to our new board, I look forward to collaborating with you to best serve our community and its needs. Thank you for donating your time, knowledge and energy.

We'll be running special events for our Peer Leader Group, our Karumah Women, Positive Hunter Heterosexuals, our Carers and Volunteers, plus all of our other open events. We have some big changes happening this year but I think it's going to be an exciting ride!

**Aly James**  
*Community Support & Promotions Officer*



# Events Calendar

## February 2020

Friday 7th February	Blush Dance Party - Cambridge Hotel 9pm
Thursday 13th February	Peer Catch Up - Wickham Park Hotel 12.30pm
Sunday 16th February	Mardi Gras Fair Day - Camperdown 10am
Thursday 27th February	Peer Catch Up - Wickham Park Hotel 12.30pm
Thursday 27th February	Step Up, Stand Up Workshop - ACON 5:30pm
Saturday 29th February	Mardi Gras Parade - Darlinghurst 7pm

## March 2020

Sunday 1st March	Clean Up Australia Day
Thursday 12th March	Peer Catch Up - Wickham Park Hotel 12.30pm
18th - 22nd March	Newcastle Fringe Festival
Sunday 15th March	Mr. Perfect Free BBQ - Islington Park 11.30am
Thursday 26th March	Peer Catch Up - Wickham Park Hotel 12.30pm
Wednesday 27th March	Mardi Gras Film Festival - Westfield Kotara 7pm

## April 2020

March 26th - April 18th	Newcastle Spiegeltent
Friday 3rd April	Hunter Disability Expo - Newcastle Racecourse
Saturday 4th April	Sound Station Music & Arts Festival - The Station
Thursday 9th April	Peer Catch Up - Wickham Park Hotel 12.30pm
Thursday 23rd April	Peer Catch Up - Wickham Park Hotel 12.30pm

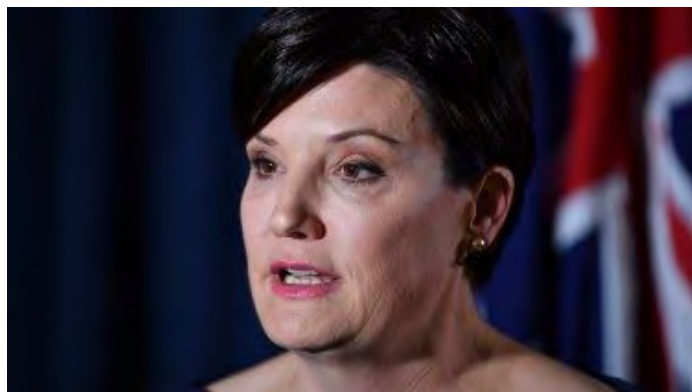


## Push to blood test people who assault police labelled 'problematic'

By Jenny Noyes October 31, 2019 — 11.59am SMH

A plan by NSW Labor to introduce mandatory blood testing for people who assault police and frontline workers has been branded "problematic" by the state's peak medical body.

Opposition Leader Jodi McKay said Labor would introduce a bill to test alleged offenders for blood borne viruses, including HIV and hepatitis C, saying more should be done to support police and frontline health and emergency workers.



"If we can give a police officer or others on the frontline peace of mind that they are not infected then I am all for that," Ms McKay said in a statement on Wednesday evening.

"They put themselves in harm's way for us every day, the very least that government can do is give them some certainty over the risk of infection from blood-borne diseases."

NSW Attorney-General Mark Speakman has indicated potential support for the move, saying the safety of frontline workers is "a top priority" and that the government had already been working to develop a scheme to be announced shortly.

But Australian Medical Association NSW president Kean-Seng Lim said there was no evidence to suggest blood testing alleged offenders would improve the situation for frontline workers, and under a worst-case scenario could actually result in "tragic" consequences.

Given blood borne viruses have a window of up to six months from infection before antibodies appear in tests, he said testing the potential source of infection was not reliable.

"You could not in good conscience tell a police officer or frontline health worker that they were safe" after carrying out such a test, he said.

