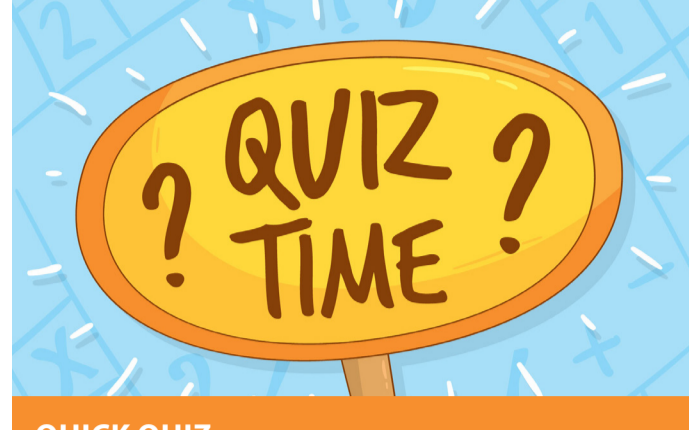


Transcript

SA HIV CLINICIANS SOCIETY NEWSLETTER
February 2017



NOTE TO READERS: Transcript is intended to bring useful news and information to your inbox. We welcome feedback and suggestions for content. If you have published an article, would like to advertise an event or job posting or have any other information that you wish to share, please email michelle@sahivsoc.org.



QUICK QUIZ

(Source: <http://www.hivwebstudy.org>)

Answer at the bottom of the newsletter

Case Authors: Christopher B. Behrens, MD, G. Manoharan, MD

Q: A 34-year-old HIV-infected man from southern India is diagnosed with pulmonary tuberculosis (TB) based on symptoms of hemoptysis and weight loss, characteristic findings on chest radiograph, and a sputum smear positive for acid-fast bacilli (AFB). His absolute CD4 count at the time of diagnosis is 60 cells/mm³, and he has never taken antiretroviral therapy. He is started on anti-TB therapy consisting of isoniazid, rifampin, ethambutol, and pyrazinamide. Two months later, he has a normal chest radiograph and his sputum is negative on AFB staining. At that time, he begins antiretroviral therapy with a regimen of zidovudine, lamivudine, and efavirenz. He returns to clinic 2 months later complaining of chest pain and fever; his vital signs are normal. A chest radiograph performed at that time shows a right-sided pleural effusion with right upper lobe infiltrates. His absolute CD4 count is now 166 cells/mm³.

Which one of the following would you recommend regarding the management of this patient?

A: Optimal management at this point consists of administering corticosteroids, continuing TB therapy, and withholding antiretroviral therapy until his clinical symptoms improve and his chest radiograph has cleared.

B: The patient has likely developed multidrug-resistant TB; his TB regimen should empirically be changed and antiretroviral therapy should be continued.

C: Given that his CD4 count is still less than 200 cells/mm³, a new opportunistic infection best explains the worsening clinical course and he should undergo an intensive evaluation for a new opportunistic infection.

D: Optimal management at this point consists of continuing antiretroviral medications and TB therapy without change, obtaining sputum cultures to rule out drug-resistant TB, and administering corticosteroids if his clinical condition deteriorates further.

<http://www.hivwebstudy.org/cases/resource-limited-setting/diagnosis-and-management-tuberculosis-immune-reconstitution>



RESEARCH ROUND UP

Some new research articles that you can find in the Southern African Journal of HIV Medicine:

Knowledge and practice of condom use as well as perceived barriers among street adolescents in Cameroon. Samuel Nambile Cumber, Joyce M. Tsoka-Gwegweni.

Southern African Journal of HIV Medicine; Vol 17, No 1 (2016), 7 pages. doi: 10.4102/sajhivmed.v17i1.479. Link: <http://www.sajhivmed.org.za/index.php/hivmed/article/view/479>

Health-related quality of life of antiretroviral treatment defaulters in Botswana. Nnamdi O. Ndubuka, Hyun J. Lim, Dirk M. van der Wal, Valerie J. Ehlers. Southern African Journal of HIV Medicine; Vol 17, No 1 (2016), 6 pages. doi: 10.4102/sajhivmed.v17i1.475. Link: <http://www.sajhivmed.org.za/index.php/hivmed/article/view/475>

Survival after Pneumocystis jirovecii pneumonia requiring ventilation: A case report. Gladness Nethathe, Nirav Patel. Southern African Journal of HIV Medicine; Vol 17, No 1 (2016), 4 pages. doi: 10.4102/sajhivmed.v17i1.474. Link: <http://www.sajhivmed.org.za/index.php/hivmed/article/view/474>

Call for submissions to the SAJHIVMED

If you have research, case reports, a review, or an opinion piece that you would like published, the Southern African Journal of HIV Medicine is a high-quality, open-access peer-reviewed journal.

