



MESSAGE From the Editor

HIV medicine is a rapidly evolving field, perhaps more so than many other areas of clinical practice. The optimal choice of medicines changes regularly, but more profound changes in strategies to manage (and prevent) HIV infection also emerge at frequent intervals. To keep pace with these changes, guidelines to support different aspects of HIV medicine are updated regularly, and indeed we are in the midsts of another season of international guideline revisions; most notably, at the World Health Organization (WHO).

Given the heavy burden of HIV in South Africa, and the major international contributions of South African research to the global evidence base, it is unsurprising that this edition of the Journal contains a number of pieces of commentary on key issues facing the WHO guidelines group. One of the key issues in adult HIV medicine is the 'best' CD4 threshold for ART initiation – recognising that the 'best' can be defined in terms of individual patient management, cost-effectiveness for public health services, and even in terms of impact on HIV prevention efforts. In his commentary, Geffen^[1] touches on each of these concerns and arrives at a sensible position to maintain current CD4 starting points (i.e. with ART initiation below 350 cells/ μ l) until further evidence emerges. Meanwhile, the question of the most appropriate prevention of mother-to-child transmission (PMTCT) policy for South Africa was discussed in the previous issue^[2] – focusing on the question of 'Option B+'. An editorial written in response by Coutsooudis and colleagues^[3] is published here – and the question of whether South Africa should shift policy to universal initiation of lifelong ART for all HIV-infected women remains open. Finally, an issue that is not squarely in the sights of the WHO guidelines group – but perhaps should be – is the pervasive gender inequities in access to and outcomes of ART. As Cornell^[4] notes in her commentary, this inequality favours female patients, in contrast to many of the commonly held assumptions about gender and HIV, raising concerns about men's health that many health services and policies are ill-equipped to address.

There are a number of other exciting contributions in these pages. Katusiime and colleagues^[5] describe the evaluation of a novel Ugandan programme to transition HIV-infected adolescents to routine adult care services – one of the first of its kind in Africa. Given the growing number of adolescents in our care and treatment programmes, examples of South

African services that meet this need are urgently required. Meanwhile, Kenyon^[6] provides a creative analysis of HIV risk factors across language groups in South Africa, providing further indirect evidence for the role of sexual partner concurrency in the spread of the epidemic. Furthermore, Roussouw and colleagues^[7] provide a useful overview of HIV-associated lipodystrophy. Finally, this issue of the Journal is the first since the very successful SA HIV Clinicians Society Conference, held in November 2012 in Cape Town. We have published several of the best abstracts^[8] that were presented at the meeting, and look forward to seeing others published in *SAJHIVMED* soon.

Happy reading.

Landon Myer

Associate Professor, School of Public Health & Family Medicine
University of Cape Town
landon.myer@uct.ac.za

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Tel. (021) 681-7200 | Fax (021) 685-1395 | E-mail: publishing@hmpg.co.za

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Correspondence for SAJHIVMED should be addressed to the Editor: editor@sajhivmed.org.za