

Positive Views

Making a Difference Together—Spring 2009



AIDS Committee of Guelph and Wellington County, (519) 763-2255

Scientists reawaken an ancient defence dormant in human genes for over 7 million years

Ed Yong, Not Exactly Rocket Science

Nitya Venkataraman from the University of Central Florida has managed to reawaken a guardian gene that has been lying dormant in our genomes for 7 million years --- retrocyclins. They are known to protect monkeys from HIV-like viruses. The hope is that by rousing these genes from their slumber in humans, they could do the same for us.

Retrocyclins are the only circular proteins in our bodies and belong to a group of proteins called defensins, which as they suggest defend against bacteria, viruses, fungi, and other foreign invaders. They have only been found in the white blood cells of macaques, baboons, and orangutans. They have proven to be remarkably good at protecting cells from HIV infections...but in humans the genes don't work anymore. Somewhere in the course of evolution these genes developed a mutation that resulted in a useless retrocyclin.

Here's what's promising: Despite this lone crippling mutation, the genes are intact (in all of us) and 90% identical to the monkey versions (which have been studied). Now, Venkataraman's group has reawakened them. She found two ways to fix the fault in human white

blood cells --- one involving gene transfer and the other using a simple antibiotic. Either way she restored the cell's ability to manufacture the protective proteins. And, the resurrected human proteins did their job well --- they stopped HIV from infecting a variety of human immune cells (up to 80% of the cells) and reduced levels of virus in cells already infected.

Gene transfer is expensive and an unlikely help in rolling out any future cures, treatments or prevention tools in resource-poor countries. But Venkataraman has also discovered something very cool --- the effect of a certain type of antibiotics, called aminoglycosides.

In bacteria, these drugs work by blocking them from creating proteins. But in the more complex cells of animals, they do something different - they react with the protein-making machinery of our cells so that they make slightly more mistakes than usual. Normally, that would be a bad thing but for retrocyclins, it's an unexpected boon. It means that the machinery barrels straight through the mutation that causes retrocyclins to be built half-finished. It doesn't stop

prematurely, and produces a full-length protein.

Venkataraman found that one of these drugs, tobramycin, was especially good at restoring retrocyclins, and did so in both white blood cells and actual vaginal tissue. The drug slashed the rate of HIV infection by about 50% - a respectable figure but clearly a smaller one compared to the sizeable benefits bestowed by the gene transfer method. On the plus side, the technique didn't seem to harm the cells in any way.

These results are promising ones indeed, and Venkataraman thinks that with more work, aminoglycoside-based creams [a form of microbicide] could be used to prevent HIV infections in the real world.

HIV kills by infecting the very cells that are meant to defend us from infections and destroying them. But retrocyclins are something it hasn't encountered before. Humans lost the ability to create these guardians millions of years ago and by reawakening them, we could have a new but ancient weapon against this sneakiest of foes.

Table of Contents

New Staff at ACG	2
What Does Swine Mean for People With HIV / AIDS?	3
Share Your Story and Inspire Others to Give	4
Positive Prevention Workshop Series	4
ACG Photo Gallery	6
Gala Appreciation	7
25 Years After HIV Discovery: A Global Call to Action	8
Fundraiser for ACG Queer Circus	10

Join our Facebook Group
Search AIDS Committee of Guelph

Did you take part in the HIV, Housing & Health study?

We are now conducting the 24-month interviews.
Have you moved? Has your contact information changed?
If so, please call us: 1-866-301-2548 or 416-642-0181.
Leave your name and tell us how to reach you.

Housing is Health and we can't succeed without you!

Community-based research exploring
HIV, housing & health

New Staff at the AIDS Committee of Guelph

Beth Hughson
HIV Awareness Educator, Grey-Bruce



My name is Beth Hughson and I am excited to be starting work with the AIDS Committee of Guelph and Wellington County.

I was born and raised in New Zealand and moved to Ontario in January 2008. I live in Owen Sound with my partner, Shelley and our daughter. We try to make the most out of this beautiful area by going into the surrounding countryside to hike or picnic. I love the beauty and contrasts of the changes in the seasons. I have four adult children and one delightful grandson in New Zealand and I visit them frequently.