"The worse case scenario would be if someone was falsely assured that due to a negative test on an alleged offender that they were not at risk."

If a false-negative resulted in a frontline worker not following up with appropriate treatment, "that would probably be the most tragic outcome," he said.

Dr Lim said there are already appropriate health policies in place for frontline workers who may be exposed to blood borne viruses in the line of duty.

For hepatitis B, that's vaccination and blood tests to ensure immunity. For HIV and hepatitis C, which cannot be vaccinated against, "current policy is that if a health worker or police officer should be at risk of infection due to exposure ... they receive antiviral therapy anyway, as it is not possible to reliably say if an alleged offender is or is not infectious."

Dr Lim said the risk of infection also "appears to be overrated", and "we need to make sure we are not alarming health workers and police workers unnecessarily by putting all bodily fluids in the same category."

"Based on the evidence, there have not been any cases of these blood borne viruses being transferred by saliva."

He said there were also questions over medical privacy to weigh up against any potential benefit to making such tests mandatory.

The move was also condemned as "perpetuating stigma and discrimination" by NSW LGBT health organisation ACON.

ACON chief executive officer Nicolas Parkhill said there were other ways to manage anxiety around blood borne viruses than "resorting to legislation that gives police the power to mandatorily test alleged offenders – which is an approach that goes against expert advice, lacks an evidence base and relies on 30-year old notions of HIV and other [blood borne viruses]".

Health Services Union NSW secretary Gerard Hayes said paramedics "have no interest in perpetuating stigma against people living with blood-borne viruses. We are simply seeking a policy that eases uncertainty and anxiety in the event our members are attacked."

The move is also supported by the Public Service Association and the Police Association.

# Self Care Corner

## Welcome to Self Care Corner!

In this section, you'll find resources and information on topics such as health, mindfulness, nutrition and more. If you have a topic suggestion, please email

[peersupport@karumah.com.au](mailto:peersupport@karumah.com.au)

### What is Self Care?


"Self-care is one's action is around our physical, emotional, relational, perhaps professional, educational, and, for some people, spiritual well-being that reflects the way that we take care of ourselves on the most fundamental levels," says Helen L. Coons, PhD, a clinical health psychologist at the University of Colorado School of Medicine Department of Psychiatry.




Mindfulness isn't just about deep meditation. Here are a few ways to integrate mindful living into our day to day lives.

# FEELING FRAZZLED? REMEMBER MINDFUL


Visit [ShamashAlidina.com](http://ShamashAlidina.com) for more Mindfulness tips

**M** 

**MEDITATE**  
A short few minutes feeling your breath to a full body scan, or yoga practice. Meditation means to pay attention to your thoughts, feeling, body, breath, or to connect with one of your senses for a length of time that you choose.


**N** 

**BE NONJUDGMENTAL**  
Don't judge yourself for being judgmental! It's a habit for minds to be judgmental - within your meditations, just notice and smile at any judgement you notice.


**F** 

**FORGIVE**  
Begin by forgiving yourself for the mistakes you've made. Then learn to forgive others. Holding on to grudges hurts you more than anyone else. Try taking a deep breath and as you breathe out, gently say to yourself 'let go'.


**MINDFULNESS**

**I** 


**INTERPRET DIFFERENTLY**  
Change your attitude, your interpretation of events, to live a better life. Interpretation is about directing your attention to the positive, not just the negative. See the good

**D** 

**DISCOVER**  
Mindfulness is about discovering more about yourself and the world around you. Be like a child and enjoy having a fun sense of awe and wonder

**U** 

**URGE SURF**  
Urge surfing is the act of noticing when you have an urge to do something and deciding to just watch that urge rise up and fall instead of habitually fulfilling your desire.

**L** 

**LOVE AND LOOK AFTER YOURSELF**  
Looking after yourself with sufficient sleep, exercise, pursuing interests, socializing, having some fun, and meditating are all necessary for human functioning; they are not luxuries. This is essentially the practice of self-compassion and part of what I call Kindfulness.

