



HIV/AIDS AND TB NEWSLETTER

NEWSLETTER FROM THE NATIONAL HIV/AIDS AND TB PROGRAMME, PRETORIA

Number 22 24 May 2002

EDITOR'S NOTES AND STAFF NEWS

Happy birthday to the staff members of the HIV/AIDS and TB unit who celebrate their birthday in May:

- Evelyn Mhlope (6)
- Niko Knigge (7)
- Cynthia Nhlapo (11)
- Nono Simelela (18)
- Cornelius Lebeloe (19)
- Letsholo Mojanaga (26)

NEWS FROM "SECURE THE FUTURE" FOUNDATION

The Burden of Pneumonia Infections in HIV-exposed Children

Pneumonia is one of the main causes of death in HIV-infected children. While *Pneumocystis carinii* (*P. carinii*) pneumonia is recognized as the commonest opportunistic infection in HIV-1 infected children in developed countries, its importance among African HIV-1 infected children had not been investigated. "Until recently the cause of pneumonia in children in Africa was not known. As a result appropriate diagnosis and management of acute severe pneumonia in human immunodeficiency virus type-1 (HIV-1) infected children in Africa's endemic areas is a daily clinical dilemma," states Dr Shabir Madhi, Director of the Paediatric Infectious Diseases Research Unit at the University of the Witwatersrand.

Dr. Madhi and his team at the Chris Hani Baragwanath Hospital in Soweto set out to establish the main cause of pneumonia in HIV-infected children in Africa. The secondary aim was to determine the efficacy of drug regimes currently recommended for the treatment of pneumonia infections in children.

The participants in the study, fully funded by Bristol-Myers Squibb's Secure The Future programme, were children living in the greater Soweto area suspected of having been HIV-1 exposed and those hospitalised for severe pneumonia. The criteria used for suspecting possible HIV-1 exposure were:

- (a) Previous HIV-1 diagnosis;
- (b) The mother was known to be HIV-1 infected; or
- (c) The child had three or more features of an HIV-1 infection;

The youngest age eligible for participation was 6 weeks and the oldest three and a half years of age. According to the local standard of care, neither mothers nor their children routinely received anti-retroviral drugs for the treatment of HIV-1 infection.

Results demonstrated the presence of *Pneumocystis carinii* in forty-five percent (45%) of the pneumonia infections. Of these *P. carinii*-infected samples, forty percent (40%) were found to have concurrent respiratory virus infections and thirty-five (35%) percent had concurrent bacteraemia infections. Further more *P. carinii* was isolated from forty percent (40%) of the children who died from pneumonia indicating that it is one of the major causes of death in pneumonia infections. The concurrent presence of respiratory viruses' in particular respiratory syncytial virus (RSV) and influenza increased the morbidity rate two to three-fold.

The recommended prophylaxis for PCP in HIV-infected children is a course of trimethoprim-sulfamethoxazole (TMP-SMX) administered within six weeks of birth. The results of the study demonstrated that TMP-SMX is not effective (36%) in preventing pneumonia infections but is effective in preventing morbidity in pneumonia-infected HIV-positive children. Initial research indicates that this may be due to problems with compliance and dispensing of medicines within the first six-weeks of the child's life. An alternate protocol of administration of the drug is being investigated with the aim of improving the efficacy.

The possibility of resistant strains of *P. carinii* having emerged in the community is also been investigated.

Information on Bristol-Myers Squibb's Secure the Future programme can be accessed at www.securethefuture.com

NEWS FROM THE TB PROGRAMME



International Conference: 10-14 June 2002

The National TB Control Programme under the auspices of the Department of Health will be hosting the International Union Against Tuberculosis And Lung Disease (IUATLD) Conference as from the 10-14 June 2002 at the ICC in Durban.

The IUATLD is committed to Global TB control and has been providing technical advice to the NTCP. This conference is an opportunity to showcase the regional efforts to control TB and promote lung health, as partners are encouraged to engage in the events. This is also an opportunity to meet with other partners and exchange experiences in fighting TB, AIDS and other related public health problems and to improve lung health in Africa.

The Conference is to be attended by delegates from the Africa region and from the Secretariat. A number of delegates will present papers, posters and plenary sessions during the conference covering the following topics: TB, HIV/AIDS, Asthma, Lung cancer, Chronic Obstructive Pulmonary Disease (COPD), smoking and lung infections.

Report on World TB Day Activities

World TB Day is celebrated every year in March. This year the national event took place on 25 March 2002 at the Botshabelo stadium. This was organised in conjunction with the Free State Department of Health. The event was preceded by the National Health Minister and other dignitaries visiting a food gardening project run by the local clinic in Botshabelo. The clinic also happens to be recipient of the Philani Award bestowed by the Health Ministry in recognition of its commendable achievements in making Primary Health Care a living reality. The Botshabelo event also features a VCT site for utilisation by the public. The Minister later administered DOTS to patients.

Provinces also had provincial activities in the week leading up to 26 March.

USEFUL WEBSITES

www.health.gov.za

www.aidsdirectory.co.za

www.dpp.org.za

www.hst.org.za

www.childaidsservices.org

www.equinet africa.org

www.unaids.org

You are also encouraged to share information on other useful websites. Feedback on the Department of Health website would be especially valuable.



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Red Ribbon Resource Centre

For all requests of HIV/AIDS materials (posters etc.), please contact:

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