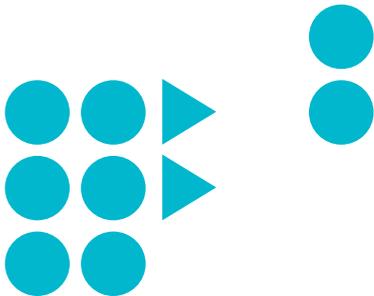


TAKING A LOOK

**The basics of HIV prevention
for gay men**



**This booklet
explains how to
avoid getting
HIV and how to
avoid passing it
on to others.**



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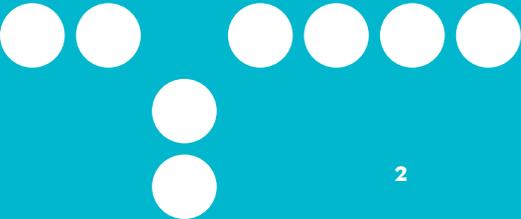
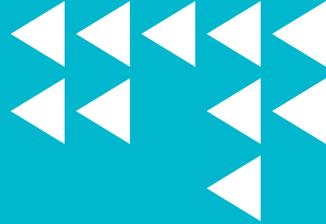
Introduction

This booklet provides information about looking after yourself and having fun at the same time.

In Australia, the gay community has been the most seriously affected by HIV. When the epidemic first hit in the 1980s, gay men made dramatic changes to their sexual practices—especially by using condoms—to protect themselves and their partners. These changes formed the beginning of a safe sex culture.

Now, over 30 years later, we know a lot more about HIV, including the ways in which it is transmitted. There are now also new ways of reducing the risk of HIV transmission.

Although on average, over 1,000 people are diagnosed with HIV every year in Australia (and around three-quarters are gay men), with the new technologies at our disposal there is now a real possibility that we can reduce the number of gay men getting HIV every year and even end the HIV epidemic.



WHAT IS HIV?

HIV stands for Human Immunodeficiency Virus. Since it was first identified in the 1980s, HIV has become a worldwide epidemic.

As it reproduces and multiplies inside the body, HIV attacks and damages the cells of the body's own immune system. If a person's immune system is severely damaged by the virus, that person will develop Acquired Immune Deficiency Syndrome (AIDS). This means they are vulnerable to infections and illnesses that their body could normally fight off.

How is HIV passed on?

Only certain fluids from an HIV-infected person can transmit HIV: blood, semen (cum), pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids and breast milk. For transmission to occur, these fluids must come in contact with a mucous membrane, damaged tissue or directly enter the bloodstream (e.g. from needles, syringes, and other injecting equipment). Mucous membranes can be found in parts of the body such as the rectum, the vagina, the opening of the penis, and the mouth.

HIV is also present in saliva and tears, but not the amount necessary to transmit the virus to another person. Neither urine nor sweat contains HIV. You cannot get HIV from kissing, or from coffee cups or toilet seats.

Seroconversion

When people first get infected with HIV they often get sick with a flu-like illness as the body reacts to the virus.

This is called a seroconversion illness and it typically occurs 1-3 weeks after exposure to HIV. However, the symptoms are often confused with symptoms of other viral infections and therefore not recognised (by the person or their doctor) as seroconversion. The only way to tell for sure if HIV infection has occurred is to get an HIV test.

When someone has been recently infected with HIV they are especially likely to pass on the virus to others—not only because they may not realise they have HIV, but also because the amount of HIV in their body is especially high in the weeks following infection. If you believe you have a seroconversion illness it is worth seeing a doctor as HIV treatments at this stage can have a range of benefits.

HIV treatments

There are drug treatments available to effectively slow down the rate at which HIV multiplies in the body. HIV-positive people take a combination of these drugs daily to minimise the effects of HIV on the immune system.

For most people, HIV is a chronic manageable condition. Recent research has found that for HIV-positive people who start taking treatments relatively early (with a CD4 count above 350 cells) life expectancy is on average the same (or slightly higher) than in the general population.

