

Inside:

Terry's Fundraising Tour or Aotearoa	P1 – P2
Toes in the Water	P2
Being Covid Prepared	P3
MS Waikato Services	P3
MS Research	P4
HD Research	P5 – P6
Notice Board and Sponsors	P7
Calendar	P8

The MS Waikato Trust supports people affected with Multiple Sclerosis and allied neurological conditions; the MS Waikato Trust is affiliated with the MS Society of New Zealand. If you would like further information on our services, please contact us:

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Terry's Fundraising Tour of Aotearoa



Hi, my name is Terry Slattery. I'm privileged to share with you an adventure I'm about to begin. It began with a wild idea to ride the length of New Zealand. I asked my wife Grace if she would like to do it too, her reply was brief, 'like hell' she said! My friends didn't want to join me either, most of my them thought I was crazy, so from then on I was on my own! Well they may be right, we will know by the end of March!

So, I registered to do the Tour of Aotearoa Brevet, which is a group of about 350 riders that ride on a route from Cape Reinga to Bluff, self-supported. The group will be staggered over 5 days; I will start on the 28th February with about 80 riders. I have been a professional biker from the age of 10 when I was a paper boy for the Auckland Star in Matamata earning \$1.50 a week.

So with all that experience I should be able to ride the length of New Zealand with ease!

To do this bike ride you have to do a lot of training. While spending lonely hours on my bike, I decided I should raise money for a charity that was close to my heart. My mum Justine Slattery battled with MS for 20 years before she passed away in October 2009. I will be turning 60 just before I start the ride. My mum was first diagnosed with MS at 52 and by 60 was wheelchair-bound. I feel so privileged to be healthy and able to ride this adventure when at the same time in Mum's life, she had a challenge much greater than most people can imagine. Mum had courage and inspired people around her by the way she dealt with this bad hand. I hope money raised will make life better for people with MS.

Continued on page 2

Terry's Fundraising Tour of Aotearoa Continued from page 1

There are some simple rules for this adventure. You must ride the 3000kms in 30 days self-supported and you must take photos at 30 photo points along the way to prove you've been there. We have to arrange our own accommodation in motels or bring your own tent. My tent will be my credit card as the card is light to carry and I will need a decent sleep. Planning where to stay will be a challenge, as I don't know how fast or slow I will be travelling depending on weather and conditions. The route we take is 50% gravel and 50% country roads apart from the first day we

ride on ninety-mile beach. My bike is a hard tail mountain bike which is packed up for a long ride. My bike weighs 22kg when it's loaded up with all my gear, I will also carry about 4 litres of water and any food.

So that's it, I hope to be able to talk to you all once I have completed the tour to give you an insight of the adventure. To follow my journey, go to <http://www.touraotearoa.nz/> then click on <https://touraotearoa2022.mapprogress.com/> and type in my name. You can also find me on Facebook. You'll be able to see where I am at in my journey.

If you would like to make a donation to the cause, it would be much appreciated, visit <https://givealittle.co.nz/fundraiser/bike-length-of-nz-in-30-days3000km>.

Terry Slattery

All funds raised by Terry in completing this ride will be donated to MS Waikato to assist with the provision of support services for you our clients and your families/whanau.

If you would like to make a donation please follow the link above, you will also find this link on the MS Waikato Facebook page and website.

Toes in the Water

My most memorable experience of life growing up was my time spent on the beach and in the water. This was a big part of my family's life. Three generations on both sides of the family coming together every holiday to enjoy what the beach life had to offer.

Our days were spent Tuatua gathering, body surfing, racing my uncle's land yacht along the beach, pulling in the fishing nets and evening walks to the point and back every night with the family pets.

24 years ago, I married and made the beach life my permanent home, excited to share with my children what I had growing up. Unfortunately, being diagnosed with MS changed that a bit. In the earlier days I could take the children to the beach to play and swim in the shallows. However, before long I was watching someone else take them down to the sand and water as I could not access the beach due to my disability.

When my eldest son was 23 he took me down to show me the new platforms that had been built



Beach Wheelchair. Photo credit – NZ Herald

for people to get close to the sand and view the beach. I remember feeling so overwhelmed as all my



childhood memories flooded back. It was such a pleasure to be that close to the water.