Anyone with work focused on HIV/AIDS treatment, prevention and related topics relevant to clinical and public health practice is encouraged submit online at: <http://sajhivmed.org.za/index.php/hivmed>

FIVE MINUTES WITH...

OUR CHIEF EXECUTIVE OFFICER, LAUREN JANKELOWITZ

What is your role within the Society?

CEO: that means running the day-to-day operations of the organisation, fundraising, managing staff and projects. It also often means project management, when we do not have the staff capacity.

Why do you enjoy working for the Society?

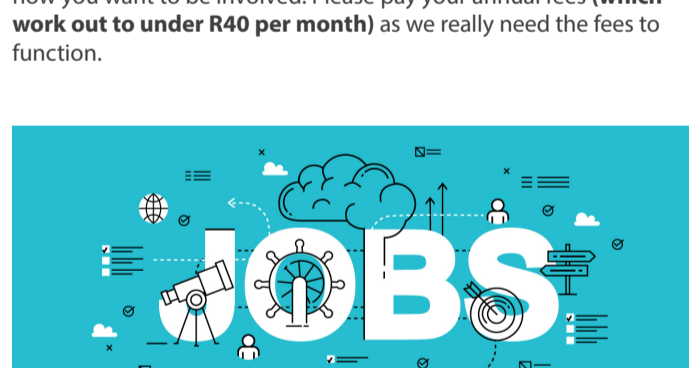
I enjoy being involved in policy development (given that the Society does influence policy through our expert members and their roles on committees), and I like knowing that what we do means a better work experience for the HIV clinician and better quality care for the patient.

Where is the Society headed in the next few years?

Trying to develop a sustainable income stream so that we do not have to rely so much on the 'whims' of donors and sponsors; more regional work; a functioning private practitioner network; even better and better conferences (the Society one in October 2018 and HIVDR in Nov 2017); guidelines, guidance and advice for the HCW that is up-to-date, timely and relevant.

What is your message to members?

The Society strives to be "the voice of reason" and to represent health care workers. Please contact us, tell us what you need and how you want to be involved. Please pay your annual fees (**which work out to under R40 per month**) as we really need the fees to function.



JOBS

Wits RHI is recruiting! They are looking for a: Project Manager – (Clinical Trials Unit - CTU) GPP and Community Engagement; Project Manager – (CASPR) Stakeholder, Engagement and Training; Project Manager: Instructional Design and Communications; and Project Administrator – CASPR. All positions are based in Hillbrow, Johannesburg. <http://www.wrhi.ac.za/careers> for full job descriptions at https://www.wrhi.ac.za/careers. Closing dates are listed as the 24th of January but anyone who feels they meet the specifications can email their CV and a motivation to DBaron@wrhi.ac.za

JOIN OUR HIV PROVIDER NETWORK

The Society has initiated a private practitioner network to better meet the needs of our private clinician members, represent private clinicians (with a larger voice) to medical aids and managed health care schemes, and ensure private clinicians have access to the right training and materials to offer quality HIV care. Click here for Terms of Reference: http://database.sahivsoc.org/userfiles/files/HIV_Pvt_Clinicians_Network_ToR.pdf. Please contact us if you are interested in joining.

GUIDELINES AND CLINICAL ADVISORIES

The Society develops our own guidelines based on the most up-to-date and high-quality evidence available. These guidelines are freely available. We also disseminate guidelines from the National Department of Health and organisations such as the WHO. All of these resources can be downloaded from our website.

Some of the latest guidelines that available on our website at <http://www.sahivsoc.org/SubHeader?slug=society-guidelines> include:

- PrEP: Southern African guidelines on the safe use of pre-exposure prophylaxis in persons at risk of acquiring HIV-1 infection (2016)
- PEP: Guideline on the management of occupational and non-occupational exposure to the human immunodeficiency virus and recommendations for post-exposure prophylaxis: 2015 Update

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EVENTS

11th INTEREST Workshop on HIV Treatment, Pathogenesis, and Prevention Research in Resource-limited Settings

The upcoming INTEREST Workshop on May 16 – 19 2017 in Lilongwe Malawi provides cutting-edge science for African researchers, clinicians, policy makers, program planners, and community advocates, focused on the treatment, pathogenesis, and prevention of HIV and related infections. Abstracts can be submitted (deadline is February 24) through their website and registration is open now. Go to <http://interestworkshop.org>

9th International Workshop on HIV Pediatrics

Research in pediatric, adolescent and maternal HIV infection is critically needed to achieve an AIDS-free generation. The HIV treatment required differs greatly from the HIV treatment in adults, and caregivers face numerous problems when treating these patients, particularly in developing countries. In response to these needs, the International Workshop on HIV Pediatrics is held together with a group of the world's leading experts in conjunction with the International AIDS Conference. This year the workshop is from the 21 - 22 July 2017 Paris, France. Abstract submission closes on 28 April and registration is now open. Go to <http://www.virology-education.com/event/upcoming/international-workshop-hiv-pediatrics/>

Save the date

The highly-anticipated biennial Society conference will be happening in **October 2018**. We will be announcing final dates and guidelines for registration and abstract submission shortly so please keep your eyes on Society correspondence for more information.