In Australia, people with HIV can now start treatment at any time, rather than waiting until HIV has started damaging their immune system. This change provides more choice for people and their doctors.



FUCKING

Most gay men (around three-quarters) engage in fucking as either the top or bottom. The majority (70%) of gay men in Australia are versatile, 18% are tops only, and 12% are bottoms only. For the bottom, pleasure comes from stimulation of the sensitive nerve endings of the anus when you are being fucked. The anus is just beyond the sphincter (the circle of muscle that is the entrance to the anus). The area beyond the anus is the rectum, which has few nerve endings.

Pleasure also comes from having your prostate stimulated. The prostate is a walnut-sized gland found in men only. It is located alongside the rectum, where the base of your cock ends inside you, directly below your bladder. It is sensitive when touched from inside your arse (by a cock, or a finger or toy): this can make orgasm more intense.

Fucking and HIV transmission

If you are HIV negative, being fucked without a condom puts you at very high risk of HIV infection. Unlike the lining of your throat and mouth (or a vagina), the lining of your anus and rectum isn't tough. It can easily tear during fucking (or when a sex toy or finger is inserted). Bacteria and viruses can get enter the body though these tears. This is why anal sex without a condom is an easy way for HIV and other sexually transmissible infections to pass from one person to another.

Also, unlike your mouth (or a vagina), your arse doesn't lubricate itself. Using lots of water-based lube

during fucking will reduce the likelihood of tearing or abrasions of your arse.

Douching increases the risk of HIV infection because it removes the mucous lining of your arse. Also, using a douche with a nozzle can cause tiny cuts. (See also page 21.)

Pulling out

If you are HIV positive, then pulling your cock out before cumming inside someone's arse is not enough to protect your partner from infection. He can still get infected from HIV in your pre-cum, which can enter his bloodstream through damage or cuts in the lining of his arse.

Top or tail?

If you are HIV negative you can't pass on HIV even if you cum inside someone's arse.

However, if the guy you are fucking is HIV positive, you can get the virus through the meatus (the opening of your cock), through the cells on the inside surface of your foreskin, if you are uncircumcised, or through any tiny cuts or abrasions.

Although being fucked is more risky if you are HIV negative, being the top does not mean you are protected from HIV.

Viral load

Viral load tests measure how much HIV is circulating in the blood. HIV treatments can reduce the amount of virus to levels that are too low for current tests to measure. This is called 'undetectable viral load'. This doesn't mean the virus has disappeared entirely.

Recent studies show HIV is much less likely to be passed on when viral load is too low to be detected. Many scientists now estimate HIV treatment to be as effective as condom use in preventing transmission between couples where one partner is HIV positive. However, these studies of viral load and HIV transmission have focused on couples in regular relationships, so it is not known to what extent these findings apply to transmission between casual partners.

The aim of treatment is to suppress viral load. In many people, viral load will become undetectable. Others may find they still have very low levels of detectable virus (i.e. <400 copies per ml.) but this level of virus is unlikely to have a significant impact on their health or on the chance of transmission to their partners.

There is a greater likelihood that an HIV-positive person can pass on HIV in the first six months after starting treatments. Also, STIs (sexually transmissible infections) will also increase the risk of transmission. To minimise this risk, regular testing for STIs is required; as is consistent adherence to HIV treatments to achieve and maintain an undetectable viral load.

Mixed messages

Many HIV-negative men think that someone who is HIV positive will tell them before having sex or will always use condoms. However, expecting people to disclose HIV status is not always realistic, especially at beats, or in sex-on-premises venues, where people rarely get to know each other—or even talk—before having sex.

Many HIV-positive men think that anyone who is willing to fuck without condoms must also be positive. This belief is not true either.

A sex partner who does not suggest using condoms could be:

- HIV negative and assuming that you are too; or
- HIV positive and assuming that you are too.

When there is no discussion, you cannot know what he's thinking.

