

FROM THE EDITOR



The article by Professor Robin Wood in this issue highlights the dilemma surrounding antiretroviral first-line regimens. We do have an effective, cheap, first-line therapy: however it contains d4T, which has toxicities. These have been noted and vary in prevalence in South Africa. The efficacy and cost of the current first-line therapy has to be balanced against the

decreased toxicity and increased expense of a first-line therapy containing tenofovir (expected to be registered in South Africa in about 12 months). The increased costs of a tenofovir-containing regimen will include the higher cost of monitoring, this time for renal toxicities.

On the one hand the public health viewpoint would support increasing access to antiretroviral therapy, but increased numbers of treated people would mean having to deal with an increase in disabling side-effects, which include neuropathies, hepatotoxicities, lipoadenopathies, and sometimes serious and even fatal toxicities such as lactic acidosis. It will be interesting to see how the debate regarding proposed new first- and second-line regimens recommended by the World Health Organization unfolds.

It is indeed heartening to see increased access to antiretroviral therapy in a number of under-resourced rural communities as a result of the energy and dedication of informed HIV

clinicians. This issue of the journal highlights two examples, the KOSH Branch of the HIV Clinicians Society (Klerksdorp, Orkney, Stilfontein and Hartebeesfontein, also known as the Matlosana district of the southern region of North West Province (NWP)) and Madwaleni Hospital, which is over 100 km away from its referral centre, the Nelson Mandela Hospital Complex in Mthatha.

In the NWP the southern and Bojona regions have the highest HIV prevalence rates (31.1% and 30.4% respectively). The KOSH Branch was recently launched by a dedicated and energetic team led by Ms Tanya Nielson and Dr Bramie Variava. Three branch meetings have been held so far at which experts have given talks and difficult cases have been discussed. These CME meetings facilitate local networking and offer additional support to health care professionals involved in the rollout of private, corporate and public sector ART programmes.

Madwaleni hospital, a 220-bed district hospital serving a population of approximately 256 000, was initially built as a missionary hospital in the early fifties. At the end of 2005 it had only a rudimentary HIV service, but with the enthusiasm and hard work of Dr Richard Cooke and Ms Lynne Wilkinson it now has well over 200 patients on ARV treatment and only one patient has been lost to follow-up!

The focus on HIV/AIDS is often on treatment, but prevention strategies should not be minimised as they are so important in the fight against the spread of HIV. Methods include microbicides, condom use, circumcision, delaying of sexual activity, monogamous relationships and so on, discussed eloquently by Dr Linda-Gail Bekker *et al.*

The Society wishes the southern African delegates attending the Toronto conference in August a safe journey and a stimulating and informative conference.

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