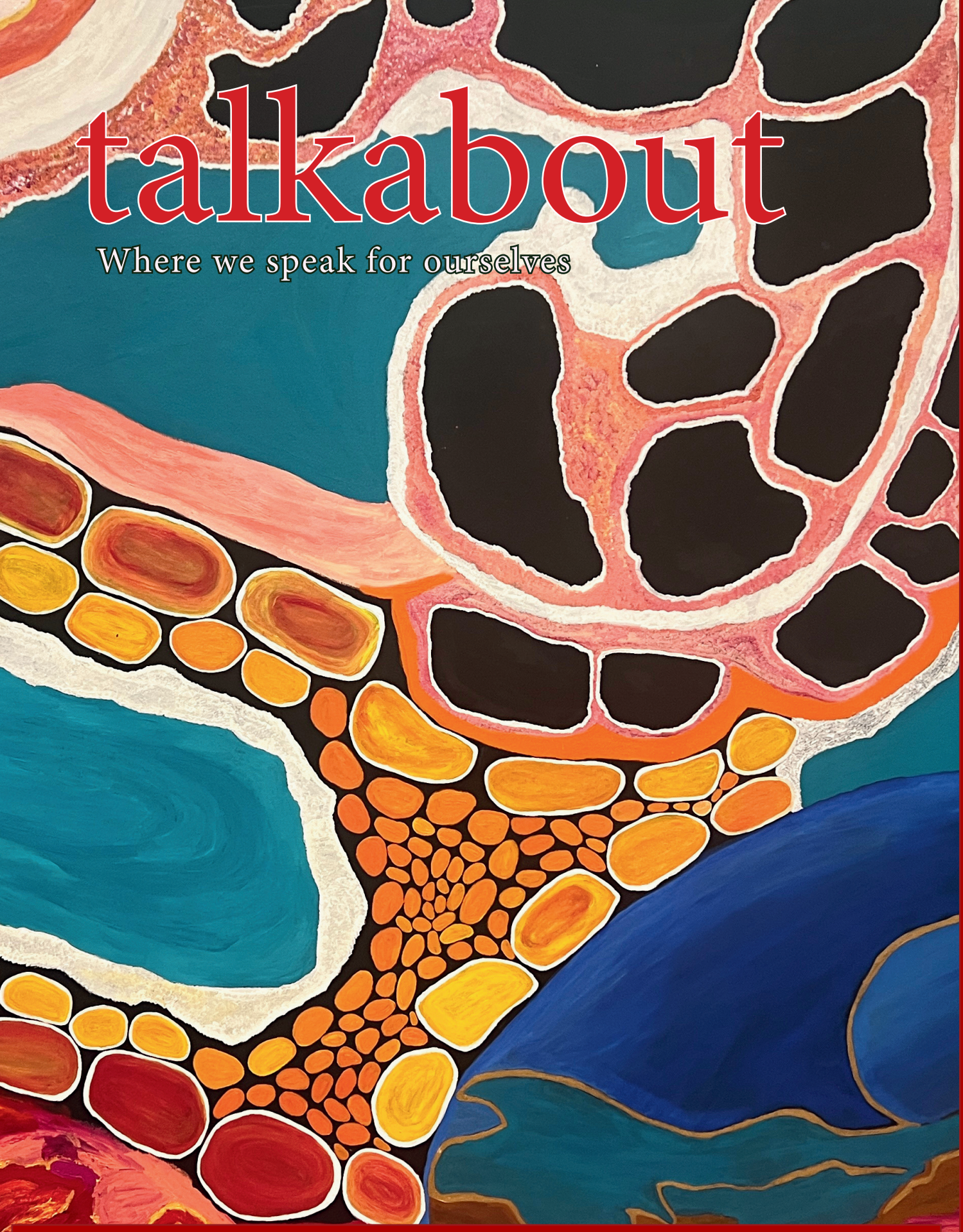
talkabout

Where we speak for ourselves



#217 | October 2026 | ISSN 1034 0866 | Positive Life NSW – the voice of all people living with HIV since 1988

PEPTIDES: POTENTIAL, PROMISES AND KNOWING THE DIFFERENCE **> PAGE 14**

MENOPAUSE AND HIV: UNDERSTANDING THE CHANGES **> 16**

GIVING LIFE AFTER HIV **> 18**

TALKABOUT

WHERE WE SPEAK FOR OURSELVES

Edition #217

Contributors Melissa Carolus , Nathan Rogers, Kelly Micallef

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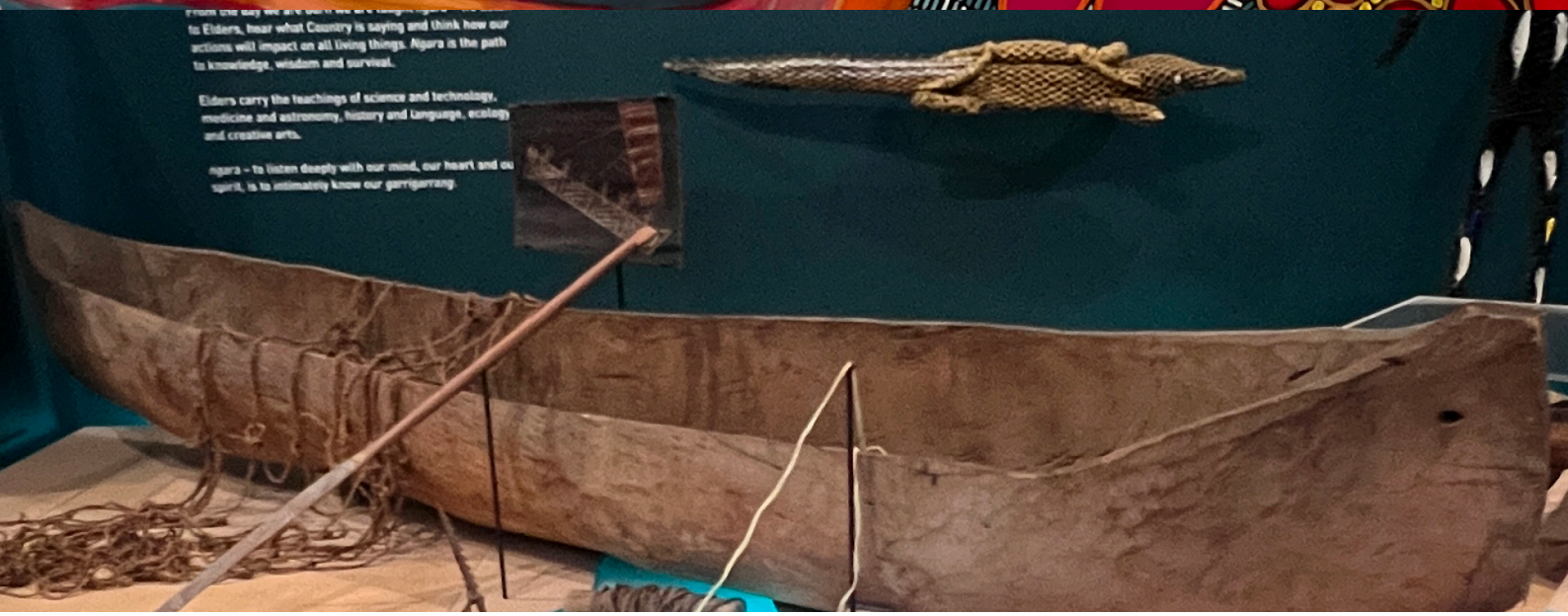
Positive Life NSW acknoweldges the traditional custodians of the land on which we live, work and play. We pay our respects to Elders past and present. Always was, always will be, Aboriginal land.