Looking

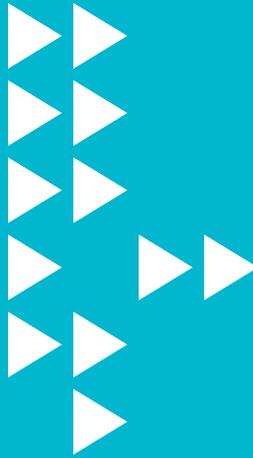
You cannot tell by looking whether someone is HIV positive or not. Most people with HIV look the same as they did when they were HIV negative. Someone who is young, healthy or attractive may still have HIV.

Asking

Talking about HIV is better than making assumptions. However, there are still risks. If you are HIV negative, looking for casual partners who are also HIV negative so you can fuck without condoms is not a very reliable way of avoiding HIV infection.

This is because he might be HIV positive and not know it. (When was he last tested? Has he had sex without a condom since then? With how many partners?)

If he has recently been infected his viral load is likely to be very high. This means that fucking without condoms will carry a high risk of HIV being passed on.



CAN MY BOYFRIEND AND I FUCK WITHOUT CONDOMS?

If you are both HIV negative

If you are in a relationship with someone who is also HIV negative and you want to stop using condoms, then it's possible to do this safely. However, if you and your boyfriend start fucking without condoms it's important that you both get an HIV test first.

Communication with your partner is also very important. Set some ground rules. If you are going to have sex with other men, you will both need to agree either to always use condoms with them, or not to have anal sex.

Go and both get an HIV test. Even if your test results are negative, keep using condoms until you have a second test.

After six weeks, go and get tested again. If these second tests also come back negative, and you've both had sex only with condoms in the meantime, you can be certain you're both HIV negative. If you are both HIV negative you can stop using condoms with each other.

You need to be sure that you and your partner are honest with each other about sex outside the relationship. If one of you does fuck without a condom with someone else, you need to be able to discuss this as soon as it happens. Also, you will have to start using condoms again with each other until you have made sure that neither of you has become infected with HIV. Things change over time so keep talking to each other about whether you want to continue with this kind of agreement. Change your agreement if either of you can't stick to the rules.

For more information go to: www.ourteam.org.au



If you are both HIV positive

If you are in a relationship with someone who is also HIV positive and you want to fuck without condoms there are a number of issues you need to consider, such as other STIs (sexually transmissible infections). Some STIs such as syphilis have a more serious impact on people with HIV. Also, hepatitis C virus can be passed on through sex without condoms, and the chance of this happening is increased if there is damage to the lining of the arse and/or cock, which can occur through fisting, using sex toys, long-lasting sessions, and rough sex. Sharing unwashed sex toys and pots of lube is also a risk.

Make sure you get a regular sexual health check. Many people find it convenient to do this at the same time they have a blood test to monitor their viral load and CD4 cell count. You should also be tested for syphilis and hepatitis C.

If you have different HIV statuses

If you are in a relationship with someone who has a different HIV status and you want to stop using condoms there are a number of issues you need to consider.

There is now broad agreement among scientists that HIV medications significantly reduce the risk of HIV transmission and some people are now using this approach instead of condoms. While no HIV prevention method is completely safe, a number of factors will help to make this approach as safe as possible.

The person with HIV must have had an undetectable viral load for at least six months, they must regularly take their HIV treatment as prescribed and attend regular check-ups to monitor their viral load, and neither of you can have another sexually transmissible infection.

Also think about other ways to reduce the risk of transmission. These include the HIV-positive partner not coming inside their partner's arse and/or the HIV-positive partner being the bottom while fucking.

A new prevention approach being trialled in Australia in 2015 is called PrEP (see page 30). This involves the HIV-negative person taking anti-HIV treatments and this may help reduce the risk further, especially if the HIV-positive person has a detectable viral load. Contact your doctor or sexual health clinic for further information.

If you have sex with other people be clear about what you will and won't do with others and don't confuse this with what you will do with your partner. The best way to avoid getting another STI is by using condoms.

Finally, the HIV-negative partner should have regular HIV tests (every 3 months). If something does go wrong it's important to know about it as soon as possible so you can take advantage of treatment and ensure you don't pass on the virus to others.



