

HIV/AIDS intervention programmes are mostly conducted through outreach activities. WAKE is the only NGO providing support and services to marginalised communities, i.e. TG/TS, FSW, and their clients in the state of Selangor through outreach programmes. The Outreach staffs are members of the marginalised communities themselves who are trained in and sensitised to the issues affecting their respective community, thus facilitating establishment of good rapport and effective

communication with the targeted groups. Outreach workers also help these marginalised communitites secure legal documents (e.g. MyKad, Birth Certificates etc) and financial assistance from government agencies such as JPN, JKN and Baitulmal.

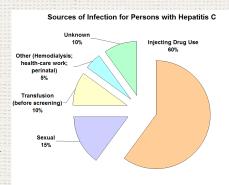
Info Sessions on HIV/AIDS and STI are conducted periodically to create greater awareness among the TS/TG/FSW/MSM communities. A Health Camp was organised with the collaboration of Jabatan Kesihatan Negeri Selangor and Malaysian AIDS Council (MAC) at the WAKE Outreach Centre in Klang, which drew an overwhelming response to the VCT promotion. WAKE is also the first NGO to set up shelter for PLHIV in the country. What started out as one shelter home for mothers and children has now grown to three. They are Rumah WAKE 1 (for children), Rumah WAKE 2 (for women) and Rumah WAKE 3 (for TS/TG).

The children of Rumah WAKE 1 do not miss out on school. As of the beginning of the school term in January 2010, 11 of the 13 children at Rumah WAKE 1 are attending school. During the academic term of 2009, one of the children was honoured with Anugerah Cemerlang (Award of Excellence) for outstanding academic achievement. She was also appointed Librarian of the school. In addition to formal education, the children are also provided with opportunities for social activities. Therapeutic programmes were also organised for the children. In 2009 the children's home received visitors from India, Korea, Vietnam, Iran and the United Kingdom. Other visitors to the home included local artistes, senior managers from corporate sectors such as Petronas, university students and individuals from other organisations. WAKE is also noted for its participation in programmes and events organised by JAWI, AADK, Sinar Salam and other NGOs. During the World AIDS Day event, local authorities such as the Police and officials from JKN were invited. This provided the venue for interaction and dialogue on the problems encountered by the Outreach workers during their outreach activities.

HIV & HCV

by Tim Patterson, School of Public Health and Tropical Medicine Tulane University

By now, there is widespread recognition that the HIV virus is associated with significant immune system degeneration, making the body vulnerable to other opportunistic infections and disease. These HIV coinfections, or simultaneous contaminations of the body by two or more disease, are especially dangerous and can directly contribute to advanced morbidity and morality of an infected individual. Because of certain striking risk factors and overlapping routes of transmission, the prevalence of HIV and hepatitis C coinfection is a major public health concern. The hepatitus C virus (HCV), first identified in 1988, is a bloodborne virus transmitted through direct contact with the blood of an infected person, including both sexual contact and sharing infected needles. HCV is one of the most noteworthy causes of chronic liver disease, including advanced scarring (called cirrhosis) and other serious complications such as liver cancer. For HIV/HCV-coinfected



individuals with end-stage liver disease, the only effective treatment option is liver transplantation. The compounded attack of both these infections paints a demoralizing picture. Clinically, hepatitis C disease often shows no symptoms and usually develops very slowly, meaning people may live with HCV for 10 to 30 years before they start to feel sick. In contrast, people coninfected with HIV and HCV disease may develop much quicker. For example, patients coinfected with both viruses are likely to progress to end-stage liver disease and death as rapidly as within seven years.



The prevalence of coinfection in any population varies markedly depending on geographical area, risk factors for HIV acquisition, and whether the prevalence quoted considers that of HIV in HCV-positive persons or HCV in HIV-positive persons. Globally, injecting drug users (IDU) remains one of two principal risk factors for HCV infection (the other being unsafe injections in health care settings), and a major risk factor for HIV infection. Sharing infected needles can transmit the HCV exactly the same way HIV can be passed on. Thus, this high risk behaviour can spread both viruses and account for such a high frequency of coinfection, particularly in areas of the developing world. In Manipur, India, for example, 92 percent of IDUs with HIV infection are coinfected with HCV. In addition, HCV is more efficiently transmitted via IDU than

HIV. Many public health guidelines recommend that all HIV-infected persons be screened for HIV. Harm reduction strategies such as needle and syringe exchange programs (NSPs) have a relatively greater impact on HIV than HCV prevention. In other words, countries that introduced NSPs earlier than others have a low HIV prevalence in comparison to HCV. However, these programs still discourage the practice of sharing used needles and help bring down the prevalence of HCV and HIV all the same.

Although the direct impact of HCV on HIV disease progression remains inconclusive and complicated by demographic and behavioural characteristics, the fact stands that liver-related morbidity and mortality in HCV patients increase in association with HIV infection. Even though there is some evidence to suggest that the coinfection may impact CD4 count recovery, the exact medical interaction remains to be seen until further research is conducted.

CALENDAR

ADVOCACY MEETINGS

I "Charity Sales and Exhibition" at Resorts World, Genting

"HELP Inter-varsity Mid Autumn ■ Festival Exhibition", Bangsar

Exhibition at Universiti Petronas Tronoh, Perak.

"Majlis Berbuka Puasa Bersama JAWI" at Chow Kit

"Diskusi Mak Nyah, HIV dan Islam Bersama Pihak-pihak ■ Berkepentingan" in Kuala Lumpur

Meeting with SOCSO on "Skim Pencen Ilat"

Meeting with PDRM Cawangan Latihan, Bukit Aman on "Modul ■ Harm Reduction untuk PULAPOL"

Pembincangan awal dengan Jabatan Perikanan untuk pembentangan "Hasil Penyelidikan Projek WAVE" oleh CERiA

For more information contact Guna @ +603 40451033

MAF FUNDRAISING

Melinda Looi vibrant "Circle of Hope" design baby tee and double red ribbon pins for sale

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Baby Tee RM40.00



Double Red Ribbons Pins RM5.00

Malaysian AIDS Council and Malaysian AIDS Foundation can now be followed on

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