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to Elders, hear what Country is saying and think how our
actions will impact on all living things. Ngara is the path
to knowledge, wisdom and survival.
Elders carry the teachings of science and technology,
medicine and astronomy, history and language, ecology
and creative arts.
ngara – to listen deeply with our mind, our heart and ou
spirit, is to intimately know our gurriguwang.

CONTENTS

REGULAR

05 | EDITOR

06 | IN THE LOOP

09 | NUTRITION BITES

11 | 2026 EVENTS CALENDAR

20 | HEALTHY MINDS

FEATURES

12 | NAIDOC WEEK: WARANARA TOUR



14 | PEPTIDES: POTENTIAL AND PROMISES



16 | MENOPAUSE AND HIV: UNDERSTANDING THE CHNAGES



18 | RETHINKING ORGAN DONATION



22 | BENEFITS OF STAYING ACTIVE DURING THE COLDER MONTHS



24 | DISCLOSURE

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From the Editor

Welcome to the October edition of TalkAbout magazine.

Ideas for our articles come from many places - trending topics, emerging issues and conversations that spark curiosity, invite further investigation and ultimately become stories worth sharing.

In this edition, we explore menopause and the experiences of women living with HIV. Living with HIV often intersects with other health concerns and stages of life. These are experiences many of us will encounter at some point, whether in our own lives or while supporting the people we love.

We also take a closer look at peptides, which have recently received considerable media attention. Our deep dive cuts through the hype, examines the potential risks and explains why it is essential to exercise caution and seek professional medical advice.

It is also my pleasure to introduce 'Healthy Minds', a new regular feature for our readers. Crosswords have always been one of my favourite parts of reading magazines. They not only help pass the time but also exercise our brains, keep our minds active and provide some fun along the way.

I am also delighted to welcome Kelly, our Administration Manager, as a first-time contributor to TalkAbout. Kelly shares her experience of the Waranara Tour at the Australian Museum, which Positive Life NSW held as part of the 2026 NAIDOC Week celebrations.
Elsewhere in this issue, we discuss the deeply personal question of disclosure - whether, when and how to disclose, and offer practical tips and guidance. We also explore the important topic of organ donation, something many of us may rarely consider because we assume we would not be eligible. Yet organ donation is one of the greatest gifts one person can give another.

Looking ahead, we have finalised the planning for the 2026 NSW World AIDS Day event, which will once again be held at Customs House on Tuesday 01 December. Keep an eye out for your invitation.



If you do not receive email correspondence from us, please email contact@positivelife.org.au or call us on 1800 245 677.

As always, I would like to remind you that TalkAbout is your community magazine, and your contributions are warmly encouraged. If you have an idea for an article or a personal experience that may be valuable to others, we would love to hear from you. You are also welcome to share your story anonymously if you prefer.

To get in touch, please email:
editor@positivelife.org.au.

I hope you enjoy this issue, find its stories and information useful, and feel encouraged to reflect on the topics raised, share what you have learned and start some important conversations within your own circles and the wider community.



IN THE LOOP

Before I begin, I'd like to acknowledge the Traditional Custodians of the land on which we meet today and pay my respects to Elders past and present. I extend that respect to any Aboriginal and Torres Strait Islander people reading this Talk About edition.

Hello everyone, my name is Mel and I've been a member of Positive Life NSW for many years. I am also incredibly proud to have served as a Board Member for the past 4 years. Being part of the Board has given me the opportunity to represent and advocate for the African community, as well as be a voice for women living with HIV. I am also a Positive Speakers Bureau speaker, which is something I truly enjoy. It allows me to educate others about the realities of living with HIV and share my lived experience in the hope of reducing stigma and increasing understanding. Personally, I am a proud mum to 2 teenagers who keep me very busy! When I have some spare time, I enjoy cooking, listening to music, spending time with family at BBQs and I like to think of myself as a wordsearch champion, although my family might disagree.

I'd like to share some of the Positive Life events I've attended over the past few months and why they are so meaningful to me.

Kitchen Table Stories African Dinner - 24 July
In July, I attended the Kitchen Table Stories African dinner held in Surry Hills. While it was a smaller gathering, it was a beautiful evening filled with connection, conversation and delicious East African food. We shared stories about life, celebrated our highs, supported one another and simply enjoyed being together in a safe and welcoming space while enjoying yummy food.

African Kitchen Table Stories is held every second month for people who identify as African, and each event showcases food from different regions of Africa. This is one of Positive Life's newer community events, and it has quickly become something many people in the African community look forward to. It brings people together, creates meaningful connections and reminds us that we are not alone.

[+Connect] Lunch, Casula - 27 September
In September, I attended the [+Connect] lunch in Casula. As I walked into the room, I was immediately greeted by laughter, conversations and the wonderful smell of Italian food. The event brought together people from many different backgrounds and walks of life, all connected by a shared experience. It was lovely to meet new people, reconnect with familiar faces and spend time in such a welcoming and supportive environment. This is an event I never miss because every time I attend, I leave feeling connected, uplifted and reminded of the strength within our community.

What Positive Life Means to Me
Positive Life NSW is an organisation that genuinely supports people living with HIV and their families. Whether it's through community events, peer support, education, advocacy, or simply being there when someone needs support, they consistently create spaces where people feel seen, valued and understood and I have experienced this firsthand as a community member. I feel incredibly blessed to be a member of such a wonderful organisation. Through Positive Life, I have found friendships, support, opportunities to give back and most importantly, I have truly found "my people."

Remember to be kind to yourself always and that you matter!





A Powerful Presence at the 2026 ASHM Conference



The 2026 Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine Conference was held in Melbourne this year, bringing together researchers, healthcare professionals, community organisations and people with lived experience.

