FROM THE EDITOR

No, I am not on sabbatical on a tropical island! However, it has been a great pleasure to have the *Journal* guest-edited again for the last edition of 2009 by a superb duo: Leon Levin and Mark Cotton.

Mark Cotton is a specialist in paediatric infectious diseases at Tygerberg Children's Hospital and head of its Paediatric Infectious Diseases Unit, affectionately known as Kidcru. His main focus is to extend and enhance care through research, with a special interest in children affected by HIV. Mark has been involved in some key studies that have shaped paediatric practices and guidelines in southern Africa. He also serves as advisor and investigator to a number of international institutions and networks.

Dr Leon J Levin graduated MB BCh at the University of the Witwatersrand in 1987. After training in paediatrics at the Wits group of hospitals in Johannesburg, he obtained his FCPaed (SA) in 1994. In February 1996 he founded the Paediatric HIV Clinic at Johannesburg Hospital, and more recently he has run the paediatric division of Right To Care. Leon has been Chairman of the Paediatric Subcommittee of the SA HIV Clinicians Society since 1999 and runs the Society's Paediatric Discussion Group, an Internet-based forum for paediatricians to discuss and learn about problems in children with HIV.

In this edition, besides a fabulous array of paediatric material, we publish the updated paediatric guidelines. With so much positive energy around better HIV support recently, from the highest level, we are confident that we can do better, especially in the important area of paediatric AIDS.

We will kick 2010 off with our usual diverse submitted copy, so please keep sending. Review processes will also be improved. We hope it will be a bumper year in many ways, with record numbers of people starting and staying on ART, a decreasing incidence of HIV, and millions of South Africans testing. We also hope to have four bumper editions of the Southern African Journal of HIV Medicine in 2010, which is set to be a memorable year for South Africa.

LINDA-GAIL BEKKER
Editor

EDITORIAL

TREATING HIV-INFECTED CHILDREN

This edition sees the publication of the fourth SA HIV Clinicians Society paediatric antiretroviral therapy (ART) guidelines. Previously it has not been possible to have one guideline for the whole country because of wide discordance between the government and private sectors. This year, for the first time, our guideline is applicable to both the private and public sectors. Inevitably some differences remain and are addressed in the document. They include choice of first-line regimen and genotyping recommendations. The national Department of Health (NDoH) is still updating its guidelines, hopefully for publication in early 2010. We hope you will find the Society's guidelines pragmatic and helpful. We have the potential to save and improve many young lives.

We thank all those involved in the writing of the guidelines, especially our fellow member of the writing committee, Dr Tammy Meyers, and our overseas reviewers.

As has been done previously when paediatric guidelines have appeared, the entire issue is devoted to paediatrics. We hope it will be useful as a ready reference on paediatric HIV management for all health care workers caring for children.

We begin with an opinion piece by Heather Jaspan, Rachel Li, Leigh Johnson and Linda-Gail Bekker on the urgent need to develop skills and infrastructure to meet the needs of HIV-infected adolescents, especially given our success in treating children with ART.

We then address prevention of vertical transmission of HIV, the key to the elimination of HIV infection in children. The paper by Laurie Schowalter, Ashraf Coovadia and Ameena Goga is a plea for action. It is followed by an analysis of vertical transmission data (Mark Cotton, Soyeon Kim, Helena Rabie, Joan Coetzee and Sharon Nachman, from the PACTG 1041 team), emphasising again the importance of a good antenatal antiretroviral component. Infant feeding is integral to child survival and development. There are risks and benefits for breast and replacement feeding. The paper by Ameena Goga is essential reading for anyone caring for infants and provides the key data to inform rational decision making.

The guideline document emphasises the importance of and pitfalls in maintaining adherence. A number of articles provide background information to help in understanding the rationale of recommendations in the guidelines. These include articles on when to start (Mark Cotton, Helena Rabie, Ute Feucht and Avy Violari), essential pharmacokinetic information (Helen McIlleron and Hermien Gous) and how the weight-based dosage recommendations were derived (James Nuttall).

What do you do when children starting ART deteriorate instead of improve? Helena Rabie, Tammy Meyers and Mark Cotton delve into the paradoxical world of immune reconstitution inflammatory syndrome (IRIS).

We then highlight two adverse events of ART, one common and the other rare.

The NDoH guidelines do not advocate using abacavir (ABC) in the first-line regimen in the absence of adverse effects from other drugs. They still recommend d4T, increasingly implicated in lipodystrophy. Lipodystrophy can be reversible if the offending agent (usually d4T) is replaced with ABC (or tenofovir in adults) in the early stages. Steve Innes, Leon Levin and Mark Cotton provide background information and useful diagnostic and management advice for lipodystrophy.

The SA Clinicians Society advocates 3TC and ABC as the NRTI backbone for the first-line regimen. There is much fear of the infamous ABC hypersensitivity reaction (HSR). To the best of our knowledge, no one has ever died from the reaction, but people have died from ABC rechallenge. Fortunately the HSR is rare in black Africans. Helena Rabie, Kristin Henning, Pierre Schoeman, Nico de Villiers, Gert H J (Oubaas) Pretorius and Mark Cotton provide guidelines for using ABC and recount their experience with suspected ABC HSR.