ADAPTED FROM THE BOOK THE MINDFUL WAY THROUGH STRESS BY SHAMASH ALIDINA







## Quote of the Month



Eating healthier doesn't have to be complicated. This useful chart can help you create a whole range of fun and tasty salads.

# HOW TO PREP SALADS FOR THE WHOLE WEEK

The key to keeping your lunch routine fresh is to change it up. Use this chart to pick ingredients for a week's worth of salads—use the layering ideas, or mix and match your favorites. Add all the layers, or just some of them—it's up to you! Start with the heavy ingredients and veggies with high water content at the bottom and work your way up.

PICK YOUR SALAD	SPINACH	MEDITERRANEAN	CAESAR	SOUTHWEST	ASIAN
<b>DRESSING</b> For each salad: 2 tbsp For the week: 1 cup	 <b>Creamy Poppy Seed</b>	 <b>Italian Vinaigrette</b>	 <b>Caesar</b>	 <b>Ranch</b>	 <b>Asian Vinaigrette</b>
<b>TOPPINGS</b> For each salad: 2–4 tbsp For the week: ½ cups	 <b>Granola</b>	 <b>Nuts or seeds</b> <small>(pine nuts, almonds, walnuts...)</small>	 <b>Croutons</b>	 <b>Tortilla strips</b> <small>(or crushed chips)</small>	 <b>Chow mein noodles</b>
	 <b>Dried fruit</b> <small>(cranberries, cherries...)</small>	 <b>Sliced olives</b> <small>(Kalamata, black, green...)</small>	 <b>Cheese</b> <small>(Parmesan, cheddar, feta, etc...)</small>	 <b>Real bacon bits</b>	 <b>Fresh herbs</b> <small>(cilantro, basil, parsley...)</small>
<b>PROTEIN</b> For each salad: 3 oz cooked For the week: 15 oz cooked	 <b>Turkey</b>	 <b>Fish</b> <small>(salmon, tuna, shrimp...)</small>	 <b>Hard-boiled eggs</b>	 <b>Chicken</b>	 <b>Tofu</b>
<b>GREENS</b> For each salad: 1½ cups For the week: 8 cups	 <b>Spinach</b>	 <b>Kale</b>	 <b>Romaine</b>	 <b>Arugula</b>	 <b>Cabbage</b> <small>(red, Napa...)</small>
<b>DELICATE VEGGIES</b> For each salad: ½–1 cups total (delicate and hearty & juicy veggies combined) For the week: 2½–5 cups	 <b>Berries</b>	 <b>Onions</b>	 <b>Grilled asparagus</b>	 <b>Avocado</b>	 <b>Carrots</b>
<b>HEARTY &amp; JUICY VEGGIES</b> <b>Tip:</b> Put veggies with high water content near the bottom of your jar to keep greens and toppings from getting soggy.	 <b>Beets</b>	 <b>Cucumber</b>	 <b>Broccoli or cauliflower</b>	 <b>Tomatoes</b>	 <b>Bell pepper</b>
<b>GRAINS &amp; BEANS</b> For each salad: ¼–½ cup For the week: 1¼–2½ cups	 <b>Quinoa</b>	 <b>Chickpeas</b>	 <b>Pasta or couscous</b>	 <b>Black beans</b>	 <b>Shelled edamame</b>

# Case Manager Update

To all the wonderful people I have had the privilege of meeting and sharing your journey through the last seven years.

Last Christmas party was my eighth with Karumah and I feel quite overwhelmed at the thought of leaving. It seems I will not be joining you for your ninth, however I will be there in spirit.

It is time for some new faces and energy to boost Karumah into this next decade of the 'roaring 20's'. I am so excited for you to meet with the new case manager and see what they have to offer... crazy stunts, as I have pulled off... not so much!

Aly has some exciting days planned in the year ahead and I urge you to go along, make connections, be a part of the community and challenge yourself. You may make new friends, you may not, and you may consolidate old friendships. The more we can connect with one another, the greater our longevity.