SUCKING

Oral sex (sucking) is a very common sexual practice. It is extremely pleasurable for the guy getting sucked off. If you are not used to sucking it's important to prevent your teeth getting caught on his cock. You can do this by slightly curling your lips around your teeth. Another problem is gagging, which can happen when his cock hits the back of your throat. This can be managed in a few ways: by timing your breathing around his thrusting (i.e. breathe in when he pulls his cock back); by gripping your hand around the shaft of his cock to control the thrusting; and tilting your head back to make a straighter line from your mouth to the back of your throat.

Sucking and HIV

The risk of getting HIV through oral sex is extremely low, even if you get cum in your mouth. However, a few men have become infected with HIV after sucking off an HIV-positive man. This happens because of cuts, sores or ulcers in the mouth, gum disease, recent dental work or another STI.

Tips:

- Keep your gums healthy; this will reduce the risk of HIV transmission during oral sex.
- Get regular sexual health tests. An infection in your throat increases the risk of HIV transmission.
- Avoid brushing or flossing your teeth within an hour or so of oral sex—brushing and flossing can cause tiny cuts to the gums.

CONDOMS

Condoms come in all shapes and sizes. They are usually made of latex and you need to use water-based or silicon-based lubricant with them when fucking.

If you are allergic to latex there are also condoms made of polyurethane. Polyurethane is stronger and thinner than latex and oil-based lubricants can be used with them.

Size

Make sure you have the right size for you. Condoms generally come in Medium, Large and Extra Large. Condoms should be tight enough not to crumple during fucking but not so tight that they split.

Putting it on

- Check the 'use-by' date on the condom wrapper.
- Rip the packet open. Take care not to tear or damage the condom inside.
- Unroll the condom down the length of your cock. Make sure you don't have it inside out as this will make it difficult to unroll.
- Apply plenty of water-based or silicon-based lubricant to the outside of the condom (oil-based lube will weaken the latex). Applying a little lube to the head of your cock before putting the condom on can increase the sensation during fucking.
- Make sure you put on a condom before any contact with the arse. Rubbing the tip of the cock against the arse, or pushing it inside slightly can lead to HIV being passed on.

- Use a new condom for every partner.
- Check the condom regularly during sex to ensure it hasn't broken or come off.
- Change condoms every so often if you are fucking for long periods of time.
- If a condom breaks there is a treatment called PEP that may prevent HIV infection. (See page 22.)

Taking it off

- Once you've come, hold the base of the condom with your hand as you are pulling out so it doesn't come off.
- Never re-use a condom after you've taken it off.
- Dispose of it thoughtfully!

Condom care

- Condoms have use-by dates because the latex weakens over time. Throw out any that are past their use-by date.
- Carry or store condoms carefully: they can be damaged or weakened from rubbing or crushing (in a wallet for example) or if they are exposed to heat for too long.

Can't keep it up?

Many men have trouble getting or keeping an erection while putting on or using condoms. Erection difficulties are experienced more often by older men and by HIV-positive men. If this is a problem for you, discuss it with your doctor.

Sometimes it is caused by smoking or drinking too much. There are specific treatments for erection difficulties.

SEX PLAY AND HIV

Rimming

You cannot get or pass on HIV by rimming (licking out someone's arse). However hepatitis A and gut infections such as shigella can be passed on this way.

Fingering

Playing with someone's arse with your fingers is a low risk activity for passing on HIV unless you have cum on your fingers. It is important to keep your fingernails trimmed and short so as not to cut the delicate wall of the anus. Wash your hands well after fingering to prevent gut infections being passed on.

Fisting

Fisting means inserting your fist in someone's arse. Fists can create serious cuts in the lining of the arse, which can allow HIV to be passed on if the person being fisted is then fucked without a condom, or if a finger or sex toy with cum or blood on it is inserted in his arse. The person doing the fisting could also get HIV if he has any cuts or scratches. Latex gloves are important for protecting both participants. Surgical gloves are best. Be sure to remove your watch and any jewellery before fisting!