Moving to a new country has presented opportunities and challenges including a change in the type of work I am doing. My

background is in primary school and early childhood education and I have had many enjoyable years working with your children. I have been involved in social advocacy through Women's Refuge Centre, foster care for children and emergency care of mothers and children. I have always enjoyed working with a variety of people and families. This year my partner and I have established a group called Out and About. This is a social and support group for all LGBT people in Grey and Bruce Counties.

I look forward to working and connecting with new people in the community.

Brendan McCallum
Street Outreach Worker



My name is Brendan McCallum and I will be helping to start up the street outreach program. I have volunteered with the outreach program at ACCKWA (AIDS Committee of Cambridge, Kitchener, Waterloo, & Area) for the past few months, helping to serve clients at the fixed needle exchange, at the local soup kitchen, and through street outreach. I'm also a recent graduate from the Community Development program at Sheridan College, where I focused my studies on addictions and mental health issues. I'm hoping that the street outreach program at ACG will help us to be more accessible to clients, and allow us to reach out to a whole new group of clients who would not otherwise have the opportunity to access our services. I'm looking forward to meeting everyone!

Jane Karago-Odongo
African / Caribbean Strategy Coordinator



My main role at the AIDS Committee of Guelph is to deliver client-centered support services to African and Caribbean newcomers living with HIV/AIDS. This includes immigration and settlement needs as well as employment, credential and educational guidance.

I am also responsible for community education which includes providing culturally and linguistically appropriate educational materials and recruiting members of the African and Caribbean community to participate in HIV/AIDS Awareness.

Should you need assistance, please feel to contact me by email at acstrategy@aidsguelph.org or by telephone at 763-2255 ext. 133 to set up an appointment.



THANK YOU

To our supporters,
participating restaurants,
and the people of Guelph,
your generosity
has helped make the first annual
"A Taste for Life"
a success!!
From the AIDS Committee
of Guelph and
Wellington County.



What Does Swine Flu Mean for People With HIV/AIDS?

HIV Expert Joel Gallant, M.D., M.P.H., Provides the Details

As a swine flu virus appears to make its way across the world, so has misinformation and confusion about what the virus is and what sort of threat it poses, particularly for people with weakened immune systems or some people living with HIV. To help us fill in that knowledge gap, we've asked [Dr. Joel Gallant](#) for some insights. Dr. Gallant is a professor of medicine and epidemiology in the Division of Infectious Diseases at the Johns Hopkins University School of Medicine and he happens to be one of the leading HIV specialists in the United States.

Let's start with the basics. What is swine flu?

Swine flu is just a new strain of flu that has not been circulating in the population. As a result, nobody has any immunity to it. It's an influenza virus, just like other influenza viruses, but it's just one that human beings haven't seen before and as a result, our immune systems don't have any memory of it and that makes us a little more vulnerable.

When it comes to people living with HIV then, how does this translate? Are people with HIV *more* at risk for coming down with swine flu?

Not really. HIV-infected people are not in general at greater risk of influenza or flu than other people. And that's in part because the cellular immune system, the part of the immune system that the CD4 cells comprise, is not really responsible for fighting the flu. As a result, HIV doesn't make you more susceptible. For most people with HIV, the swine flu is pretty much the same as it would be with somebody without HIV.

The only exception to that is that because people with HIV are at higher risk for pneumonia and because flu can increase your risk of pneumonia as a complication of flu, people with low CD4 cells *could be* at higher risk of complications of flu if they do get the flu and that the most important complication is pneumonia. So the bottom line is that if you're HIV positive, but you're on HIV medications and doing well and have a reasonably good CD4, then there's probably not much to worry about. But if you're quite immunosuppressed -- if your CD4 is well below 200 -- then there is a slightly increased risk, but certainly not the same level as the risk of some other diseases like tuberculosis or something like that where the CD4 cells are so important.

It sounds like people with HIV have a greater risk not of *getting* swine flu necessarily, but of suffering complications *related* to it if

they have a low CD4 count.

That's right, yes. The risk of getting the flu is the same.

I'm assuming viral load doesn't make a difference here.