I am in a good place pursuing my passions and I thank you for allowing me the opportunity to share some of your amazing journeys. I leave with my name in a book celebrating 30 years of Karumah's existence which aptly speaks of my time with you all.

## Catherine Conaghan



# Routine screening cuts rate of anal cancer among people living with HIV

Michael Carter 1 November 2019 *AIDSMAP*



A routine anal screening programme for people living with HIV was associated with a significant reduction in the incidence of anal cancer, investigators from Barcelona report in the online edition of *Clinical Infectious Diseases*. Individuals were offered anal check-ups with appropriate treatment for pre-cancerous lesions. Comparison between those participating in the screening programme and those who declined screening showed that regular check-ups (followed by treatment when needed) reduced the risk of anal cancer by 83%.

“To the best of our knowledge this is the first cohort analysis that demonstrates an impact in the incidence of invasive anal squamous cell carcinoma of such a screening strategy,” comment the authors.

Dr William Bonnez of the University of Rochester, New York, described the study as “important” in an accompanying editorial. But he also suggests that the results are not definitive, especially because the investigators may not have fully adjusted their analysis to take account of differences between the screening and non-screening groups.

Rates of anal cancer – usually caused by persistent infection with high risk strains of human *papillomavirus* (HPV) – are much higher among people with HIV (especially HIV-positive gay and other men who have sex with men) compared to the general population.

Cervical cancer is also usually caused by HPV infection. The use of routine cytological screening to detect pre-cancerous cell changes has resulted in massive reductions in rates of cervical cancer.

A randomised clinical trial is currently underway in the United States (the ANCHOR study) to determine the benefits and cost-efficiency of routine cytological checkups to prevent anal cancer. Its results are expected in 2022.

However, a number of HIV treatment centres have introduced their own screening programmes. Starting in 2005, a team of clinicians led by Dr Boris Revollo at the Hospital Germans Trias I Pujol, Barcelona, offered their patients annual anal screening.

Their study population included 3111 adult HIV-positive individuals. The structured screening programme involved an annual cytological check-up for pre-cancerous cell changes. When these were detected, individuals underwent high resolution anoscopy and biopsy. Pre-cancerous anal lesions were aggressively treated with infrared coagulation or surgery.

In the present study, Dr Revollo and his colleagues compared incidence of anal cancer between individuals who underwent screening and those who declined to participate in the programme.

Data were collected on age, duration of HIV infection, HIV risk group, current and nadir CD4 cell count and viral load.

The median duration of follow-up was a little under five years. Overall, 54% of their patients participated in the screening programme.

At baseline, 44% of these individuals had normal anal cytology and 7% had high-grade pre-cancerous cell changes. During follow-up, high-grade cell changes were detected in a further 17% of individuals. A total of 1288 high-resolution anoscopies were performed, 744 biopsies were taken and 142 high-grade pre-cancerous lesions were diagnosed.

Ten cases of anal cancer were diagnosed during the 12 years of the programme. Two of these cases were in individuals enrolled in the screening programme. The other eight cases were in people who did not have annual anal cytology tests.

In every case, the person diagnosed with anal cancer had previously had a CD4 cell count below 150 (though at the time of diagnosis, half of them had a CD4 cell count above 350).

The two cases detected in the screening group involved a fast evolving and aggressive form of cancer. Both individuals carried the high-risk HPV16 strain and diagnosis of pre-cancerous lesions was complicated by the presence of haemorrhoids. Both individuals responded to therapy and were alive at the end of follow-up.

The cumulative incidence of anal cancer was 0.1% in the screening group (0.2% among gay men/men who sex with men, 0% in other risk groups) compared to 0.6% among individuals who were not screened (0.3% in gay men/men who have sex with men and 0.7% in women).

Incidence rates were 21.9 per 100,000 person-years and 107 per 100,000 person-years, respectively, a statistically significant difference ( $p = 0.027$ ) in favour of the screening group.

