



MESSAGE From the Editor

This June edition of *SAJHIVMED* is being released to coincide with the 6th South African AIDS Conference, held in Durban. The conference programme is filled with renowned speakers from a range of backgrounds, and the focus of the meeting – integration of policies and systems in response to HIV – is particularly critical at this stage of our response to the epidemic.

Paralleling the broad focus of this meeting, the diversity of articles in this issue of the Journal emphasises the range of clinical, psychosocial and health systems challenges raised by the HIV epidemic and our responses to it. On the topic of the prevention of mother-to-child transmission (PMTCT) of HIV, Mnyani and McIntyre^[1] document the challenges to providing high quality services in Soweto; while their research was conducted around previous PMTCT guidelines, the results showing the difficulties in delivering PMTCT interventions in primary care are especially noteworthy in light of recently revised national policies. In the area of mental health, Govender and Schlebusch^[2] present a potentially useful screening tool for identifying patients at risk of suicidality following HIV diagnosis – a critically important but widely neglected concern. Rebe and colleagues^[3] discuss the health service needs of men who have sex with men and suggest a range of approaches to the design and delivery of services. On the topic of the social impact of the epidemic, Jury and Natrass^[4] present unique insights into how the household circumstances of patients initiating ART may change over time, suggesting decreased reliance on family members for individuals stable on treatment. Meanwhile, there has been great interest in innovative strategies for managing large numbers of stable, relatively healthy ART patients in primary care. Wilkinson^[5] reports on the development of 'adherence clubs' in Cape Town, which have the potential to reduce the patient load within clinical services – an approach that certainly warrants greater consideration.

This issue also features a rich array of interesting clinical case reports. Haeri Mazanderani and Ebrahim^[6] discuss a case of HIV/HTLV-1 co-infection, and the seemingly paradoxical finding of progressive HIV disease with lymphocyte proliferation. There is widespread concern around the incidence of new HIV infections in pregnant women, and Kalk and colleagues^[7] present two cases of mother-to-child HIV transmission that show the risks associated with acute HIV infection in pregnant and breastfeeding women. Meanwhile, Barnardt^[8] presents an unusual case of Kaposi's sarcoma

in pregnancy, with complexities in managing concomitant infection, malignancy and pregnancy.

Complementing these traditional case reports, we present here a new feature of the Journal, a critical case review that incorporates perspectives from local and international clinicians. This first instalment from Venter and colleagues^[9] presents a common picture of acute liver failure with multiple potential causes; a special thanks to our discussants, Sarah Fidler and Sarah Stacey, for outlining their clinical thinking. Ideas for future cases to approach in this format will be most welcome – please send in your suggestions.

Happy reading.

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