Probably not much. Again, the viral load *could* contribute a little bit to the risk of complicated flu, if you had a high viral load. Although, I suspect the CD4 count would be a little more important. Certainly at our clinic [Moore Clinic in Maryland], we try to vaccinate everybody against the flu, but in general, if you look at most influenza seasons, we really don't see a lot of people getting really sick from the flu. We don't really see a lot of need for hospitalization. And certainly, we don't see a lot of deaths. So I think that with respect to the swine flu, it shouldn't be much different given what we know so far about this strain now. Although, again, this is a new epidemic and we may get more information as time moves along.

Do we know if any of the people who have been officially diagnosed with swine flu are HIV positive?

Not to my knowledge. I haven't heard any reports of someone with HIV getting this flu yet. So certainly, there's probably been *a lot* more cases in Mexico than we've seen here in the United States and it's entirely possible there's been someone who's HIV positive, but we haven't heard any information about that.

Are there any precautions HIV-positive people need to take to protect themselves from swine flu?

It's pretty much the same as for anyone else. Normally I would say get a vaccination, but that's not available yet for this strain of flu, so the next best thing you can do is:

- ▶ Try to stay away from people who are sick.
- ▶ Wash your hands -- because hand contact is a very common way of spreading this.
- ▶ If there's flu going on in your community and you can avoid being in crowded places with a lot of people, that probably would help.

But short of that, there's not really much you could do.

You said there's no vaccination for this flu. But what if someone got vaccinated for the flu before the winter -- will that do anything to protect them from swine flu?

No, unfortunately it won't. The vaccine for this last winter's flu covered flu strains that are *not* the same as this swine flu and it would not provide protection.

Alright, so that flu bird has flown?

Yes, exactly. They are trying to come up with a vaccine for this one, but that wouldn't be available for some time.

If a person were to come down with swine flu, what are the treatments that are typically available?

There are actually a number of drugs that are active against various strains of flu. The ones that are most widely used are Tamiflu [oseltamivir], which is a pill, and then Relenza [zanamivir], which is an inhalation. Both of them are effective against this strain of flu, so if you *were* to come down with symptoms, then it would be important to try to get this medication and start taking it relatively soon. You don't want to wait too long or it ceases to be effective. Remember that a lot of people will refer to cold symptoms as a flu, but it's important to distinguish between a

continued on page 5

Abercrombie Place Update



Abercrombie
Place

Are your housing
needs being met ?

Are they
affordable?

If you are having issues with your current housing situation or looking for something more affordable.

Contact: Gary Roche at housing@aidsguelph.org
or (519) 515-0699

We can arrange a meeting to discuss some options available to you at Abercrombie Place.

Share your story and inspire others to give

Has the ACG made a difference to your life? Consider taking a few minutes to give back by sharing your story with one of our volunteers.

Even though approximately 4,000 Canadians are infected with HIV every year, many people are unaware that HIV/AIDS affects our own community.

Your story will help bring awareness to local needs while highlighting the impact that the ACG has made in the Guelph & Wellington County.

Stories will be featured in the newsletter and posted on the website. All names will be changed to protect the identity of our participants, unless otherwise requested.

Think your story isn't worth sharing? Each and every one of us has our own story to share. Each experience is unique, and each is important.

How to participate? It's easy – a volunteer will meet with you on-site for approximately 30 minutes and will ask you a few questions about your experience with the ACG. All participants will receive a **\$20 honorarium** as a thank-you for participating.

Your story could inspire others to give!

If you're interested, please contact Megan at megandeputter@gmail.com or call 519-760-1498.

www.qlinks.ca

for everything GLBTIQ in Guelph and the surrounding area



- access to up to date local and international GLBTIQ news
- a complete list of GLBTIQ events in our area
- a comprehensive health section with large amounts of GLBTIQ specific information
- a list of GLBTIQ-friendly services, support groups, community groups, and venues



Positive Prevention Workshop Series

Learn what foods to put in your grocery basket that can keep you healthy and energized!

Open to all people living with HIV/AIDS.

Join Registered Dietitian
Erin Armitage on

**Wednesday May 27th
6pm-8pm**

**Guelph Community Health
Centre
176 Wyndham St.**

To learn more or to register, call
**519-763-2255
ext. 150**

Dinner will be
provided and
door prizes
given away!



GET COOKING!

JOSHUA FROM
MEALS THAT HEAL
WILL BE TEACHING AN
INTERACTIVE COOKING CLASS!

LEARN HOW TO MAKE A HEALTHY
MEAL FROM BEGINNING TO END.
APPETIZERS TO DESSERT!