Treatment failure is becoming increasingly complex. Fortunately, there are quite a few new antiretrovirals registered overseas and about to be registered in South Africa. Leon Levin takes us through the minefield of paediatric salvage therapy.

Finally, Polly Clayden presents us with some cutting-edge reports from the recent International AIDS Society Conference in Cape Town, again informing readers of the type of research needed to continually improve our guidelines.

MARK COTTON
LEON LEVIN
Guest Editors

MESSAGE FROM THE EXECUTIVE

The global recession has thrown the problem of funding for AIDS programmes to the fore, with Botswana's president saying his country's programme is unsustainable, and donors sounding warnings that rationing may need to be implemented. This is very alarming – we have made big strides in terms of antiretroviral access in the last few years, and these are suddenly looking very fragile.

It is time to take stock of our programmes and make them as lean and mean as possible, ensuring maximum access to care while ensuring acceptable levels of quality. We need to look critically at the labs we ask for and the drugs we need, while keeping up pressure on the donor community to maintain support.

However, we should not let our governments off the hook. Health in southern Africa has been consistently underfunded as a function of the gross domestic product, in almost every one of our countries. Guns, presidential inaugurations and motorcades never seem to be a problem to fund, and we need to do a better job at

drawing attention to how health budgets are allocated. In South Africa it seems that Jacob Zuma's government has declared war on overall wasteful expenditure, and at the same time there has been increasing embarrassing public exposure of ministerial spending on large cars. A new and energetic health minister, Aaron Motsoaledi, seems intent on reversing the terrible sins of the past under Mbeki's regimen, and to be determined that health resources get used better.

Please let the Society know if you see any indication of rationing! We have active advocacy work, with good partners, and it is to be hoped that we can stop unnecessary restrictions on health care.

FRANCOIS VENTER
President

MESSAGE FROM THE PAEDIATRIC SUB-COMMITTEE

SOUTHERN AFRICAN HIV CLINICIANS SOCIETY PAEDIATRIC DISCUSSION GROUP (PDG)

The Southern African HIV Clinicians Society Paediatric Discussion Group (PDG) began in December 2001. The concept was born after Dr (now adjunct Professor) Ashraf Coovadia of the Rahima Moosa Mother and Child Hospital, Coronationville, Johannesburg, sent an e-mail to 5 or 6 local HIV 'experts' and Professor Mark Kline of the Baylor College of Medicine, Houston, Texas, seeking advice on how to manage a child with severe disfiguring parotomegaly but who had a normal CD4 count, so antiretroviral therapy (ART) was not indicated. The answer came back that there was no indication for ART for a purely cosmetic condition!

I found the concept fascinating and wondered if there was any value in using e-mails as a vehicle for educating health care providers about paediatric HIV. I contacted the South African HIV Clinicians Society, who were happy with the concept and provided me with a list of their members. The list in those days was very short (unlike today), and I tried to fathom out who was a paediatrician or treated paediatric cases and added them to the mailing list.

The first few cases hardly garnered a response. I suspect people were too shy to answer. After a few weeks I would send out an expert opinion. The cases were all real cases (mostly from my own practice), and all had excellent lessons to teach. Gradually, as knowledge and familiarity with PDG grew, so the number of responses increased. Currently it's not unusual to have over 100 responses to a case.

The cases have spanned the whole range of paediatric HIV issues including opportunistic infections, side-effects of ART and ethical issues. At the moment we are concluding PDG No. 51.

Some notable cases include:

- One of the earliest cases in South Africa of Cushing's syndrome caused by an interaction between ritonavir and inhaled fluticasone for asthma.
- A child from a neighbouring country who was diagnosed as HIV-positive on two different tests and turned out to be HIV negative.
- An HIV-positive child with marked failure to thrive and a normal CD4 count who turned out to have an oesophageal stricture and is now thriving after oesophageal dilatation.
- Cases of lymphoma and Kaposi's sarcoma.
- A case where a mother with end-stage HIV had a negative HIV ELISA test, having lost the ability to make antibodies due to her poor immunity.
- A case of a young infant treated with ART very early on who became HIV ELISA negative after losing her maternal antibodies. She did, however, remain PCR positive.
- Interestingly, PDG No. 47 in April 2008 again discussed a patient with disfiguring parotomegaly and a normal CD4 count. This time the opinion was overwhelmingly in favour of starting ART.

The response to the PDG has been phenomenal. The mailing list currently stands close to 1 500. Subscribers are predominantly from South Africa but also include Namibia, Zimbabwe, Botswana, Zambia, Angola, Malawi, Kenya, Rwanda and other countries. Subscribers are predominantly doctors but also include nurses, pharmacists, and counsellors.

There is no doubt that the PDG has succeeded because of the very active participation of our subscribers and our wonderful panel of local and overseas experts, all of whom deserve my heartfelt thanks. I have merely been the conduit between the two.

If you would like to subscribe to the PDG, please send an e-mail to leonlevin@54.co.za. I am also constantly on the lookout for new cases to discuss. They can be sent to the same e-mail address.

LEON LEVIN
Head, Paediatric programmes
Right to Care