As a first-time attendee, I was humbled to enter a room filled with professors, doctors, nurses, researchers and HIV support workers. It was inspiring to see so many brilliant minds had come together with a shared goal: improving the lives of people living with HIV.

Beyond clinical care and viral suppression, the topics explored throughout the conference were diverse. Topics included HIV care during pregnancy, HIV care for people in custody, the development of safe and inclusive clinical guidelines, the HIV response across the Pacific Islands, and the value of in-clinic peer navigation. Discussions also highlighted social issues that are too often left in the dark, including the experiences of women living with HIV and gender-based violence.

Positive Life NSW had a strong presence throughout the conference, both through our participation in research and the delivery of sessions. In many of the sessions I attended, Positive Life NSW was either named directly or the term "peer navigation" featured prominently in presentations. This reinforced not only how well regarded our organisation is, but also the importance of the work we do.

Peer Navigator Billy presented the abstract "Relational Pathways to HIV Engagement Through Peer-Led Cultural Spaces Among Asian Communities in NSW," highlighting how peer-led spaces can build social connection, trust and engagement with HIV care.

Peer Navigator Gladys presented the poster "A Culturally Grounded Approach to Strengthening Wellbeing Among Sub-Saharan Africans Living with HIV in NSW." Her work highlighted the value of approaches that recognise and respond to the unique experiences of Sub-Saharan African communities living with HIV.

These contributions and mentions throughout the conference, demonstrated that people living with HIV are not simply the subjects or beneficiaries of research. We are active partners, bringing knowledge and lived experience that can help shape clinical care, inform its direction and translate findings into meaningful change.

I left the conference feeling inspired and proud of our community. It was a powerful reminder of the importance of amplifying the voices of people living with HIV and ensuring we remain at the centre of the response.

Surry Hills
Neighbourhood Centre

Low-Cost
Community Food Pantry

Thursdays 9.30am – 11.30am



Fruit & Vegetables



Bakery Items



Frozen Meals



Pantry Staples

$5.00 and $10.00 Bags – Choose your own contents

WHERE: LEVEL 1, 405 CROWN STREET, SURRY HILLS
EMAIL: PROGRAMS@SHNC.ORG

Bring your own bag

Surry Hills
Neighbourhood Centre

FOOD BANK

CITY OF SYDNEY

Nutrition Bites



Lemon and Blueberry Mug Cake



Ingredients

1 Egg
4 tablespoons almond flour
1/2 teaspoon baking powder
1 tablespoon honey
2 tablespoons lemon juice
1 teaspoon lemon zest
2 tablespoons blueberries (fresh or frozen)

Instructions

In a small mixing bowl, whisk together egg, almond flour, baking powder, honey and lemon juice to form a consistent cake batter.

Add lemon zest and blueberries

Transfer the batter into a tall microwave-safe mug. Your mug cake is going to rise and double in height, so make sure the mug you use is high enough to prevent the mug cake batter from overflowing in the microwave. Don't microwave over 2 mugs or it will impact the microwaving time consequently.



Microwave

Microwave on high power (800W) for 90 seconds.
Remove from the microwave and allow to cool for 2 minutes.
Enjoy directly from the mug or unmold on a plate.

Baking method

Preheat oven to 180°C (350°F)
Place the batter into a medium-size oven ramekin or 2 small ramekins.
Bake for 12-15 minutes. Make sure you check the baking process after 8 minutes and every 2 minutes. Use a skewer that you insert in the center of the mug cake. It is baked when it comes out with no (or very little) crumb on it.
Note that if you are using smaller ramekins and half the batter in two ramekins, the cakes cook faster between 8-12 minutes.



Storage

Microwave baked cakes are best consumed immediately, after a period the texture dries out fast, and loses it's spongy cake texture. If pre-baking for a future meal, it is best to follow the baking method. Baked cakes will keep for 2-3 days at room temperature.

Enjoy with vanilla yoghurt or your favorite topping

NSW MULTICULTURAL HIV & HEPATITIS SERVICE

About MHAHS

We support diverse communities across NSW to access HIV, hepatitis B, hepatitis C and STI care safely and confidently.

HIV Clinical Concierge Program

We offer free and confidential one-on-one support for people living with HIV. Our bilingual Cultural Support Workers provide help in your language and with cultural care. Get in touch to find out how we can support you.

Community Education Sessions

We deliver free multilingual community education sessions in 15+ languages on HIV, hepatitis B and C, liver health and sexual health, helping people feel confident to get tested, treated and access care.

: info@mhahs.org.au : TheMHAHS : www.mhahs.org.au



CALENDAR

For more information or to register call
Positive Life NSW
(02) 8357 8386 or 1800 245 677 or visit
www.positivelife.org.au/events-calendar/

Details correct at the time of printing.

November

6th The Social Club – Face to face social event for people living with HIV who identify as heterosexual

11th [+Connect] Sydney – Inclusive social event for all people living with HIV

18th Positive Life NSW - Annual General Meeting

24th Positive Conversations – Monthly online presentation for all people living with HIV

27th Kitchen Table Stories: Latin American - Social inclusion event for people living with HIV from Latin America

December

1st World AIDS Day - Annual day of reflection and celebration for those we have lost to HIV/AIDS

11th Positive Life NSW End OF Year Celebration

Positive Life NSW
The voice of all people living with HIV

acon

Bobby Goldsmith Foundation



Tuesday 1 December



NAIDOC Week Waranara Tour

As part of our 2026 NAIDOC Week celebrations, our community embarked on the Warranana Walking Tour through the Garrigarrang exhibition at the Australian Museum. It was a meaningful opportunity to connect with Aboriginal and Torres Strait Islander culture, stories and perspectives, and to deepen our understanding of Country and community.



Waranara means “to seek” in the First Nations languages of the Sydney region - to seek knowledge, truth and understanding. It is a fitting name for a tour designed not simply to show visitors objects from the Museum’s collections, but to encourage us to think more deeply about the cultures, histories and knowledge systems they represent.

Led by two wonderful First Nations guides, the 45-minute tour was not enough time to see the whole exhibition, we were asking so many questions and fascinated by the information we were receiving from these knowledgeable guides. Objects become starting points for conversations about culture, knowledge, continuity and the relationship between people and Country.

We learnt how men and women had different roles within their nation. Women were the fishers and Men were the Hunters. Women fished with shells shaped like hooks and used hair as fishing line, while the men spearfished using rock traps that were engineered to trap the bigger fish and let the little fish swim out, so they could be caught when they got bigger, all in synchronicity with the rise and fall of the tides. Their relationship with the land is one of respect and gratitude.