**WEDNESDAY JUNE 24TH
6PM-8PM
GUELPH COMMUNITY HEALTH CENTRE
176 WYNDHAM ST.**

**YOU ONLY NEED TO BRING YOURSELF.
COOKWARE, FOOD, AND MATERIALS
WILL BE PROVIDED FOR THE NIGHT.**

TO LEARN MORE OR TO REGISTER
CALL: 519-763-2255 EXT. 150
OR E-MAIL
POSITIVEPREVENTION@AIDSGUELPH.ORG
OR HOUSING@AIDSGUELPH.ORG

Open to all people living with HIV/AIDS.



What Does Swine Flu Mean for People With HIV/AIDS? *continued*



Joel E. Gallant, M.D., M.P.H.

What Can you Do to Protect Yourself From Getting Sick From Swine Flu?

There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- ▶ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- ▶ Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- ▶ Avoid touching your eyes, nose or mouth. Germs spread this way.
- ▶ Try to avoid close contact with sick people.
- ▶ If you get sick with influenza, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

From the U.S. Centers for Disease Control and Prevention

common cold and a flu. Flu is something where you have pretty significant fever and muscle aches and fatigue *before* you actually get respiratory symptoms. So it's not like a cold where you get a sore throat and then maybe you feel sick a day or two later. With swine flu you really can all of a sudden feel really wiped out with muscle aches and fever and *that* would be a time when you'd want to start taking medication.

"It's important to distinguish between a common cold and a flu. Flu is something where you have pretty significant fever and muscle aches and fatigue *before* you actually get respiratory symptoms. So it's not like a cold where you get a sore throat and then maybe you feel sick a day or two later."

Let's say you're starting to feel some symptoms. It might be a cold. It might be something worse. You're starting to develop the fever and the aches. How long do you wait before you, say, go to the doctor and say, "I need Tamiflu"?

In a normal flu season, I would say that you're better off just staying in bed. But in this case, because there are public health implications to making the diagnosis, I think if someone were to come down with *true* flu symptoms now, *especially* if they were living in a state where we hadn't yet reported the presence of this flu, I think it would be very important to go in and get checked out soon. Some of the reason for that is not so much for your *own* benefit, but to alert the public health authorities so that they could figure out what's going on in the community. At the same time, you could be started on Tamiflu or Relenza and benefit from that if it were started early enough.

Do you know how readily available Tamiflu or Relenza are?

I have not heard of any shortages at the present time. I'm told that there are big stockpiles and that there is enough Tamiflu to go around, that it's being shipped out to states that are reporting flu cases, so I haven't heard. There's certainly no reason to rush out and try to stockpile it. It is available.

Is this the sort of thing that is typically covered by private health insurance, Medicare, ADAPs [AIDS Drug Assistance Programs]?

It's covered by private health insurance. I'm not aware of whether it's on ADAP formularies. I sort of

doubt it, although perhaps some states would have it. That's a state-by-state issue.

Can Tamiflu or Relenza potentially interact with HIV medications or with the medications used to treat infections, such as pneumonia?

No, the drug can be used with antiretrovirals. There are no significant drug interactions. It can be used with the drugs we commonly use to treat or prevent pneumonia. So that really should not be a concern, but do keep in mind that if you *were* to develop flu and then develop pneumonia -- of course by then, I hope you would be under the care of a doctor -- that Bactrim [co-trimoxazole] may not be the right drug. So Bactrim's a good drug for *pneumocystis*, but not a great drug for the types of pneumonia that might complicate flu.

Alright, well is there anything else that you'd want to tell HIV-positive people listening to the swine flu craziness that's now overwhelming the news?

For the most part, I've been reassuring my patients that they don't really have to think about this flu *differently* than anyone else. And that's in part because most of my patients are on HIV treatment and have undetectable viral loads and have decent CD4 counts. So for them, it really is not a *special* issue. It's an issue we *all* have to be concerned about. I think so far the news from the United States at least is that this is likely to become a bigger epidemic than it is today, but so far it seems to be fairly mild. But given what's gone on in Mexico, I do think we have to be certainly vigilant about it. And I think that we'll just have to see over the next few days how things play out.

So no need to panic?