Toys

HIV can be transmitted from person-to-person via sex toys such as dildos and buttplugs, if they are being shared. Putting a condom on toys and changing the condom before using it on a different person will prevent HIV being passed on. Alternatively, you can wash sex toys thoroughly with soap and hot water

after each person. Sex toys that are shared but not cleaned can also transmit other STIs (sexually transmissible infections).

Douching

Douching is a way of cleaning your arse before being fucked. This is done by inserting a tube into your arse and flushing it with water. Douching increases the risk of HIV infection because it removes the mucous lining of your arse. Also, using a douche with a nozzle can cause tiny cuts.

Piercing

Many men find body and genital piercings a turn-on. There are a few things about piercings to be aware of:

- Genital piercings can cause tears and abrasions in the anus during fucking.
- Be careful that piercings on the cock don't tear the condom.
- New piercings do occasionally get infected: if this happens to your genital piercing, avoid sex until it has healed.

Getting a piercing involves penetrating the skin with a needle and so could pass on HIV or other STIs if the needle is not adequately sterilised between piercings. Always use a reputable professional piercer.

Party and play

Decisions about sex can be affected when you take drugs, especially amphetamines such as crystal meth or ice, so remember your rules and stick to them. Also, if you are injecting drugs, it's important not to share injecting equipment.

PEP (POST-EXPOSURE PROPHYLAXIS)

PEP is treatment you can take if you have been exposed to HIV. It may prevent you from becoming HIV positive. HIV takes a few days to become established in the body. PEP helps your body's immune system to stop the virus from replicating in infected cells. These originally infected cells then die without producing new copies of the virus.

PEP treatment must start as soon as possible, and definitely no later than 72 hours (3 days) after exposure to HIV. The sooner treatment is started, the more likely it is to work.

PEP is a month-long course of drugs. The drugs are the same drugs that are used by people with HIV. They need to be taken strictly according to their dosing schedules.

Sometimes drugs used for PEP have unpleasant side-effects (e.g. nausea, diarrhoea) but these are temporary and manageable.

PEP is available from some hospitals and clinics. To find out where PEP is available call your local AIDS Council (pages 32–33) or a sexual health clinic.

When you ask for PEP, the doctor or nurse will ask you what happened to make you think you need it: they're not judging you, they simply need to know what happened so they can determine how likely it is that you have actually been exposed to HIV.

PEP is different from pre-exposure prophylaxis (PrEP), which is when HIV-negative people take HIV treatments on an ongoing basis to reduce the risk of acquiring HIV.

For more information go to: www.getpep.info



STIs (SEXUALLY TRANSMISSIBLE INFECTIONS)

STIs (sexually transmissible infections) are viruses, bacteria and parasites that are passed between people during sex.

Some infections, like syphilis, can cause serious damage to your health if left untreated.

From the mid-1980s, when most gay men started using condoms, the rate of other STIs such as syphilis and gonorrhoea fell dramatically. As a result, many gay men stopped getting regular sexual health checks apart from HIV tests.

However, since the late-1990s the rate of STIs has been increasing. Getting a sexual health check is easy and painless, and most STIs are easily treated.

Not all STIs show symptoms, or they may be so mild that you don't notice them. So you could have an STI (and be passing it on to your sex partners) without knowing it.

STIs and HIV

For HIV-negative men, having an STI increases the risk of getting HIV because the cells of the immune system are attracted to the site of STIs, and it is these cells that HIV targets.

For HIV-positive men, STIs can increase levels of HIV in cum, pre-cum and rectal fluids. This makes passing on HIV more likely if you are fucking without a condom.

Also, an inflammatory STI (chlamydia or gonorrhoea) or an ulcerative STI (herpes or syphilis) increases the risk of passing on HIV because the virus is more concentrated at the site of infections.

HIV-positive men need to be particularly careful about STIs. This is because some STIs act differently in people with HIV, HIV makes some STIs more difficult to treat, and some STIs can accelerate the progress of HIV.

