

HATiP

HIV & AIDS Treatment in Practice

Issue 12 | 28 August 2003



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A selection of news stories which have appeared since 7 August 2003.

SOUTH AFRICAN TREATMENT PROGRAMME

[South African HIV treatment costs, scope of plan, begin to emerge](#)

Following yesterday's announcement of a go-ahead of antiretroviral treatment in South Africa, the government has released preliminary information on the broad shape of antiretroviral treatment programme it wants the Department of Health to get to work on. Even in its most limited form, it would be the largest developing world treatment programme within three to four years, and in its most comprehensive form would treat over one million people by 2008.

[South African cabinet endorses ARV roll-out](#)

Statement on Special Cabinet Meeting: Enhanced Programme Against HIV

[Treatment Action Campaign welcomes South Africa ARV decision](#)

This statement was issued by the TAC executive this evening:

SOUTH AFRICAN CONFERENCE REPORTS

[Double trouble: South African study on dual HIV infections highlights superinfection risk](#)

Researchers from the University of Cape Town have found further evidence suggesting that patients who become infected by more than one strain of HIV prior to seroconversion (antibody formation) are more likely to progress rapidly to AIDS. Earlier this year, at the Tenth Conference on Retroviruses and Opportunistic Infections in Boston, researchers from the University of Washington reported similar findings in four individuals with dual HIV infection who had progressed to AIDS or death within two years of infection. One of those patients had been from South Africa.

[Nevirapine efficacy underestimated for protecting babies from HIV?](#)

Well thought out procedures to ensure adherence to nevirapine treatment around the time of birth may lead to substantial improvements in the protection that nevirapine can provide from mother to child HIV transmission, according to a US/South African team working at St Mary's Hospital, run by the Catholic Church in the heart of KwaZulu Natal. A presentation by Krista Dong at last week's South African AIDS Conference in Durban examined what factors had caused the clinic to record a transmission rate of around 3%, compared with the 10-15% transmission rate normally seen when nevirapine is used to prevent mother to child transmission.

[Durban pilots once-daily ARVs with DOTS treatment for TB](#)

A session on tuberculosis and HIV at the South African AIDS Conference in Durban last week, sponsored by CAPRISA - the Centre for the AIDS Programme of Research in South Africa - was largely given over to discussing a pilot project at the Prince Cyril Zulu Communicable Diseases Clinic (formerly, the Durban Chest Clinic), which could form the basis for a large scale programme to integrate ARV treatment with TB care.

[OI prophylaxis guidelines may need to vary from country to country](#)

Even though it has been used far too often as an justification to delay or deny treatment, the notion that there is something unique about the course of HIV disease and its opportunistic infections in Africa, and in South Africa in particular, is nothing to scoff at there is ample evidence that there are significant differences. For example,

factors such as the greater prevalence of TB have well-recognised effects on the HIV epidemic in Africa.

SOUTH AFRICAN DIAGNOSTICS RESEARCH

[CD4 testing in resource-limited settings: further advances point to falling cost](#)

Though the debate over treatment access at the First South African Conference on AIDS dominated the news headlines, the conference also yielded some important clinical information. Advances in diagnostics were presented during an oral session on Wednesday morning. There were two reports on new lab tests that may dramatically improve and speed the diagnosis and appropriate response to active TB (click here to read the article). Two other presentations were more concerned about cutting costs, one by offering a potential lower cost alternative to viral load testing (click here to read the article). The other report was on the PanLeucogating CD4 test, which has made CD4 cell testing much more widely available in South Africa because it is two-thirds less expensive than the standard CD4 test (which can cost anywhere from \$20-40).

[p24 test works for HIV+ newborns with subtype C virus, but not cost-effective?](#)

Researchers from South Africa's National Health Laboratory Service have found that modified p24 antigen tests, using heat treatment to separate the HIV viral protein from antibodies in a plasma sample, can be used to diagnose HIV in young babies with subtype C virus. In theory, this is a 'lower tech' alternative to using nucleic acid tests that probe for viral RNA or DNA. In practice, the most cost-effective strategy for diagnosing babies and for monitoring HIV viral load in adult treatment in southern Africa will probably be to use dried blood spots sent to a central lab.

[Two advances in TB diagnostics at South African HIV conference](#)

Diagnosing active TB in people with HIV can be a challenge, particularly in the developing world where resources, laboratory facilities and technical expertise are often limited. Most of TB's symptoms and X-ray findings are indistinguishable from those caused by other respiratory conditions.

SOUTH AFRICA: OTHER REPORTS

[Success and failure in HIV treatment: contrasting lessons from South Africa](#)

Contrasting stories about using antiretrovirals where resources are limited emerge from two letters in the latest issue of the journal AIDS. One tells of the progress made by Médecins Sans Frontières (MSF) in showing that HIV treatment can be delivered as effectively as in industrialised countries. It is complemented by other MSF reports published by the Global Health Council and the World Health Organization. Another describes a private clinic in KwaZulu Natal, South Africa, where financial and other constraints led to many patients receiving suboptimal treatment.

PUBLIC HEALTH

[Editorial attacks shift away from condoms in HIV prevention](#)

In a direct attack on the Bush administration's stance on HIV prevention, authors from a leading US sexual health and family planning organisation asserts that consistent use of condoms can reduce the risk of HIV transmission in discordant couples to "near zero" in an editorial in the August edition of the journal Sexually Transmitted Infections. The authors also note that although condoms are extremely cost effective, their importance to HIV prevention seems to have been forgotten in the push for global treatment access, and that other substantial obstacles still exist to effective condom distribution schemes.

[Computer model says vaccines and treatment both needed to turn tide of HIV](#)

A mathematical model of the HIV epidemic in the Rakai District of Uganda has been used to explore the likely impact of introducing antiretrovirals and/or a low-efficacy vaccine. A paper in the journal AIDS by Johns Hopkins University researcher Ronald Gray and the Rakai Project study team projects the course of HIV and AIDS over 20 years in a population where there is a well-studied, large-scale heterosexual epidemic. Using a range of assumptions about the uptake and efficacy of medical interventions, it tests the idea that either treatment or partially effective vaccines could turn the tide of HIV in the Rakai District.

DRUG TOXICITIES

[New US HIV Lipid Guidelines Favour Lifestyle Changes Over Drug Therapy](#)

A modified low-fat diet, aerobic and resistance exercise and stopping smoking should be the first-line option for treatment of high cholesterol and triglycerides, according to the HIV Medical Association and the Adult AIDS Clinical Trials Group who release their updated Guidelines for the Evaluation and Management of Dyslipidemia in HIV-Infected Adults on HAART in the September 1st issue of Clinical Infectious Diseases.

about HATiP

A regular electronic newsletter for health care workers and community-based organisations on HIV treatment in resource-limited settings.

The newsletter is edited by Theo Smart (Cape Town) and Keith Alcorn, NAM's Senior Editor (London).

For further information please visit the HATIP section of aidsmap.com