



From the Editor

The 20th International AIDS Conference was recently held in July in Washington, DC, USA. South Africa, generally, and the Southern African HIV Clinicians Society, specifically, were well represented, with prominent presentations by senior academics and policy makers. Indeed, following the conference, I have heard several colleagues from around the country comment that 'South Africans were presenting everywhere' at the meeting. The conference theme, 'Turning the Tide Together', reflected a sense of renewed hope in the fight against the HIV epidemic. Research towards a cure for HIV disease received a great deal of attention, while discussions of antiretroviral-based prevention strategies shifted from trials for determining efficacy towards grappling with the practical issues of implementation. Although most of us could not attend the meeting, luckily much of the conference content is downloadable from the website: <http://www.aids2012.org>.

At the meeting, the International AIDS Society (IAS) inducted a new governing council, including Professor Linda-Gail Bekker from the University of Cape Town (a former Editor of the *Southern African Journal of HIV Medicine*). Congratulations to Linda-Gail on this significant achievement. We look forward to hearing from her on international developments at the IAS in future editions of the Journal.

Closer to home, the Society is preparing for its inaugural conference, to be held in Cape Town from 25 - 28 November 2012. The conference will cover the latest local research on key topics in HIV medicine and service delivery, and a panel of international speakers will present current 'state-of-the-art' in clinical practice. For the conference programme and information on how to register, see: <http://www.sahivsoc2012.co.za>. We hope to publish conference abstracts and related outputs in an edition of the Journal in early 2013, for those who cannot attend this exciting meeting.

This edition of the Journal features the latest guidelines from the Society on the use of antiretroviral therapy in adults (an update to previous guidelines from 2008). As with many of the Society's recommendations, these guidelines seek to balance best clinical practice with what is realistic and feasible in the range of healthcare settings across the country. Following this, Evans and colleagues¹ present an analysis of the prescribing of abacavir in public facilities across Gauteng Province. Their results provide an interesting real-world counterpoint to the guidelines for ART use – a pause for reflection on how the best-intended guidelines may be translated into clinical practice. Also from Gauteng, a study by Page-Shipp² demonstrates the challenges of integrating TB-HIV services in primary care. This article also shows the

important insights that can be generated from routinely collected service delivery data. Hopefully, we will see more submissions of this kind of valuable operations research to the Journal. In addition, Moosa³ assesses the effect of treating depression on ART adherence, with results suggesting that effective therapy (whether pharmacological or psychotherapeutic) can help to improve HIV outcomes over time.

This edition also features two interesting case reports. This first, a report by Patel⁴ from Botswana, gives rise to discussion of long-term non-progressors in sub-Saharan Africa – a group of patients who may go undetected and sub-optimally managed in many settings. In the second report, Kibirige⁵ presents a case of likely HIV-associated Addison's disease from Uganda, highlighting the difficulty in arriving at a definitive diagnosis where resources for investigation are limited.

Finally, this issue of the Journal includes as a loose insert: a revised dosing chart for paediatric antiretrovirals from the Society. With an accompanying description by Nuttall and Schowalter,⁶ this chart is an invaluable resource for clinicians on the ground, and is sure to be a hot commodity. Additional copies are available on request from the Society.

Happy reading.

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2. Page-Shipp L, Voss De Lima Y, Clouse K, et al. TB/HIV integration at primary care level: A quantitative assessment at 3 clinics in Johannesburg, South Africa. *Southern African Journal of HIV Medicine* 2012;13(3):138-143. [<http://dx.doi.org/10.7196/SAJHIVMED.833>]
3. Moosa MYH, Jeenah FY. Treating depression in HIV-positive patients affects adherence. *Southern African Journal of HIV Medicine* 2012;13(3):144-149. [<http://dx.doi.org/10.7196/SAJHIVMED.782>]
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5. Kibirige D, Ssekitooleko R, Mutebi E. Persistent dizziness and recurrent syncope due to HIV-associated Addison's disease: Case report from a resource-limited setting. *Southern African Journal of HIV Medicine* 2012;13(3):150-151. [<http://dx.doi.org/10.7196/SAJHIVMED.847>]
6. Nuttall J, Schowalter L. Update: ARV dosing chart for children and adolescents, 2012. *Southern African Journal of HIV Medicine* 2012;13(3):110-112. [<http://dx.doi.org/10.7196/SAJHIVMED.857>]

Message from the Executive

I am not sure if I am the only one who feels this way, but sometimes I feel we are fighting a losing battle. It seems that the numbers and the challenges are overwhelming. But, something happened in the last few weeks that reminded me never to give up in fighting for the healthcare rights of all South Africans. Michelle Moorehouse, a member of our board, was

incensed by an advertisement for Pre-Sex gel. This clearly unregistered product was being manufactured and sold by a doctor in Port Elizabeth. Michelle did not want anyone to buy this gel and to think that they were protected from HIV. She drafted a passionate letter that was sent off to a number of key stakeholders, including the Registrar of Medicine. The

Medicines Control Council (MCC) visited the doctor's rooms, withdrew the product and stopped all sales. Who knows how many lives have been saved as a consequence? Well done to Michelle. We need to fight each battle that comes our way with the same dedication.

On the real prevention front, there has been some good news. The United States Food and Drug Administration (FDA) has registered Truvada for pre-exposure prophylaxis for men and women. Much media frenzy has surrounded this announcement, with the common question: 'Does this mean we can abandon condoms?' There is not going to be a one-size-fits-all for HIV prevention, but each new intervention will contribute in some way.

To all members, members' friends and potential members, please remember that the first Southern African HIV Clinicians Society Conference will be held in Cape Town at the end of this year. Please put the dates 25 - 28 November 2012 into your diaries, register for the conference, and make travel arrangements accordingly.

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