One of the strongest take aways for me was the sophistication and longevity of First Nations knowledge. The tour explored knowledge systems and sustainable practices developed and maintained over countless generations. For instance, learning about the multi-generational campfires was fascinating, their charcoal remains could tell you what food was plentiful in that particular area. Campfire remains were used for tool making and art, radiocarbon dating tests on these ancient fire hearths and shell middens reveal human activity dating back 30,000 years.

It reinforces that Aboriginal and Torres Strait Islander cultures are not simply part of Australia’s history; they are living cultures, continuing to evolve and adapt.

The tour encourages curiosity. It invites the visitors to listen and to recognise how much there is still to learn. We left the Museum feeling elated by what we had heard. Such a fascinating way to spend your time immersing yourself in the rich and colourful history of our Nation and it left me with a deeper respect for our First Nations peoples.
I would encourage anyone to go take the tour, don’t wait for the next NAIDOC week to learn more about Aboriginal and Torres Strait Islander cultures, Waranara provides a thoughtful and accessible place to begin and will leave you wanting to know more.

Kelly Micallef

The Warranana Walking Tour is on currently showcasing at the Australian Museum, to find out more visit: australian.museum/event/waranara-tours/



Peptides: Promise, Potential and the Importance of Knowing the Difference

From weight loss to healthy ageing, peptides have become one of the biggest talking points in modern medicine. But while some peptide therapies are backed by strong scientific evidence, others are being sold with bold claims and little oversight. Understanding the difference could make all the difference to your health.

What are peptides?
Peptides are short chains of amino acids – the same building blocks that make up proteins. If proteins are like long necklaces made of hundreds of beads, peptides are much smaller sections of that necklace.

Our bodies naturally produce thousands of different peptides. These peptides act as chemical messengers, helping cells communicate and directing important processes throughout the body. They play a role in many everyday functions, including wound healing, muscle growth and repair, hormone production, appetite regulation, immune function and maintaining healthy skin. In simple terms, peptides help the body know what to do, when to do it, and how to respond to changing needs.

Why Are People Using Peptides?
Peptides have become one of the hottest topics in health and wellness. From weight management and healthy ageing to muscle recovery and skin health, they're generating plenty of interest—and just as many questions.

So, what exactly are people using peptides for?

Weight management
The best-known peptide medications today are those used to treat type 2 diabetes and obesity. These medicines work by mimicking hormones naturally produced by the body that help regulate appetite, slow the emptying of the stomach and improve blood sugar control. For many people, they can reduce hunger, increase feelings of fullness and support significant weight loss when used alongside healthy lifestyle changes.

Muscle growth and recovery
Some peptides are used to stimulate the release of growth hormone or support the repair of muscles, tendons and other tissues. This has made them popular among athletes and people interested in improving fitness or recovering from injury.

Wound healing
Researchers are also exploring how peptides may help the body repair damaged tissue. Some appear to encourage cell growth and reduce inflammation, making them a promising area of research for wound healing and recovery after surgery. While early results are encouraging, many treatments remain experimental.

Healthy ageing
As we age, our bodies naturally produce fewer hormones and repair tissues less efficiently. Some people turn to peptides in the hope of maintaining muscle mass, improving skin health, boosting energy levels or slowing aspects of the ageing process.
Although this area is attracting significant attention, experts caution that many anti-ageing claims have not yet been supported by high-quality clinical research.

Hormone deficiencies
Not all peptide use is experimental. Some peptide medicines are well-established treatments for people with diagnosed hormone deficiencies. Under specialist medical supervision, these medications can help stimulate the body's natural production of hormones when they are needed.

Sexual health
A small number of peptide-based medications are used to treat conditions such as low sexual desire in women or erectile dysfunction in men. These treatments are prescribed for specific medical conditions and are not suitable for everyone.

Sleep and recovery
Some peptides are promoted as a way to improve sleep quality, reduce fatigue and speed recovery after exercise. While researchers continue to investigate these potential benefits, much of the evidence is still emerging, and many products marketed for these purposes have not undergone rigorous clinical testing.

Behind the Vial: Understanding the Unregulated Peptide Market
As interest in peptides continues to grow, so too has an unregulated global market supplying products outside the traditional healthcare system. While some peptide medicines are approved by health authorities and prescribed by doctors, many others are sold through online retailers, social media and wellness communities with little oversight.

How does the supply chain work?
Many unregulated peptides begin life as bulk powders manufactured overseas. These products are often marketed as "research chemicals" and labelled "for research purposes only" or "not for human consumption." These labels can allow products to be shipped internationally without being regulated as medicines.

Once the powders arrive in countries such as Australia, the United States or across Europe, they may be repackaged into small vials by local suppliers. Some are sold through websites, social media platforms or informal networks, while others are marketed through clinics promoting anti-ageing, performance or longevity treatments.
In some cases, consumers bypass local suppliers altogether, purchasing directly from overseas manufacturers - through encrypted messaging apps or online marketplaces.

Why does this matter?
Unlike approved medicines, these products are not manufactured under the strict quality standards required by regulators such as Australia's Therapeutic Goods Administration (TGA). This means there is no guarantee that the product contains what the label claims or that it is safe to inject.

Independent testing of unregulated peptide products has identified several concerns, including:
•Contamination: Products may contain bacteria, heavy metals or residual industrial solvents if they are manufactured or packaged in non-sterile conditions.
•Incorrect ingredients: Some products have been found to contain different substances from those listed on the label, while others contain little or none of the advertised peptide.
•Inaccurate dosing: Even when the correct peptide is present, the amount may differ significantly from the stated dose, making it difficult to predict how the product will affect the body.



Health Authority Warning
Australia's Chief Medical Officer, Professor Michael Kidd, is urging people not to use illegal or unapproved peptide products following a series of serious health incidents linked to products purchased outside the regulated healthcare system.
The warning follows reports of six cases of acute liver toxicity in Victoria during 2026, all associated with an unapproved product labelled as Retatrutide. Health authorities are continuing to investigate the cases, as well as similar reports from other Australian jurisdictions.

Choosing trusted, evidence-based treatment
As peptide therapies become more widely discussed, it's important to distinguish between medicines that have undergone rigorous clinical testing and products sold through unregulated channels.
If you're considering peptide therapy, speak with your healthcare provider before purchasing products online or from unverified sources. They can help you understand which treatments are supported by evidence, which are approved for use in Australia, and how to minimise potential health risks.



Menopause and HIV: Understanding the Changes

For many women, menopause can feel like stepping into unfamiliar territory. When you're living with HIV, that journey can come with extra questions, uncertainty and, sometimes, unnecessary worry. The good news is that menopause is a natural stage of life, and with the right information and support, it can be managed effectively.

Today women living with HIV are living long, healthy lives. That means more women are experiencing menopause while continuing to thrive with well-managed HIV. Yet menopause remains a topic that is too often overlooked in HIV care.