No, definitely not. I mean so far this doesn't look like the kind of SARS [severe acute respiratory syndrome] or avian flu sort of pandemic that we have been worried about in recent years. If I had to bet, I would say that this will end up being perhaps a big epidemic in numbers, but not too much worse than just a regular old flu season except that it's happening at the wrong time of year. That's what I hope we'll see, but like I said, we'll have to just see what happens as the data emerge.

I guess we'll stay tuned. I have saved the most important question for last, which is: Is it not true, sir, that you are most likely to get swine flu if you eat pork that's been imported from Mexico?

[laughs] No, you're *not* going to get it from *eating* the pig. Maybe if you're raising the pig, that might be different, but it's OK to eat it.

Myles Helfand, www.thebody.com
April 29, 2009

Save Your Zehrs Tapes

Thinking about Christmas yet? We are.

For each Zehrs tape that you collect and give to ACG, Zehrs donates back a percentage of the overall total. With the money that you helped to raise, each year we throw a Christmas party for our clients. We also use this to purchase little extras for our "Client Christmas Hamper" that is already full of lovely little gifts donated by caring community members and businesses.

And pay attention to our newsletter issued just before AIDS Awareness Week for our the date of our Christmas Party because you are also invited to our office to enjoy in the Christmas Cheer Celebrations. Can't wait that long? Drop by our Annual BBQ for a dog and pop. See ad on page 2.

ACG Photo Gallery



There were plenty of smiles to go around this year at the 2009 Red Ribbon Gala, held on May 25th.



AIDS Committee of Guelph Board of Directors



From L-R: Surefil Bekele, Richard Puntis, Sandra Parkinson, Kate Bishop, Andrea Wyshniowsky, Robb Mayer, Nichola Martin, Elaine Scott and Marg Starzynski. Missing: Michael Partridge.



Tom Hammond, Executive Director for the AIDS Committee of Guelph says thumbs up to Capacity Building during a meeting with ACG staff and Asian Community AIDS Services from Toronto.

Red Ribbon Gala 09



Thanks you for your support

2 Be Inspired Photography • Andrea Bird • Andy McDougall • Angela Machaj • Annette Twist • Anthony Bragg • Barbara Cohen • Barbara Shaw • Barber Gallery • Barber Glass • Belgian Nursery • Bingemans • Birute Znotinas • Blyth Festival • Bob Munsch Enterprises • Borealis Grille & Bar • Brisson, Leis and Associates • Bruce Trail Conservatory • Busisikhakhane • Cambridge Centre Honda • Cambridge Golf & Fashions • Canadian Baseball Hall of Fame • Canoeing the Grand • Caro Mhwangwa • Carol Tinga • CASA Loma • Chatelaine Lighting • Cheryl Ruddock • Chris Chanter • CN Tower • Cottage Rental • Coty • Cynthia Gardiner • Daphne Gilead • Diana's Downtown • Diane Synnott • Donna Kwasnicki • Doreen Kirkland • Drayton Entertainment • Duncan McPhee • Ed Hardy • Edeet Ravel • Elizabeth Fasken • Elora Festival and Singers • Elton Yerex • Embree Chartered Accountants • F&M Brewery • Firewood Imaginations • Floral Images • Frank Meyer Jr. • Friends in Our Kitchen • Gerry Weiler • Golf North • Graeme Sheffield • Guelph Chamber Choir • Guelph Jazz Festival • Guelph Little Theatre • Hamilton Bulldogs • Hockey Hall of Fame • Hubert Haisoch • Intercontinental Montreal • IntriKate Events • Jack Marengere • Jackie and Colin James • Jo Kealey • Joan Rosemary Vanderkamp • John Roberts • Julie Cradder-Thompson • Kama Design • Kamil Juices • Karen Bellamy • Kathy Crain • Kay Valeriotte • King Crab Oyster Bar and Grill • King St Trio University • Kingsway Sports • Kitchener Rangers Hockey Club • Kurt Spinrad • K-W Symphony • Leslie MacTaggart • Linda Nielsen Taylor • Linda O'Neill • Lindsay Foster • Lisa A. Browning • Lisa Lawless • Maid of the Mist • Margaret Mohan • Margaret Peter • Maria Hilts • Mariposa Cruises • Marjorie Mansell • Marlene Jofriet • Marta Coutts • Meals That Heal • Medieval Times • Melissa Reginato • Michael Carthcart • Michael Johnson • Midnight Sun Tanning • Muriel McMahan • Mysteriously Yours • National Ballet of Canada • Ontario Place • Ontario Science Centre • Opera Atelier • Outdoor Services • Parachute School of Toronto • Playdium • Ramada Guelph • Reids Candies • River Run Centre • Robert Blonski • Rosalinde Baumgartner • Sadko Hadzihanovic • Seugue Music • Sheila Dantzer • Skylark Studios • Sleemans Brewery • Sole Restaurant and Wine Bar • Susan Peach • Sweetie Box Studios • Tania Love • The Beauty Supply Outlet • The Salon and Spa • Toronto Maple Leafs • Via Rail • Vickie Martin • Victor Navarro • Whirlpool Jetboat • Wild Birds Unlimited • Wild Water Kingdom • Wings of Paradise • With The Grain • Woodbine Entertainment • Woolwich Arrow Pub & Restaurant • Wyndham Art Supplies • Zacks



