

# HATiP

HIV & AIDS Treatment in Practice

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## News headlines

### WHO issues guidelines on use of cotrimoxazole prophylaxis

Cotrimoxazole prophylaxis should be widely used by people with progressing HIV disease and by all HIV-infected or exposed infants (until it is clear that they are uninfected) according to guidelines issued this week by the World Health Organization (WHO).

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### WHO advises more complicated regimens and enhanced services to prevent mother-to-child transmission

"All pregnant women eligible for antiretroviral therapy (ART) must have access to it, and countries must adopt more efficacious antiretroviral (ARV) regimens for preventing mother-to-child transmission (PMTCT) among pregnant women who do not yet require ART" – rather than simply using single dose nevirapine (sd-NVP) during labour, according to new guidelines issued this week by the World Health Organisation.

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### WHO issues paediatric HIV treatment guidelines for low-income countries

Detailed guidelines for the treatment of infants and children in resource-limited settings have been issued this week by the World Health Organization ahead of the World AIDS Conference next week in Toronto.

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### Drop d4T from first-line therapy, WHO advises low-income countries – if you can afford to

Fixed dose combinations containing d4T should be phased out in favour of less toxic drugs in resource-limited settings, the World Health Organization said this week in new guidelines for adult antiretroviral treatment in resource-limited settings, now available on the WHO website.

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### Staccato study suggests that some CD4-guided treatment interruptions can be safe

The results of the Staccato study, published in the August 5th edition of The Lancet, have demonstrated that CD4-guided treatment interruptions may be safe under some circumstances. In contrast to the SMART study, which was stopped early at the beginning of the year due to safety concerns, Staccato found that interrupting treatment reduced the incidence of side-effects, as well as lowering drug costs without increasing the rates of resistance.

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### Lowered AZT dose for low weight patients 'effective and reduces toxicity'

Lowering zidovudine (AZT) dosing to 200mg twice daily could reduce toxicity and remain effective for HIV-positive individuals who weigh less than 60kg, according to the results of a small pharmacokinetic study from Thailand, published as a letter in the July issue of the

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NAM publishes a wide range of publications on treatment for HIV. For details contact:

NAM, 77a Tradescant Road, London, SW8 1XJ, UK

tel +44 20 3242 0820 fax +44 20 3242 0839 email [info@nam.org.uk](mailto:info@nam.org.uk) web [www.aidsmap.com](http://www.aidsmap.com)

Journal of AIDS. The study authors argue that fixed-dose combination tablets with reduced zidovudine dosages should be made available for resource-limited settings.

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### Adherence better in Africa than North America, meta-analysis shows

The belief that sub-Saharan Africans will not comply with retroviral treatment regimes is false and should not be a reason for delaying access to treatment according to a ground-breaking study published in the Journal of the American Medical Association (JAMA) this week.

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### Rapid scale-up of HIV prevention needed in Ukraine, says World Bank

If Ukraine's AIDS epidemic is not curtailed quickly, by 2014 the country's economic growth could decline by at least 6%, warns a new study, Socioeconomic impact of HIV/AIDS in Ukraine, from the World Bank and the International HIV/AIDS Alliance in Ukraine.

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### Deep vein thrombosis risk increases as HIV disease worsens

Abnormalities in the blood clotting process develop as HIV disease gets worse say US doctors, putting patients at increased risk of potentially fatal clots.

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### Universal ART could reduce HIV prevalence from 40 million to 1 million by 2050, Canadian researchers claim

Providing antiretroviral therapy to everyone in the world infected with HIV would stop the HIV epidemic in its tracks within 50 years at an average cost of \$7 billion a year, according to mathematical modelling carried out by the British Columbia Centre for Excellence in HIV/AIDS, published today in The Lancet.

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### AIDS, not overseas recruitment, stripping Zambian hospitals

AIDS is removing twice as many health professionals from the workforce from Zambia as overseas recruitment, according to a US-funded study published today in The Lancet, yet health care workers are not being prioritised for antiretroviral treatment. If the death rate of Zambian nurses could be cut by 60%, says the author, "Zambian health institutions would benefit more than they would from a total ban on recruitment to the UK."

## 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](http://aidsmap.com)