Analysis of the entire cohort showed that the only risk factor associated with a diagnosis of anal cancer was time since diagnosis with HIV (a longer duration, HR = 1.14; 95% CI, 1.02-1.26).

**"The investigators may not have fully adjusted their analysis to take account of**



## **differences between the screening and non-screening groups."**

Taking in account potential confounders and adjusting for possible risk factors, the investigators found a highly significant protective effect in favour of screening, which reduced the risk of diagnosis with anal cancer by 83% (HR = 0.17; 95% CI, 0.03-0.86).

There was also some evidence that screening had a survival benefit: both of the men in the screening group who were diagnosed with anal cancer were alive at the end of follow-up. In contrast, five of the eight people who did not undergo screening died.

The authors conclude that these results support "the continued interpretation of such programs while results from randomized clinical trials and analyses involving larger cohorts are eagerly awaited to clarify the efficacy of this strategy."

In his editorial, Bonnez hails the study as "an important, if initial attempt at demonstrating the usefulness of anal screening for the prevent of invasive anal squamous cell carcinoma in HIV subjects." But he questions whether the investigators' analyses were able to fully account for differences between their two groups – the benefits of screening may not have been as large as suggested.

However, he concludes that the study "takes us a little closer to an appropriate, validated and cost-effective approach for anal cancer prevention in those living with HIV, but the remaining ground to cover to enter public health policy could still be extensive and disputed."

## **References**

Revello B et al. *Routine screening of anal cytology in HIV-infected subjects and the impact on invasive cancer. A prospective study.* Clinical Infectious Diseases, online edition, <https://doi.org/10.1093/cid/ciz831>.

Bonnez W. *Screening for anal cancer in the population living with human immunodeficiency virus: a step closer?* Clinical Infectious Diseases, online edition, <https://doi.org/10.1093/cid/ciz836>.

## **From Our Friends at ACON Hunter**



### **How to Make a Submission for the NSW Parliamentary Inquiry into LGBTQ violent hate crime - Info Session (Newcastle)**

The NSW Parliamentary Inquiry into LGBTQ violent hate crimes has been reopened and is currently taking submissions from community members and anyone else who would like to share their experiences or views.

For people who need help with their submissions, ACON is holding an Info Session in the Hunter office. Come along for

a chat, work out what you want to say and our team will assist you to prepare and send your submission. RSVP not required.

When: Wednesday, February 26, 2020 at 10 AM – 2 PM

Address: 129 Maitland Road Islington, NSW

Submissions close Friday 28 February 2020.

For more info on the Inquiry and how to make a submission:

[www.acon.org.au/truthandjustice](http://www.acon.org.au/truthandjustice)

If you are ready to make your submission, send it to: [socialissues@parliament.nsw.gov.au](mailto:socialissues@parliament.nsw.gov.au)

For inquiries, contact Michael at [matkinson@acon.org.au](mailto:matkinson@acon.org.au)

Facebook Event: <https://www.facebook.com/events/179663056748323/>

### **Upcoming Genesis Workshops**

Genesis is a weekend workshop for gay men who have been diagnosed with HIV within the last two years.

It's a peer-based workshop which means it's run by other gay men with HIV who can relate to the experience of a new diagnosis. Genesis aims to provide participants with practical help and knowledge to manage their HIV diagnosis, gain confidence, build resilience and make informed decisions around the various issues that may confront them after a HIV diagnosis. Genesis also provides participants with an opportunity to meet other guys in the same situation in a safe, confidential and supportive environment.

Genesis gives participants the opportunity to:

- Explore HIV and its impact on your life
- Understand how HIV and your immune system work
- Get an overview of current and future treatments
- Understand HIV and its impact on your health, sex life and relationships
- Work out who to tell about your status and when to tell them

Take charge of your own health!

Genesis is a collaboration between ACON and Positive Life NSW.

Weekend: 6-8 March, 2020

Where: ACON Sydney – 414 Elizabeth St, Surry Hills 2010

For more information please contact our Sydney office 02 9206 2086 or email:

[hivliving@acon.org.au](mailto:hivliving@acon.org.au)