Understanding menopause

Menopause is reached when a woman has gone 12 consecutive months without a menstrual period. In Australia, it typically occurs between the ages of 45 and 55, with the average age around 51. Before menopause comes perimenopause – a transition that can last several years as hormone levels fluctuate.

Research suggests that some women living with HIV may experience menopause slightly earlier than women without HIV, although the evidence is still developing. Every woman's experience is unique, and symptoms can vary widely.

When symptoms overlap

One of the challenges for women living with HIV is that many menopausal symptoms can resemble symptoms associated with HIV or other health conditions. Night sweats, fatigue, poor sleep and difficulty concentrating can all occur during menopause, making it difficult to know what's causing them.

Common symptoms include:

- Hot flushes and night sweats
- Mood changes, anxiety or low mood
- Brain fog, forgetfulness and poor concentration
- Sleep disturbances
- Joint and muscle aches
- Vaginal dryness
- Reduced sex drive
- Weight changes
- Headaches and itchy skin

Because these symptoms overlap with other conditions, some women worry that their HIV treatment is no longer working. In most cases, this isn't true. Discussing new symptoms with your HIV clinician or GP can help determine whether menopause is the cause and identify the most appropriate treatment.

Looking after your health

Managing menopause isn't just about reducing symptoms—it's also about protecting your long-term health. Falling oestrogen levels increase the risk of osteoporosis and cardiovascular disease, making healthy lifestyle habits even more important.

Regular physical activity, a balanced diet rich in calcium and vitamin D, maintaining a healthy weight, limiting alcohol, avoiding smoking and getting enough sleep can all help improve wellbeing during menopause.

routine health checks, including bone health assessments and cardiovascular risk monitoring where appropriate.

Hormone replacement therapy
Hormone Replacement Therapy (HRT), also known as Menopausal Hormone Therapy (MHT), is considered the most effective treatment for many menopausal symptoms. For most women living with HIV, HRT can be used safely alongside antiretroviral treatment.

However, some HIV medications may interact with certain forms of hormone therapy, making it important to discuss treatment options with a healthcare provider who understands both HIV and menopause. Your doctor can recommend the most suitable type and dose based on your medical history and current HIV treatment.

Not every woman chooses or can use hormone therapy. Other options, including non-hormonal medications, lifestyle changes and psychological support, may also help manage symptoms.

Don't suffer in silence
Many women say they weren't prepared for menopause or felt uncomfortable raising it during HIV appointments. Others worried their symptoms wouldn't be taken seriously or assumed they simply had to "put up with it."

You don't have to.

Menopause deserves the same attention as any other aspect of your health. Talking openly with your healthcare team can help you access treatment, improve your quality of life and reassure you that what you're experiencing is both common and manageable.

As more women with HIV reach midlife and beyond, conversations about menopause are becoming an increasingly important part of holistic HIV care. No woman should feel she has to navigate this transition alone.

Further reading: The Sophia Forum's A Guide to Menopause for Women Living with HIV provides practical, evidence-based information developed with women living with HIV and menopause specialists. It is an excellent resource to discuss with your healthcare provider.

For more information visit: https://sophiaforum.net/guide-to-menopause-for-women-living-with-hiv/

Other resources: https://pozhet.org.au/wp-content/uploads/2026/06/HIV-and-Menopause.pdf





Giving Life After HIV: Rethinking Organ Donation



Organ and tissue donation is an extraordinary gift. It can give someone more time with the people they love, restore their independence, or allow them to return to family life, work and community. For some people, a transplant means the difference between ongoing illness and renewed health. For others, it is quite simply the difference between life and death.

Waiting for a Transplant

How long someone waits varies considerably. It depends on factors including the organ they need, their blood group and tissue type, their medical urgency, and whether a suitable donated organ becomes available.

Donated organs are carefully matched with potential recipients. Depending on the organ, allocation may consider blood group, organ size, tissue compatibility, medical urgency, time spent waiting, geographical location and the likelihood of a successful transplant.

These decisions are made by transplant specialists according to national clinical guidelines and allocation protocols. Donors and their families cannot choose who receives the donated organs.

A person's culture, religion, gender, sexuality, disability or social circumstances do not prevent them from being considered for transplantation. Age may be clinically relevant in some circumstances, but organs are allocated according to medical criteria—not a person's perceived social worth.

When Donation Is Possible

The way a person dies affects whether organ or tissue donation is medically possible and what they may be able to donate.

For organ donation to occur after death, a person must die in a hospital under particular circumstances—usually in an intensive care unit or emergency department. Their organs must continue functioning well enough to be suitable for transplantation.

Only around 2 per cent of people who die in Australian hospitals meet the medical criteria to be considered for organ donation. Even when a family agrees to donation, it may not proceed. Medical suitability, organ function, logistical factors and the availability of a suitable recipient must all be considered.

Because so few people die in circumstances that allow organ donation, every potential donor is precious.

I'm Living With HIV—Where Do I Stand?

HIV is no longer an automatic barrier to receiving a transplant. A person living with HIV who needs an organ is assessed by transplant specialists according to the relevant clinical criteria. Additional consideration may be given to viral suppression, immune health and interactions between HIV treatment and anti-rejection medicines.

People living with HIV and people who do not have HIV are placed on the same transplant waiting lists. There is no separate list for people living with HIV,

and HIV status does not automatically move someone ahead of—or behind—anyone else awaiting transplantation.

Can I Be an Organ Donor if I'm Living With HIV?

Yes, you can.

DonateLife confirms that people living with HIV can register as organ and tissue donors. As with every potential donor, specialist teams assess the person's overall health, medical history, organ function and compatibility with potential recipients before donation proceeds. Registering is important, but it does not guarantee that donation will be possible. Medical specialists make that assessment at the time.

Current clinical guidelines recommend that selected organs from donors who are living with HIV be considered for waitlisted recipients who are also living with HIV. An HIV specialist must be involved, and the recipient must provide specific informed consent.

The first reported Australian transplant from a deceased donor living with HIV to a recipient also living with HIV occurred in 2021. The recipient received a kidney and was subsequently reported to have excellent kidney function and a continuing undetectable viral load.

This type of transplantation remains uncommon, but it offers an important additional pathway. A person living with HIV may be eligible to receive an organ from either a donor without HIV or an appropriately selected donor with HIV.

Access to organs donated by people living with HIV may therefore expand the potential donor pool and, in some circumstances, reduce waiting time.

Do not count yourself out. You can register as an organ donor and let specialist medical teams determine what may be possible.

What About Blood Donation?
Recent changes to blood-donation rules have made donation more inclusive for many people, including members of LGBTQ+ communities. However, people living with HIV remain ineligible to donate blood, plasma or platelets.