Bristol-Myers Squibb Canada

Guelph Mercury



Chartered Accountants
and Business Advisors

People Count.



MERCK FROSST

Discovering today
for a better tomorrow.



HOMEWOOD

improving life



BLG Foundation • Brazolot • Brennan Smart • Cargill Meat Solutions •
Complete Tax & Business Services • Norfolk Psychological Services

25 Years After HIV Discovery: A Global Call to Action

This significant global contribution led to the development of the HIV blood test, thereby diagnosing individuals and helping to control the pandemic, while paving the way for drug and vaccine research initiated at the Na-

Dr. Robert C. Gallo and Dr. Luc Montagnier, Co-discoverers of the HIV Virus—National Press Club—May 8, 2009

Today we call on international organizations and governments to immediately implement six objectives to end the HIV/AIDS pandemic. We made this announcement and were joined by Jeff Crowley, Director, White House Office of National AIDS Policy.

Globally, many are acting as though HIV and AIDS are no longer the threat they were 25 years ago when the HIV virus was first discovered. However, in fact they remain an unparalleled global health threat, and despite progress in treatment, they could worsen unless determined action is taken. We believe these recommendations are key to reducing and ultimately minimizing the devastation of HIV and AIDS.

Our Global Call to Action is as follows:

1. Invest in medical infrastructure and educational outreach programs in U.S. communities most affected by the HIV/AIDS epidemic.
2. Promote global development of HIV/AIDS treatment and con-

trol programs along with regional research institutions in developing countries.

3. Cultivate and inspire young scientists in the field of human virology.
4. Enhance HIV/AIDS education and prevention, especially in countries with high infection rates.
5. Support cutting-edge vaccine research and the development of new effective therapies.
6. Continue the focus on preventing mother-to-child HIV transmission.

Here we are, 25 years after discovering the cause of AIDS and we still have a major, public health HIV/AIDS crisis. Never in the history of mankind have we so quickly identified the cause of an epidemic, developed a test for it and begun to develop drug therapy, changing a once-deadly virus to a lifelong condition with proper medical intervention. It is important for governments and organizations from around the world to come together and combat this collective HIV/AIDS emergency.

Crowley said, "President Obama is fully committed to the worldwide effort to combat HIV/AIDS,

and is equally committed to the effort here at home, where we are facing a serious challenge. With more than 56,000 new infections each year and more than 1.1 million people living with HIV/AIDS in the United States, we continue to have a very serious domestic epidemic. As part of the National HIV/AIDS Strategy development process, we will be developing strategies to lower HIV incidence, get all people living with HIV/AIDS into care, and address health disparities." Despite many advances in HIV research from the virus discovery to the antiretroviral therapy, the AIDS epidemic is still spreading and remains a major health problem in many countries. It is therefore of utmost importance to continue the research to find new ways of treatment and prevention for eradicating the virus infection.

This global action coincides with the publishing of Dr. Gallo and his colleagues' four key groundbreaking articles in *Science* magazine, May 4, 1984 Vol 224 (#4648). These four papers proved how the then-new, deadly virus was the cause of AIDS.



tional Cancer Institute (NCI). These reports followed the publication by Dr. Montagnier and his co-workers who showed the first existence of this new retrovirus and subsequently contributed to demonstrate its causative role in AIDS.