Getting tested

The more sex partners you have, the more often you should get a sexual health check. All gay men should get a sexual health check at least annually, even if you only have one regular partner. You should get tested for HIV and STIs up to four times a year if you have sex without condoms, or if you have more than 10 sex partners in six months, or if you take part in group sex, or if you use recreational drugs during sex.

An STI test can be done regardless of whether you have symptoms. A rectal or throat swab will be taken to test for chlamydia and gonorrhoea. A swab looks like a long cotton bud. You will need to provide a urine sample to test for chlamydia and gonorrhoea in the urethra (your cock). A blood sample is taken to test for viruses including HIV, hepatitis A, B and C, and for syphilis, which is a bacterial infection. Your doctor should tell you what you are being tested for. Test results will usually take a few days to come back. You may need to make another appointment to receive these results in person, but many clinics now offer the option of receiving result by phone, SMS or email.

For more information go to:

www.thedramadownunder.info

HIV TESTING

What is an HIV test?

An HIV test is a test to find out if you've contracted Human Immunodeficiency Virus (HIV). The most common test used for this purpose is the HIV antibody test. Antibodies are the immune system's response to HIV. Antibodies develop a few weeks after exposure. The time between being exposed to HIV and when a test can detect the antibodies is called a 'window period'. The window period for laboratory tests is up to 6 weeks and for rapid tests up to 12 weeks. During this period the accuracy of the result cannot be guaranteed.

A conventional test for HIV involves providing blood drawn from a vein in your arm, which is then sent to a laboratory for testing. If the test result is positive, another test will be done to confirm the result. If the result is confirmed, it means that you are HIV positive. Results take about one week.

Depending on the clinic, you will either be required to return to receive the test result in person, or you may be offered the result by other methods, such as phone, SMS or email.

A rapid HIV test is a newer kind of test that gives you a result in less than 30 minutes. Most rapid HIV tests use blood from a finger prick, while some use oral fluid. Some rapid tests detect antibodies and antigens and other tests are only for antibodies. A 'reactive' (or preliminary positive) result on a rapid HIV test is not a diagnosis of HIV infection. For this reason, a reactive rapid HIV test result needs to be confirmed by conventional laboratory tests.



Buying tests online

There are various HIV tests available for purchase on the internet and these vary in their quality. It is recommended that you only use reputable, high-quality tests if you do purchase online. For further advice contact your local AIDS Council.

How often should I get tested?

All gay men who think they are HIV negative should be tested for HIV at least once a year. More frequent testing—up to four times per year—is recommended if you do any of the following:

- have any sex without condoms
- have more than 10 sexual partners in six months
- participate in group sex
- use recreational drugs during sex

To work out how often to test, go to the 'How Often to Test' page on the Ending HIV website at www.endinghiv.org.au

Whenever you get tested for HIV you should also get tested for other STIs.

Having the test

Before having the test you will need to have a face-to-face discussion with your doctor or health care worker about the following:

- What the test means including the implications of a positive result or a negative result
- Your behaviour since your last test to determine how likely it is you may have been exposed to HIV

- Your understanding of HIV, how it is transmitted and how to protect yourself
- The support services available after you get your result
- The 'window period' of the test you are taking and if you need to be retested.

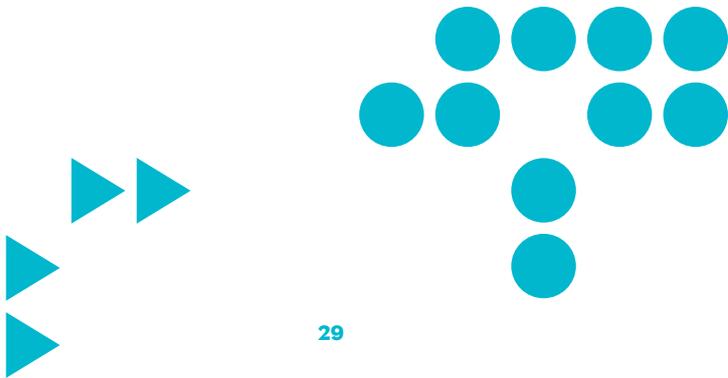
Some clinics offer an express service where you enter some of this information directly on a computer before seeing the health-care provider.

