



## From the Editor

*SAJHIVMED* has undergone a bit of a facelift since the previous issue. For more than a decade, the layout and formatting had been essentially unchanged, and a revamp was in order to provide a more contemporary profile suitable to a research-driven publication. The new look was shaped by the talented team at the Health & Medical Publishing Group (who produce the *SAMJ* and several other prominent journals, as well as the *South African Medicines Formulary*), particularly Siobhan Tillemans and Melissa Raemaekers. Thanks to both, and the entire HMPG team, for their assistance!

Along with the new aesthetic, we are pleased to announce a new editorial board to support the Journal's work. The names on the masthead will be known to many readers, as they represent some of South Africa's leading researchers and clinicians working in HIV/AIDS. In addition, there are some exciting developments planned to increase the international visibility and accessibility of *SAJHIVMED*, and I will keep you posted on news as it emerges.

This edition of the journal contains several notable items, with a particular focus on laboratory assessments. There is ongoing interest in the new markers that may be used to monitor HIV disease progression and response to antiretroviral therapy; Bipath and colleagues suggest that neopterin levels may be more strongly correlated with standard HIV disease markers (e.g. viral load or CD4 cell count) than either C-reactive protein or procalcitonin. In another interesting piece, Gounden *et al.* investigate a case of how host genetics – here, allelic variation in the genes that promote tumour necrosis factor- $\alpha$  – may influence HIV disease progression. Both these studies present intriguing findings that point to the need for further research

with a particular view towards their clinical utility. A more practical laboratory assessment comes from Swaziland, where Mlawanda and colleagues examined the variability of CD4 enumeration both within and between labs – a real-world concern that is commonly raised by healthcare providers and patients alike. Although the sample sizes are small, the results are somewhat reassuring, with reasonable agreement in results between labs. Two case series explore common complications of advanced HIV disease, including CMV retinitis (Laher), suggesting reasonable outcomes despite the absence of systemic therapy, and *Pneumocystis pneumonia* (Shaddock), providing evidence for lung fibrosis in individuals with advanced disease requiring ventilation.

This edition also continues *SAJHIVMED*'s tradition of publishing important guidelines from the Southern African HIV Clinicians' Society that help to shape programmes and services across the region. Prevention strategies using antiretrovirals have demonstrated efficacy in reducing the sexual transmission of HIV, most notably in the realm of pre-exposure prophylaxis (PrEP). The evidence for PrEP's efficacy is strongest in research among men who have sex with men (MSM), yet there are currently no tools to guide service providers. Here, Bekker and colleagues present comprehensive guidelines on implementing PrEP among MSM, the first such document of its kind internationally.

**Landon Myer**

*School of Public Health & Family Medicine  
University of Cape Town  
Landon.Myer@uct.ac.za*

## Message from the Executive

In late March 2012, all the elected members of the Board of the Southern African HIV Clinicians Society met for the first time under my leadership to discuss the way forward. We decided that our objectives would now include partnering with governments to implement optimal HIV programmes and policies. For South Africa, this means doing all we can to assist the government to achieve the goals of National Strategic Plan 2012 - 2016.

In line with this objective, we faced the following challenge in the ensuing weeks: We received reports from a number of sites that there were some medication stock-outs, including Tenofovir. Concerned healthcare workers wanted to know how they could provide for their patients. Knowing that treatment interruptions have long-term consequences in terms of resistance as well as other complications, many healthcare workers were not sure how to handle drug shortages. Some patients can have treatment substitutions, so we convened a virtual ad hoc committee of the brains trust of the Society. Within a matter of days, we drafted a consensus statement that was

sent to the Director-General of Health (and is included in this issue). As we went through this process, I was struck by the depth of experience we have in the Society. Our brains trust must be unequalled anywhere in the world.

To now assist the Department of Health, we are implementing an SMS stock-out line for healthcare workers to report drug shortages. All reports will be submitted to the Department of Health every second week of each month. We will monitor shortage trends and the progress towards resolution. Enclosed is a stock-out report form that includes details of applicable drugs and information on how to report shortages.

Another area we have agreed to focus on is the improvement of TB diagnosis, care and prevention within the context of the HIV epidemic. We have made many remarkable achievements in the diagnosis, care and treatment of HIV infection, and we need to repeat this for TB. The overlap between the two epidemics is very substantial. For the first time in my career, there have been some new and exciting developments. The GeneXpert technology has been adopted in a bold move for

the diagnosis of TB. The Department of Health has announced that ART should be provided for all HIV-infected individuals who get TB, irrespective of their CD4.

It seems to me that we are now at a stage in the TB epidemic where we were about 10 years ago in the HIV epidemic. We are on the brink of new interventions and there is renewed drive within the Department to tackle the problems. But the task ahead is huge. About 1% of South Africans contract TB every year. Will we achieve the NSP goal of a reduction of this incidence rate by half within 5 years? To my mind, we can only do so if we apply the same determination that we did in the HIV arena. TB is our next battle, and looming behind that is the ever-increasing burden of drug-resistant TB.

Finally, please don't forget that we have a conference coming up at the end of the year in Cape Town from 25 - 28 November. Entitled 'Striving for Clinical Excellence', this is a conference that I think all southern African HIV clinicians should attend. There is no better way to spend the last week in November than in the Mother City – rubbing shoulders with the best extant HIV healthcare workers.

**Francesca Conradie**

*President*

*Southern African HIV Clinicians Society  
Johannesburg*