This restriction applies even when someone is taking effective HIV treatment, has a sustained undetectable viral load and cannot transmit HIV sexually—commonly known as undetectable equals untransmittable, or U=U. U=U remains firmly established in relation to sexual transmission. Blood donation operates under a different regulatory framework, with additional safeguards applied to protect people receiving blood and blood products.
Being unable to donate blood does not mean that you cannot register as an organ donor.

Can I Donate My Body to Science?
Donating your body to science is different from donating organs and tissues for transplantation.
Body donation programs are administered by individual universities and medical schools, with each institution setting its own eligibility criteria.

Although NSW law does not specifically prohibit people living with HIV from donating their bodies, many institutions exclude people with blood-borne viruses under their occupational health and safety policies.

Requirements may vary, so it is worth contacting your chosen body donation program directly. Registration never guarantees acceptance. A program may be unable to accept a body because of a medical condition, the circumstances or location of death, the time elapsed since death, available capacity or other practical considerations.

Register—and Tell Your Family
Australians aged 16 and over can record their decision on the Australian Organ Donor Register. Registration takes about one minute through the DonateLife website or Medicare.

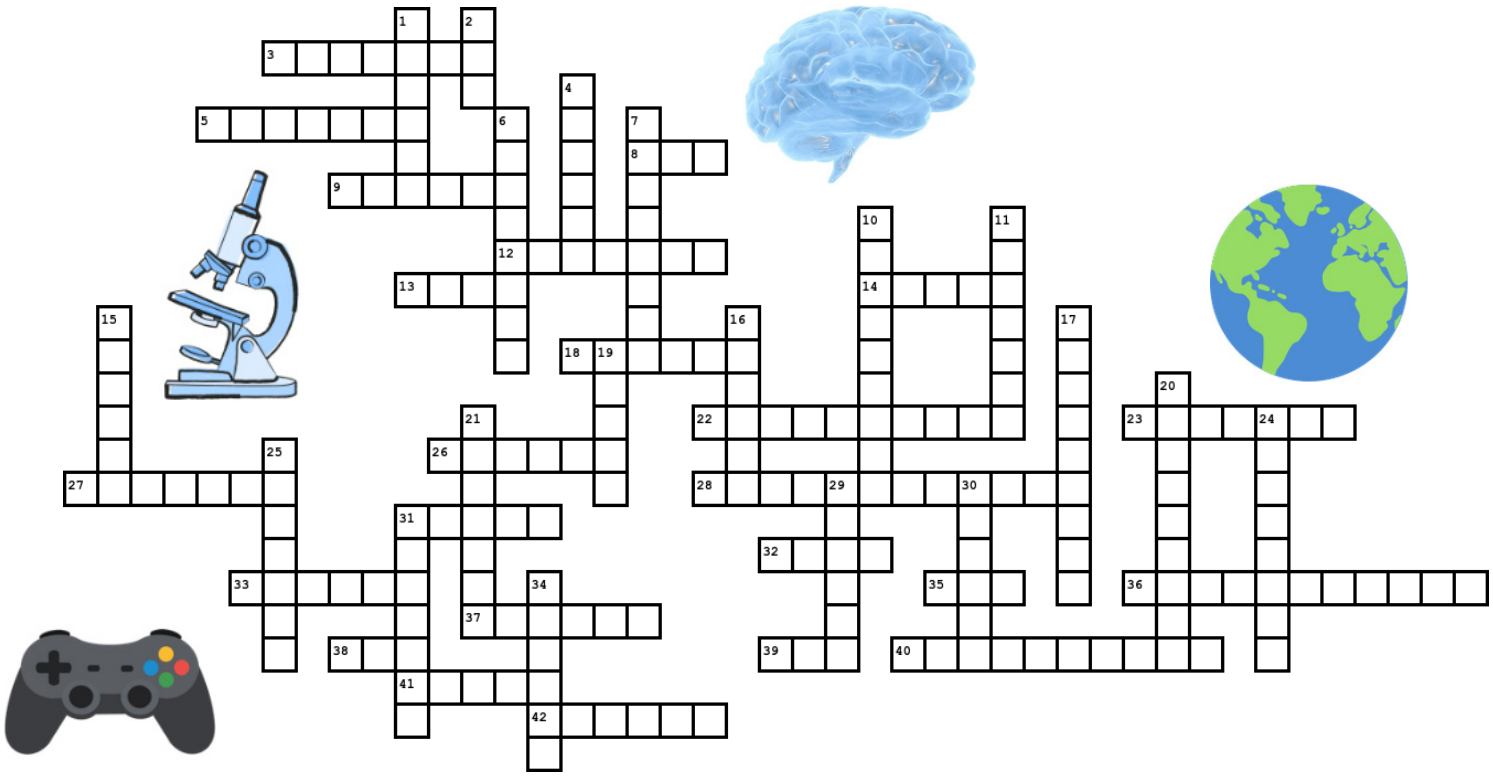
It does not matter how old you are, how healthy you are or what your medical history is—you can still register your decision. If the opportunity to donate arises, specialist teams will determine what may be medically suitable.

After registering, tell your family and loved ones about your decision. In Australia, families are always consulted and asked to agree before donation proceeds. Making your wishes known can help them support your decision at what will be an extremely difficult time.



For someone living with HIV, registering can also be a powerful act of community solidarity. Your donation could give another person living with HIV—one of your positive brothers, sisters or community members—greater access to the transplant they need.

Healthy Minds

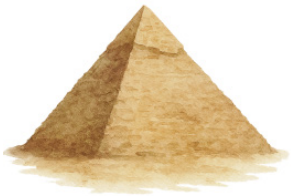


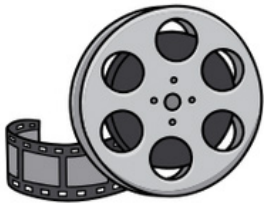
Across

3. Small chain of amino acids
5. Hormone that regulates blood sugar
8. Sense of self
9. Gas essential for breathing
12. Ancient Egyptian monument
13. Pixar film about the Day of the Dead
14. Largest internal organ
18. Land beyond the wardrobe
22. Headmaster of Hogwarts
23. To give permission
26. Paris landmark
27. Japanese warrior
28. Body's response to injury
31. King of Rock and Roll
32. Astro
33. Popular search engine
35. Arid
36. Author of Hamlet
37. First moon landing program
38. Primate
39. Writing instrument
40. Act of making hidden information known
41. Lion King protagonist
42. Jamaican music genre

Down

1. Filters waste from the blood
2. Hot drink
4. Six-string instrument
6. Property trading board game
7. Month World AIDS Day is commemorated
10. Famous Roman amphitheatre
11. Tallest land animal
15. Second-largest continent
16. Planet with prominent rings
17. Device that keeps musical time
19. Singer of Hello
20. Classic film about a crime family
21. Band led by Kurt Cobain
24. Developed the theory of relativity
25. Hardest natural substance
29. World's largest rainforest
30. Falling block puzzle game
31. World's highest mountain
34. Famous classical composer









pozhet

HETEROSEXUAL HIV SERVICE

STRAIGHT AND HIV+?