If there had been equipment to get me down to the water, I would have been able to share my children's happy times on the beach, however I am very excited about the prospect of equipment being available for others do so and for me to share these times with my grandchildren one day.

Karyn Jones

Karyn has been involved with Toes in the water, a local charity in Whangamata. In recent months the group have been fundraising and thanks to the generous support of local businesses, have been able to purchase two new beach wheelchairs and two walkers. Over the summer, both local people and those on holiday have used the chairs, enabling them to make the most of their time on the beach. The wheelchairs can be booked by anyone with disabilities who would otherwise be unable to access the beach. To book phone 021 0885 8939 or go to www.toesinthewater.co.nz.

Being Covid prepared

As Covid continues to spread throughout the country it is likely to impact on many of us, if you become unwell or are required to self isolate you won't be able to go out anywhere.

Here are a few things to have on hand at home to help be prepared:

- Keep handy the Healthline number to call if you have any cold, flu or COVID-19 symptoms and are concerned. Call free on 0800 358 5453. If your symptoms worsen make sure to check in about whether you should take any additional measures.
- Keep your GP & chemists phone numbers handy.
- Let Liz or Karen know if you are awaiting a test result, test positive or have been to an exposure site. They may be able to check in with you.
- Panadol or Paracetamol and Ibuprofen – for headaches and fever. Always check the recommended dosing and do not exceed.
- Throat lozenges.
- Your normal medications – if you do become ill you will still need to take these. Check with your doctor if you are unsure.
- Toiletries – soap/shampoo, tissues and toilet paper.
- Some extra groceries and easy to make meals like a can of soup, packet meals or frozen meals. Non-perishables last a long time and you will want something that isn't going to take lots of time or energy to make.
- Whatever your essential foods/drinks are. Particularly if you are going away make sure you have access to lots of fresh water.
- A couple of bottles of sports drinks – these are great for replacing electrolytes if you have been unwell.
- Hand sanitizer/soap – keep up with healthy hygiene recommendations.
- Have a list of the people you contact by phone – with their numbers written down. In particular, note the phone numbers of important people that you would want contacted if you end up in hospital.
- If you haven't done so already – put yourself on the high need list for grocery delivery (if this happens in your area!). Can you shop online or can a friend or family member do the shopping for you and leave it on your doorstep for contactless pick up?
- If you don't have the resources and need help accessing food grants during this time let Liz or Karen know so they can send information on agencies providing support.
- Can you safely isolate yourself at home? Think through some options to also protect the safety of other family members, particularly vulnerable persons. Can they go to other family members / friends, or do they need to stay in your bubble?
- Pets – stock up if you can on pet food in case you can't get out. If you do become unwell, how will your animals cope without walks? If you have cats no problems but for dogs this might be an issue! If you need to go into hospital, do you have someone who can look after your pets?
- If you have carer's coming into your home – what will happen if you or they become unwell? Think of a plan before you need it!
- Boredom busters – if you are self-isolating do you have things to pass the time, perhaps books to read, jigsaws or arts and crafts.

Source – MSNZ and MS Otago Field Officer Valerie Wilson

MS Waikato Services

You can be assured that MS Waikato are committed to maintaining the highest level of safety during this pandemic to protect you, our members, your families, our staff and volunteers.

We will continue to provide support services for all clients; however, we are currently limiting face-to-face interactions to essential visits only.

Staff can only meet face to face with those who are fully vaccinated and who have a Covid passport. You do not have to share your vaccination status with us, but if you choose not to, we have to treat you as being unvaccinated.

Prior to any visit, we will carry out a risk assessment, staff will wear a mask and we ask that you please wear one too and have your Covid passport available for staff to sight.

Multiple Sclerosis is likely caused by a virus, finds study of 10 million military personnel.

A study from researchers at Harvard T.H. Chan School of Public Health provides more evidence to suggest Epstein-Barr virus (EBV) infection plays a role in the development of MS.

At the moment, we don't know for sure why people develop MS. It's likely to be due to a mix of genes, something in your environment, and some lifestyle factors.

Previous research found a link between EBV infection and MS. EBV is a virus which infects about 95% of people and remains as a lifelong infection. Most people don't know they've been infected but for some people, EBV causes glandular fever.