We are participating in a symposium, "25 Years After Discovering HIV as the Cause of AIDS,". The symposium, held May 9-11, 2009, looked back at the origins of research on human retroviruses and the 25 years since proving HIV as the cause of AIDS, summarize the accomplishments of a successful research enterprise, and look forward to overcoming obstacles in treatment and prevention for the global AIDS epidemic.

HIV / AIDS Testing.

Wednesdays from 1:30 to 3:30
Anonymous. Walk-In.
Confidential.

Testing is also done for
 Hepatitis B / C and Syphilis.

Please Note: Testing for STI's are done under a medical record and therefore are Confidential but **NOT** Anonymous. A Health Card is not required.

Free Hepatitis B / Hepatitis A
Vaccinations for Men who have Sex with
Men (MSM) and Injection Drug Users (IDU's)

Testing is courtesy of Wellington-Dufferin-Guelph Public Health Unit.



Money Matters

Simple tips on managing your Money!

Learn to make the most with what you have.

Date: Monday June 15th, 2009

Time: 11am—1pm

Location: ACG Board Room

To register: Call Gary Roche

(519) 515-0699 or email:
 housing@aidsguelph

Lunch will be provided following the workshop

ATTENTION:
HOOD PARTICIPANTS

Were you enrolled in the
HIV Ontario Observational Database
(HOOD) at your doctor's office?
Have you since changed doctors?

The HOOD Study has now become the Ontario HIV Treatment Network Cohort Study (OCS). Like HOOD, the information collected in the OCS is anonymous and confidential.

If you were enrolled in the HOOD Study at your doctor's office and have since changed doctors, **your information will automatically be included in the OCS.**

If you **do not wish** your information to be included in the OCS, you must notify either:

- ▶ The doctor's office where you were enrolled in HOOD OR
- ▶ Thomas Egdorf at The Ontario AIDS Network 1-800-839-0369 or 416-364-4555, ext. 309

If you would like further information about the OCS, visit:

www.ohtn.on.ca/OHTNCohort.htm



A Special Thank-You to:

Dr. Steingart - HIV / HCV Specialist
Peter Krupp - Orthomolecular Health Practitioner & Tibotec

For making the
HIV / Hep C Treatment Options Client Dinner and Presentation such a wonderful success.



Clinic Hours

Tuesday to Thursday
9am—3pm
519.780.5298

New Patients Always Welcome

*Your Health is
Our Prime Concern*

**Prime Care Pharmacy
Arboretum**

** Breast Feeding Supplies & Support*

** Blood Pressure Monitors*

** Blood Glucose Monitors*

** Customized Patient Care Plans*

** Medication Organizers*

** Free City Wide Delivery*



519-837-4594

281 Stone Road, East (in Arbor Medical Centre)

Open Monday thru Friday, 9:00 a.m. – 6:00 p.m.

**AIDS Committee of
Guelph & Wellington
County**

409 Woolwich Street,
Guelph, ON N1H 3X2

Phone

(519) 763-2255
(800) 282-4505

Fax

(519) 763-8125

Website

www.aidsguelph.org

ACG Staff

Tom Hammond
Executive Director ext. 129

Brian Woolsey
Support Services ext. 126

B.J. Caldwell
HIV/AIDS Educator ext. 135

Kim Paton
Admin / Volunteer ext. 128

Cheryl Tucker
Positive Prevention ext. 150

Natalie Basaraba
Harm Reduction ext. 151

Gary Roche
Community Support 515-0699

Jane Karago-Odongo
African / Caribbean
Strategy ext. 133

Brendan McCallum
Street Outreach 994-5419

Beth Hughson, HIV Awareness
Educator, Grey-Bruce
greybruce@aidsguelph.org

**pinch this
PRIDE**

**an
eclectic
QUEER
CIRCUS**

**THUR
MAY
28**

**DJs
JUNGLECAT
DEENO &
VICKI BLOW**

**\$5 pwyc
@
eBar**

pinch this productions

art by MY PET SKELETON

ACG is funded through Ontario Ministry of Health & Long Term Care, The Public Health Agency of Canada, The United Way and The Ontario Trillium Foundation. Private and Public Donations.

Charitable Status Number: BN 10668 9821 RR0001