Where to get tested?

HIV tests can be conducted in clinics (sometimes called 'point-of-care' for rapid tests) as well as some community-based services.

Sexual health centres provide anonymous HIV testing. HIV testing in sexual health centres, and community-based services is also more likely to be available free-of-charge.

To find out where you can get a test, go to the Time to Test website at www.timetotest.com.au



PrEP (PRE-EXPOSURE PROPHYLAXIS)

Pre-exposure prophylaxis (PrEP) is the term used to refer to HIV-negative people taking HIV treatments on an ongoing basis to reduce the risk of acquiring HIV. PrEP is different from post-exposure prophylaxis, which is a 28-day course of anti-HIV drugs taken after an exposure incident to prevent infection (see page 22).

Large clinical trials have found that PrEP reduced infection among gay men, heterosexual women and men, and injecting drug users.

In these trials, people who were taking PrEP were much less likely to get HIV than those who were taking the placebo. In the large PrEP study involving gay men, a follow-up analysis showed that among men who took the pills every day, the risk of getting HIV was reduced by about 99%.

Drugs for PrEP have not yet been approved by the regulatory authority in Australia, and neither are the drugs subsidised for this purpose through the Pharmaceutical Benefits Scheme (PBS).

From mid-2014, PrEP became available in Australia in a limited way through research projects in some states. These projects are investigating the acceptability of PrEP, as well as the feasibility and impact of providing anti-HIV drugs for prevention on an ongoing basis.

Some studies are currently underway looking at the possibility of using PrEP less frequently (that is, not taking the pills every single day) and only around times of sexual activity. However, at the time of

writing the final results of these studies had not been released so the effectiveness of these approaches was unknown.

Most gay men use condoms with partners whose status they don't know, so are not at high risk of acquiring HIV. However, there are some men who might benefit from PrEP, either for a limited time or on an ongoing basis. These men include those who have HIV-positive partners (especially if the positive partner is not on anti-HIV drugs and/or has a detectable viral load) and men who have receptive sex without condoms with partners whose status they don't know.



CONTACTS

The following organisations provide information and programs for gay men about HIV

Australian Capital Territory

AIDS Action Council

02 6257 2855

aidsaction.org.au

New South Wales

ACON

Sydney: 02 9206 2000 / 1800 063 060

Northern Rivers: 02 6622 1555 / 1800 633 637

Hunter: 02 4962 7700

Port Macquarie: 02 6584 0943

Coffs Harbour: 02 6651 6017

Southern NSW: 02 9206 2113

acon.org.au

Positive Life NSW

02 9206 2177 / 1800 245 677

positivelife.org.au

Northern Territory

Northern Territory AIDS & Hepatitis Council (NTAHC)

Darwin: 08 8944 7777

Alice Springs: 08 8953 3172

ntahc.org.au

Queensland

Queensland AIDS Council

Brisbane: 07 3017 1777 / 1800 177 434

Cairns: 07 4041 5451 / 1800 884 401

quac.org.au

Queensland Positive People

07 3013 5555 / 1800 636 241

qpp.net.au

HIV Foundation Queensland – Community HIV Education & Prevention (CHEP) Program

Brisbane: 07 3013 5550

Cairns: 07 3013 5511

hivfoundation.org.au / chep.hiv

South Australia

Gay Men’s Health South Australia

08 8245 8100

Man to Man Infoline: 08 8245 8112 / 1800 671 582

gmhsa.org.au

Positive Life SA

08 8293 3700 / 1300 854 887

hivsa.org.au

Tasmania

Tasmanian Council on AIDS, Hepatitis & Related Diseases (TasCAHRD)

03 6234 1242 / 1800 005 900

tascahrd.org.au

Victoria

Victorian AIDS Council

03 9865 6700 / 1800 134 840

vac.org.au

Living Positive Victoria

03 9863 8733

livingpositivevictoria.org.au

Western Australia

Western Australian AIDS Council

08 9482 0000

waids.com

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