Some studies suggest EBV infection may actually play a role in causing someone to develop MS. But proving a causal relationship is very difficult. For example, it could be that MS actually makes you more likely to become infected with EBV rather than the other way round.

A new study by Professor Alberto Ascherio and colleagues has added some new evidence to support the idea that EBV could be a cause of MS.

What was the study?

The researchers followed more than 10 million young adults from the US military. Over 20 years, they tracked the relationship between new EBV infections and the onset of MS.

Such a large, long-term study is very valuable. Because EBV is so common, we need to look at a huge number of people to find

those who haven't been infected by EBV yet.

Tracking EBV infections and MS development over a long period of time means we can see if there's evidence the EBV infection comes first. That's really important for proving causality.

At the start of the study, the team took blood samples to see if people were infected with EBV. They then took samples every two years so they could see who became infected with EBV and when. They also analysed the blood samples for a marker of nerve damage that could be an early sign of MS seen in the years before diagnosis.

What did they find?

Out of 801 people who developed MS, only one person never tested positive for EBV during the study. But most people had already been infected with EBV before the beginning of the study.

So the researchers looked at the 142 people not yet infected with EBV (35 who developed MS and 107 who didn't). 97% of the people who developed MS became EBV positive. In comparison, only 57% of people who didn't develop MS became EBV positive.

The risk of developing MS increased 32-fold after EBV infection. But other infections, like a virus called cytomegalovirus, didn't show the same increased risk for developing MS.

A key new finding is the increase in the marker of nerve damage seen in people who developed

MS. Crucially, this was only seen after they became EBV positive.

According to the researchers, their findings can't be explained by any other known risk factor for developing MS.

What do these findings mean for people with MS?

These results provide good evidence that the EBV infection does happen before MS starts to develop – even the very early stages of MS before a diagnosis.

But most people who are infected with EBV don't go on to develop MS. So even if EBV is usually required to trigger MS, it can't be enough to cause it by itself. We need to deepen our understanding of how EBV interacts with other risk factors like vitamin D and genes.

Importantly, to be sure EBV is definitely causing MS, we need to see what impact preventing EBV infection has on MS rates. And for that, we first need an effective vaccine to prevent EBV.

Research into EBV vaccines is underway, but it's still at a very early stage. Last week, the first person joined a phase 1 clinical trial of a potential EBV vaccine. This is using the same mRNA technology as some COVID-19 vaccines.

So we're making progress. But it will be many years before we can find out whether preventing EBV infection could stop people developing MS.

<https://www.mssociety.org.uk/research/latest-research/latest-research-news-and-blogs/more-evidence-about-role-ebv-infection-development-ms>

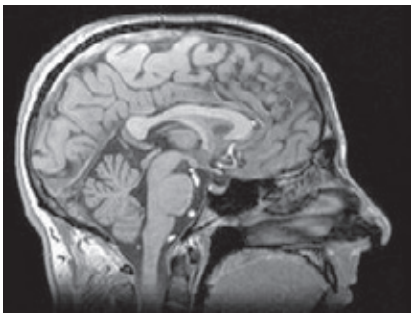
‘Seeing’ the toxic huntingtin protein in people with HD

New tools let us “see” clumps of toxic huntingtin protein which build up in the brains of people with Huntington’s disease over time. Tracking these clumps might help us to better understand how HD progresses or how treatments might slow or halt HD.

Scientists have developed a tool which allows us to “see” the toxic clumps of the huntingtin protein using special scanners. People with Huntington’s disease (HD) make a toxic form of the huntingtin protein which forms clumps in cells of their bodies, which accumulate during HD progression. Tracking how these clumps form over time in people with HD, or how they change when people with HD take different treatments, could help us better understand the progression of HD and which medicines help patients most.

What are these protein clumps?

We all have 2 copies of the huntingtin gene but for people who have Huntington’s disease (HD), one of their copies has a type of mutation called a repeat expansion. This mutation occurs in a repetitive bit of the huntingtin gene DNA code which has the letters “C”, “A” and “G” repeating over and over. If you don’t have HD, you will have less than ~35 CAG repeats in your huntingtin gene but for people with HD, the mutation means they will have more than 35 CAG repeats in one of their huntingtin genes.