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- Find out about other useful services
- Connect with other heterosexual people living with HIV

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pozhet.org.au

EMAIL

pozhet@pozhet.org.au

FACEBOOK

@pozhet

Pozhet is a government-funded NSW-wide service for heterosexual people at risk of or living with HIV, their partners and family.



Why staying active in the colder months could give your immune system a helping hand

Winter has a familiar rhythm: the office becomes a chorus of coughs, the morning train feels like a floating germ exchange, and the school pick-up line seems to deliver a fresh round of sniffles every week.

It's also the season when many of us quietly abandon our exercise routines. Dark mornings, chilly evenings and the lure of Netflix with a blanket can make a run, walk or gym session feel like the last thing we want to do.

But does skipping exercise make us more likely to catch whatever bug is making the rounds?

The answer is a little more nuanced than a simple yes or no. Regular, moderate exercise appears to reduce the risk of catching respiratory infections such as colds and flu. But exercise is not a cure once you're sick, and pushing yourself harder is not always better.

How exercise supports your immune system

Every time you exercise, your muscles do more than help you move. They release signalling proteins called myokines, which act like messages throughout the body.

These chemical messengers help mobilise important immune cells, including natural killer cells and T-cells, moving them through the bloodstream and into tissues where they can respond to potential threats.

In simple terms, exercise gives your immune system a temporary "practice session", helping it become more responsive when it encounters viruses and other invaders.

The effect does not last forever. Within a few hours after exercise, immune cell levels return to their usual state.

However, researchers believe that these repeated short-term boosts add up over time. Regular exercise may help train the immune system to recognise and respond to infections more efficiently.

Exercise also appears to reduce chronic inflammation — a state that can interfere with the immune system's ability to function properly.

The evidence is not perfect, but it is encouraging. Research reviews have consistently found that people who are physically active tend to report fewer respiratory infections than those who are largely inactive.

Exercise can help prevent illness — but it won't cure it

There is no evidence that an intense workout can "sweat out" a cold or flu virus.

Exercise is best thought of as a prevention strategy, not a treatment. Even people who are very fit still catch colds and influenza.

There is also a long-running theory known as the immune "J-curve". It suggests that while moderate exercise supports immune function, very long and intense training sessions may temporarily reduce immune defences in the hours afterwards.

For most people, this is not something to worry about. The concern is mainly relevant to endurance athletes completing very demanding training schedules — such as marathon preparation — rather than someone going for a brisk walk, attending a fitness class or riding a bike.

More recent research has also questioned how significant this temporary immune dip really is.

For everyday exercisers, the message is simple: regular movement is beneficial.

How much exercise do you actually need?
You don't need an elite athlete's training plan to support your health.
Current guidelines recommend adults aim for:
• 150–300 minutes of moderate physical activity each week, or
• 75–150 minutes of vigorous physical activity each week,
• or a combination of both.

Moderate activity is anything that gets your heart rate and breathing up but still allows you to hold a conversation.
Think:
• brisk walking
• cycling
• swimming
• gardening
• raking leaves
• dancing around the kitchen



Vigorous activity is exercise that leaves you breathing heavily and struggling to talk without pausing.
A simple way to judge your intensity is the "talk and sing" test:
• At moderate intensity, you can talk but probably can't sing comfortably.
• At vigorous intensity, talking becomes difficult because you need to catch your breath.

And remember: exercise does not have to happen in one long session. Three short 5–10 minute walks throughout the day can provide similar benefits to a single 30-minute block.

Keeping active when winter motivation disappears
Cold weather can make even the most committed exerciser reconsider their plans. A few strategies can make staying active easier:
Treat exercise like an appointment
If you wait until you "find time", it often disappears. Scheduling movement makes it more likely to happen.

Have an indoor backup plan
A home workout, indoor cycling session or gym visit can replace outdoor exercise when the weather turns unpleasant.

Make it smaller
A short walk is still a win. Building consistency matters more than chasing the perfect workout.

Find accountability
Exercising with a friend can make it easier to show up when motivation is low.

Use daylight when you can
Getting outside during sunny winter periods can be a mood boost as well as a chance to move.

Should you exercise when you feel unwell?
The hardest decision is often when you're not completely sick, but you don't feel quite right.

Many health professionals use a simple guideline called the "neck check".
If symptoms are mostly above the neck, such as:
• a runny nose
• sneezing
• mild throat irritation
then light-to-moderate exercise is usually reasonable. It's still wise to reduce the intensity and duration.

If symptoms are below the neck, including:
• a chesty cough
• upset stomach
• fever
• body aches
• significant fatigue
rest is the better option.



Exercising with a fever can raise your body temperature further, increase dehydration risk and place extra strain on your heart.

If you are simply tired, lacking sleep or feeling flat — rather than genuinely unwell — a gentle walk may be fine. But it may also be your body's way of asking for recovery, so consider lowering the intensity and prioritising rest.

The bigger picture
Exercise is not a replacement for flu vaccination, good hygiene, handwashing or staying home when you are contagious.

But unlike many factors that influence whether we get sick, physical activity is something we can control.
This winter, staying active may not make you immune to every cough and cold that comes your way. But regular movement can help support your immune system, improve your overall health and give you better odds of getting through the season feeling your best.

This article is adapted from "Does regular exercise stop you getting sick in winter?"
Originally publish in The Conversation July 2026



Disclosure

For many people living with HIV, one of the most difficult questions isn't about treatment, it's about disclosure. Who needs to know? When does the law require you to tell someone? And what rights do you have if your privacy is breached?

Despite longstanding myths and misconceptions, the law in New South Wales requires disclosure in far fewer situations than many people believe. Understanding the difference between legal obligations, personal choice and social expectations can empower people living with HIV to make informed decisions with confidence.

The biggest myth: "You have to tell everyone"
One of the most common misconceptions is that people living with HIV have a general legal duty to disclose their status. In reality, there are very few circumstances in which disclosure is legally required.

Once someone discloses their HIV status, that information cannot be taken back. For this reason, disclosure should be a considered personal decision unless the law specifically requires it. Your HIV status is private health information and, in most situations, deciding who to share it with is your choice.