Huntingtin protein molecules with too many glutamines can’t assemble properly so can form toxic clumps which have been shown to build up in patient’s brains over time. However

these clumps are not visible in most types of brain scans like MRIs.

The huntingtin gene is the recipe our cells use to make the huntingtin protein so if the DNA code of this recipe is changed, the protein which our bodies make will also be changed. Proteins are made from long strings of chemicals called amino acids, following the instructions laid down in our DNA. The DNA letters “CAG” are the recipe notes for the amino acid glutamine. This means that if the CAG repeat number gets bigger, the huntingtin protein will have many more repeating glutamines. Huntingtin protein molecules with too many glutamines can’t assemble

properly so can form toxic clumps.

We have known about these clumps for a long time now and they can be seen in the brains of people with HD when we look under a microscope. However, tracking these clumps in living patients has been challenging and most of our knowledge of them comes from looking at them in post-mortem brain samples from animal models of HD or patients who have graciously donated their brains to research.

Why do we want to look at these pesky clumps?

Scientists from many labs across the UK, Germany, Italy, Sweden, and the US have developed molecular tools which now allow us to “see” these clumps in living animals, and hopefully soon, HD patients. These tools bind to the huntingtin protein clumps and have chemical decorations, called radiolabels, which mean that they light up when looked at by PET (positron emission tomography) scan.

This type of molecular tools are known as PET tracers and are used in lots of different medical and diagnostic settings to allow doctors and researchers to image specific parts of your body. Different types of tracers can be swallowed, injected, or inhaled depending on what part of your body is being looked at. Once the patient has the PET tracer in their body, they will be scanned, and the part of the body being looked at will light up if the target of the PET tracer is there because the tracer is slightly radioactive. Similar tools have been developed for studying other diseases such as Pittsburgh compound B which is used to look at similar clumps in people with Alzheimer’s.

Making PET tracers which allow researchers to see the toxic clumps of huntingtin protein is an attractive idea for several reasons. Firstly, a PET scan can be performed on patients at multiple time points throughout their life so we can track how the clumps accumulate over time throughout the progression of HD. Many of our current methods for looking at huntingtin clumps in patient’s brain can only currently be done at the very end of the disease on post-mortem tissue.

Secondly, PET scans are non-invasive procedures and allow us to look right in the brain whereas more intrusive procedures like measuring huntingtin protein in spinal fluid provide only a proxy for what we think is happening in the brain.

Continued on page 6

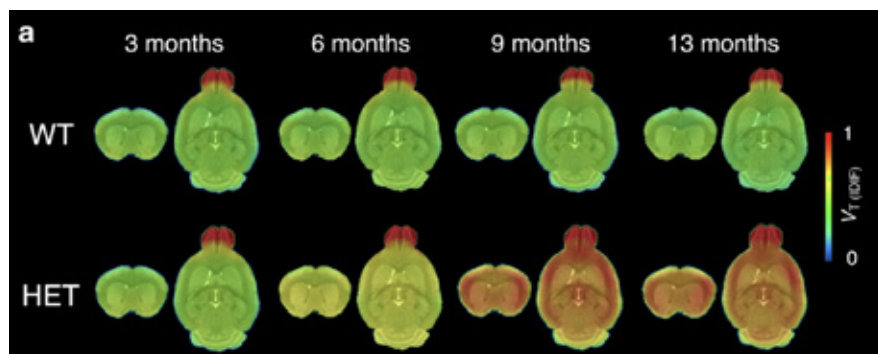
'Seeing' the toxic huntingtin protein in people with HD Continued from page 5

Thirdly, the clumps are formed from the toxic form of the huntingtin protein so PET scans will allow researchers to specifically measure changes to this specific form of mutant huntingtin. This differs from most of ways we measure and analyse huntingtin in spinal fluid or blood which measure all the different forms of huntingtin, including the healthy huntingtin protein.

Development of the first huntingtin PET ligand

Last August, an early version of these tools was published called CHDI-180R – the first time a PET tracer has been made for the huntingtin protein! A team led by Celia Dominguez at CHDI Foundation showed that the tool molecule CHDI-180R was able to bind very tightly to the toxic huntingtin protein clumps in a test tube. They also used CHDI-180R to show where the clumps of toxic huntingtin were in brain samples from HD mouse models.

In the brains of mice with the HD mutation, clumps of the toxic huntingtin protein could be seen in many different brain regions which are known to be affected by HD, whereas in mice without the HD mutation, these clumps could not be seen, even though they had also been injected with the tool molecule CHDI-180R. Finally, the scientists showed that CHDI-180R spread well through the brain and was also safe with no side effects in both monkeys and rats.



For mice without HD, no brain regions light up, even as they get older, whereas for HD mice, the scientists were able to track the build-up of clumps in the HD mouse brains as they aged using this tool as more and more of the brain lights up over time. Image credit: Bertoglio et al (2021) *Eur J Nucl Med Mol Imaging*

Fine-tuning the tools

PET tracer development often takes multiple attempts before an optimal tool is found so the same international group of scientists is also developing other versions of this tracer to have lots of back up options. These (hopefully) new and improved versions of the molecular tool are being tested to

work out how they spread in the brains of animals tested.

Other diseases like Alzheimer's also have protein clumps which build up in nerve cells, but these are made up of other potentially toxic proteins, like amyloid beta. The scientists are also checking how specific these tools are for the huntingtin protein clumps which accumulate over time in HD patients compared to other disease protein clumps, like those from Alzheimer's patients. So far, the results have been very encouraging, so the scientists are now keen to start testing the tracers in people.

So, what's next?

A clinical trial is being conducted called iMagemHTT study, which will investigate the huntingtin tracer in people. The trial will use PET/MRI imaging to understand how the PET ligand tracks huntingtin in the brain. We previously reported on some encouraging preliminary data from the Phase I study of this tracer at the CHDI virtual meeting earlier this year. So far, the findings are encouraging, so they are continuing to add participants to the study.

The amount of huntingtin clumps in the brains of people with HD is a good biomarker of disease progression. Biomarkers are objective measurements scientists and clinicians can take to track HD's progression which can be important for working out the best treatment options, as well as if treatments are working properly. It is possible that HD patients in the future might be monitored by PET scan using these type of tools.

If the PET ligands work as scientists hope, it could also be used to track huntingtin-lowering in the brain in future trials. Despite some setbacks, huntingtin lowering is still a promising strategy for treating HD which is being pursued by Novartis, PTC Therapeutics, Wave and Uniqure, all of whom have clinical trials underway. Regardless of what happens with Huntingtin lowering, these exciting new tools are giving scientists the ability – for the first time ever – to track mutant Huntingtin protein across the entire brain of living HD patients, which is a huge advance.

We look forward to updating you more on this topic soon!

By Dr Rachel Harding, December 08, 2021. Edited by Dr Jeff Carroll. Originally published on December 07, 2021
<https://en.hdbuzz.net/314>

NOTICE BOARD

Covid-19

Please be aware that all events, support groups etc are subject to appropriate Covid alert levels at the time.

Subscriptions

Please note 2022 subscriptions are now due. The cost for subscriptions is \$40 or \$20 if you hold a Community Services Card. A subscription form is enclosed if subscriptions have not been received. Thank you for your support.

Scooter Batteries

If you need to replace the batteries in your scooter we may be able to assist, please contact Liz on 07 834 4741 or email liz@mswaikato.org.nz

TravelScoot

We have a TravelScoot available for short term loan for a donation. For more information contact Liz or Karen.

AGM

The AGM will be taking place on Thursday 17th March, 5.15pm via Zoom.

Financial members will be entitled to vote. To receive the zoom link please email janet@mswaikato.org.nz by Tuesday 15th March.

Payments

If you wish to make any payments directly to MS Waikato please pay into account number 02 0316 0488196 000. Please remember to include your name and what the payment is for eg Subs.

Cooling Vests

If you are struggling with the summer heat, Liz has had a chat with our friends at Hydro cool and they have again offered a 15% discount on all vests and a complimentary towel with all orders.

If you enter the link below it will take you to their website, you need to enter MSWAIKATO into the Promo/Discount area to be able to receive the discount. Feedback from previous years is that it is a really good product.

<https://www.hydrocool.nz/discount/MSWAIKATO?redirect=%2Fproducts%2Fhydro-cool-sport-vest>

If you would like us to email the above link to you please let us know.