Sex and relationships
Perhaps no area causes more confusion than intimate relationships.
In New South Wales, there is no legal requirement to disclose your HIV status before having sex. However, the law requires people who know they are living with HIV to take reasonable precautions to prevent transmission.

These precautions may include:
- Maintaining an undetectable viral load of less than 200 copies/mL
- Using condoms
- Seeking and receiving confirmation that a sexual partner is taking PrEP

Current scientific evidence confirms that a person with an undetectable viral load cannot sexually transmit HIV—a principle known universally as U=U, or Undetectable = Untransmittable.

Importantly, although disclosure itself is not legally required, lying about your HIV status or falsely claiming that you are taking PrEP may have legal consequences if that information is considered to induce another person to participate in sexual activity. This area of NSW consent law remains largely untested, so anyone concerned about a particular situation should seek legal advice.

Privacy is your right
Australian and NSW privacy laws provide strong protections for health information held by healthcare providers and other organisations covered by privacy legislation. These organisations generally cannot disclose your HIV status without your consent unless disclosure is permitted or required by law.

Healthcare providers are bound by strict privacy obligations. There are limited circumstances in which health authorities may become involved, including confidential public health contact tracing. Even then, the process is designed to protect your identity wherever possible.

It is important to remember that privacy laws may not apply in the same way to friends, partners or other private individuals. If someone discloses your HIV status without permission, the legal options available will depend on who disclosed it and the circumstances. The HIV/AIDS Legal Centre can provide advice about potential privacy breaches.

Dentist, tattoos and personal services

Another persistent myth is that people living with HIV must disclose their status before receiving dental or other personal services. People are often misled into disclosing their status by questions on new-patient forms or liability waivers that expressly ask whether they have any health conditions. In reality, this is rarely the case.

You are generally not required to disclose your HIV status before:

- Visiting a dentist
- Seeing a physiotherapist
- Having a massage or acupuncture
- Getting a tattoo
- Having a body piercing
- Receiving cosmetic treatments



Even when blood may be present, such as during tattooing, piercing, dental treatment or some invasive cosmetic procedures, your HIV status should not change how safely a professional performs their work.

Healthcare workers, tattoo artists, body piercers and other practitioners are required to use universal precautions whenever there is a possibility of contact with blood or bodily fluids. These infection-prevention measures assume that anyone's blood or bodily fluids could carry an infection, regardless of whether a blood-borne virus has been disclosed.

These precautions protect everyone—clients, patients and practitioners alike.

A professional should never rely on a person's disclosure to determine how safely they work. They should already be applying the same high standard of infection control to every client, every time.

This approach recognises an important reality: many people with blood-borne viruses may not know they have one, while others have every right to keep their health information private. Standard infection-control practices protect everyone equally.

Although disclosure is not legally required before receiving medical or dental treatment, it may sometimes be helpful for your care. For example, a healthcare provider may need to consider interactions between HIV medication and other treatments. You can discuss with your HIV specialist when sharing this information may be clinically relevant.

At work: Do you have to tell your employer?

For almost all jobs, the answer is no.

People are generally not required to tell a current or prospective employer that they are living with HIV. Likewise, employers usually cannot require an HIV test or ask about HIV status unless a specific occupational exception applies.

The law also protects people living with HIV from discrimination. An employer cannot lawfully refuse to employ someone simply because they have HIV. Limited exceptions may apply if the person cannot perform the inherent requirements of the role, even with reasonable adjustments, or if a specific occupational rule applies. These situations are uncommon given the effectiveness of modern HIV treatment.

Dating apps and online disclosure

Modern dating has introduced new questions about disclosure.

There is no legal obligation to state your HIV status on a dating profile. However, providing false information about being HIV-negative or taking PrEP may have legal implications if that information is considered to induce someone to participate in sexual activity.

Some people choose not to disclose their status on dating profiles, preferring to have the conversation privately once trust has developed. Others disclose early because it reflects their values, or helps filter out people with outdated attitudes about HIV.

There is no single right approach. Disclosure is personal.





A more empowering way to think about disclosure is as inviting people in

Inviting people in
The language we use around disclosure matters.

For many people living with HIV, the phrase 'coming out' can imply that they owe others an explanation or announcement about their health. It suggests an obligation to reveal something deeply personal simply because others expect to know.

A more empowering way to think about disclosure is as inviting people in.

Rather than feeling compelled to reveal their HIV status, people may choose to share that information only when trust has been established and a relationship has reached a point where mutual respect and care already exist. In this sense, disclosure is not about fulfilling someone else's expectations, it is about consciously choosing to invite another person into a more intimate understanding of your life.

This perspective also recognises an important truth: a person living with HIV is far more than their diagnosis. HIV is one aspect of their health, not the defining feature of who they are.

Choosing when, how and with whom to share that information is an expression of autonomy, not secrecy.

Some people disclose early because it feels authentic or because they value openness from the beginning of a relationship. Others wait until they feel emotionally safe. Both approaches are valid. Outside the limited situations in which the law imposes specific obligations, the decision belongs to the individual.

Reframing disclosure as 'inviting people in' shifts the conversation away from fear and towards trust. It reminds us that disclosure is not simply about providing information, it is about deciding who has earned access to a deeply personal part of your life.

Knowledge reduces fear
Whether visiting a dentist, getting a tattoo, applying for a job or beginning a new relationship, the question is rarely "Do I have to tell?" but rather "Do I want to?"

Understanding the law helps separate fact from fiction. Knowing your rights allows you to make informed decisions, protect your privacy and build relationships based on trust rather than obligation.

Ultimately, disclosure is not about meeting other people's expectations.

It is about deciding who you trust enough to let into your life. That choice belongs to you.

This article provides general information about the law in New South Wales and is not a substitute for individual legal advice.

For further information about disclosure visit: https://halc.org.au/wp-content/uploads/2023/09/FINAL-FINAL-FINAL-NSW-Disclosure-Guide.pdf

The Inviting In framework is adapted from Hammoud-Backett, Sekneh. 2007'Azima ila Hayati—Inviting In as an Alternative to Coming Out'. The International Journal of Narrative Therapy and Community Work No. 1 www.dulwichcentre.com.au

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- Peer Navigation + Support
- Counselling
- Ageing Support
- Social Support
- Employment + Vocational Support
- Advocacy + Policy
- Talkabout Magazine
- a[STARTx]
- Treatments Information + Support
- Aboriginal Health Program

Positive Life NSW works to promote a positive image of people living with and affected by HIV with the aim of eliminating prejudice, isolation, stigma and discrimination. We provide information, targeted referrals and advocate to change systems and practices that discriminate against all people living with HIV, our partners, friends, family and carers in NSW.

Phone 02 8357 8386 **Freecall** 1800 245 677

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