The Michael Ford Golf Tournament

Do you enjoy a game of golf or have family/friends who may? Do you know of any organisations who may be interested in sponsoring the tournament?

Michael Ford, a client affected by MS, originally established our tournament over 20 years ago.

The tournament is taking place again at Ngahinepouri Golf course on Friday 25th March and we are seeking both sponsors and players.

We offer a wide range of sponsorship to suit different organisations or individuals.

It will be a stableford tournament, entry is \$40 pp for registrations received in full by the 17th March, (\$50 for late entry after this date). This includes morning tea (from 10am) and a sausage sizzle, with a shotgun start at 11.00am.

For more information on sponsoring or participating in the event please contact Janet on 07 834 4740 or email janet@mswaikato.org.nz

All funds raised are used to directly assist with the provision of support services for you, our clients.

Entertainment Book

MS Waikato are selling the Entertainment books again this year. The books are now digital and contain thousands of dollars worth of vouchers. The books can be purchased as a single city, multi city or multi year. MS Waikato will receive 20% from each book sold. For more information visit <https://nz.entdigital.net/orderbooks/1b54128> or contact janet@mswaikato.org.nz to receive this link.

Thanks to our Sponsors and Supporters



WDFW Karamu Trust • Waipa District Council • COGS- Hamilton City, South Waikato & Waikato West Rehabilitation Welfare Trust • Anytime Fitness - Hamilton Central • Gallagher Charitable Trust • Stockbridge Trust • Shining Peak Brewing • The Norah Howell Charitable Trust • Waipa District Council Glenice and John Gallagher Foundation

MSWT EVENTS CALENDAR

March 2022

SUN	MON	TUE	WED	THU	FRI	SAT
		1 MS Support Group Te Awamutu 10.30am Churchill Cafe, Te Awamutu	2 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	3 MS Support Group Hamilton Venue to be advised 10.30am	4 MS Camp Totara Springs	5 MS Walking Group 9am, The Veranda Cafe MS Camp - Totara Springs
6 MS Camp Totara Springs	7 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	8	9 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	10	11	12 MS Walking Group 9am The Veranda Cafe Hamilton Lake
13	14 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	15	16 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	17 AGM 5.15pm via Zoom	18	19 MS Walking Group 9am The Veranda Cafe Hamilton Lake
20	21 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	22	23 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	24 MS Support Group Mometewa Matamata 10.30am	25 The Michael Ford Golf Tournament Ngahinepouri Golf Course 11.00am	26 MS Walking Group 9am The Veranda Cafe Hamilton Lake
27	28 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	29	30 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	31		

April 2022

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2 MS Walking Group 9am The Veranda Cafe Hamilton Lake
3	4 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	5	6 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	7 MS Support Group Hamilton Venue to be advised 10.30am	8	9 MS Walking Group 9am The Veranda Cafe Hamilton Lake
10	11 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	12	13 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	14	15 Good Friday	16 MS Walking Group 9am The Veranda Cafe Hamilton Lake
17	18 Easter Monday	19	20 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	21	22	23 MS Walking Group 9am The Veranda Cafe Hamilton Lake
24	25 ANZAC Day	26	27 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	28 MS Support Group Mometewa Te Aroha 10.30am	29	30 MS Walking Group 9am The Veranda Cafe Hamilton Lake

May 2022

SUN	MON	TUE	WED	THU	FRI	SAT
1	2 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	3 MS Support Group Te Awamutu 10.30am Churchill Cafe, Te Awamutu	4 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	5 MS Support Group Hamilton Venue to be advised 10.30am	6	7 MS Walking Group 9am The Veranda Cafe Hamilton Lake
8	9 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	10	11 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	12	13	14 MS Walking Group 9am The Veranda Cafe Hamilton Lake
15	16 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	17	18 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	19	20	21 MS Walking Group 9am The Veranda Cafe Hamilton Lake
22	23 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	24	25 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	26 MS Support Group Mometewa Morinsville 10.30am	27	28 MS Walking Group 9am The Veranda Cafe Hamilton Lake
29	30 MS Exercise Class 10.30am – 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	31				

MS Waikato Trust, Life Unlimited Building, 20 Palmerston Street, PO Box 146, Hamilton 3240

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