The International Workshop on HIV Drug Resistance and Treatment Strategies

The Workshop is the premier forum addressing the continuous challenge of resistance to antiretrovirals globally. Leading clinical investigators, laboratory scientists, epidemiologists, programme directors and other stakeholders will present and discuss the latest findings on the mechanisms and spread of HIV drug resistance and its clinical implications. To improve knowledge on resistance in the areas with the highest burden of disease, the next workshop is being held in Johannesburg, South Africa, from **6 – 8 November 2017**. The Workshop programme will consist of an educational programme on the first day followed by two days of invited plenary presentations and abstract-driven oral and poster sessions. Submit abstracts now until the 1st of August 2017! Go to <http://www.hivresistance2017.co.za/>



WHAT'S NEW IN THE WORLD OF HIV?

ADVANCE Study launched to test new and safer HIV drugs

Wits RHI and their partners are excited to announce the launch of the ADVANCE study on 16 January 2017 to evaluate a new ARV drug combination for the treatment of HIV. The ADVANCE study is funded by USAID and UNITAID through OPTIMIZE, a global partnership working to accelerate access to simpler, safer and more affordable HIV treatment. ADVANCE is designed to generate evidence to replace the current standard of care for first-line HIV treatment with a fixed-dose, dolutegravir and tenofovir alafenamide-based regimen. DTG and TAF have demonstrated increased robustness, and safety, in addition to better patient tolerability and reduced costs. A switch to a DTG/TAF-based regimen could enable South Africa to treat everyone by 2019 with its current antiretroviral budget, suggesting the power of this regimen to enable South Africa to meet the increasing treatment demands under "treat all" and to achieve UNAIDS 90-90-90 targets. ADVANCE will enrol 1100 participants at three research sites within the Johannesburg Central Business District, and includes the evaluation of participants in vulnerable populations. Read more here:

<http://www.timeslive.co.za/local/2016/12/28/Better%E2%80%9A-safer%E2%80%9A-cheaper-the-new-HIV-treatment-about-to-undergo-full-scale-tests-in-SA>

<http://www.samj.org.za/index.php/samj/article/view/11770>

Vaccinology: Antibodies can hold HIV-1 at an impasse

Source: <http://stm.sciencemag.org/content/9/373/eaal2144>

Neutralizing antibodies put selective pressure on pathogens to mutate and escape from immune detection, which is one of the reasons why HIV-1 infection is difficult to contain. In this issue, Freund et al. studied samples spanning almost a decade from an individual who naturally controls HIV-1 infection without progressing to AIDS. They discovered three potent antibodies coexisting with viral strains that were sensitive to antibody neutralization, indicating that these antibodies may be contributing to viral control. These antibodies were also able to prevent HIV-1 viremia in humanized mice, demonstrating that the antibodies may be beneficial as passive immunotherapy for infected individuals.

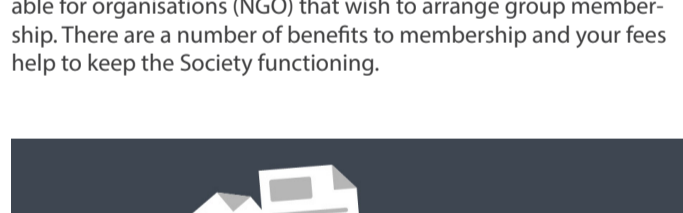
Ref: Coexistence of Potent HIV-1 Broadly Neutralizing Antibodies and Antibody-Sensitive Viruses in a Viremic Controller. NT Freund et al. *Sci Transl Med* 9 (373). 2017 Jan 18.



BECOME A MEMBER!

If you are not a member of the Society or have let your membership lapse, you can find out how to join here: <http://sahivsoc.org/Sub-Header?slug=join>

Rates are R400 per annum for doctors and nurses and allied health professionals pay R300 per annum. Discounted packages are available for organisations (NGO) that wish to arrange group membership. There are a number of benefits to membership and your fees help to keep the Society functioning.

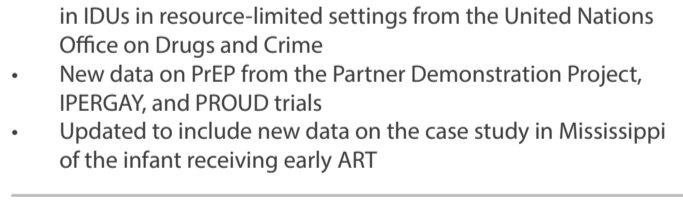


EDUCATION AND TRAINING OPPORTUNITIES

CPD-accredited courses available online through inPractice® HIV

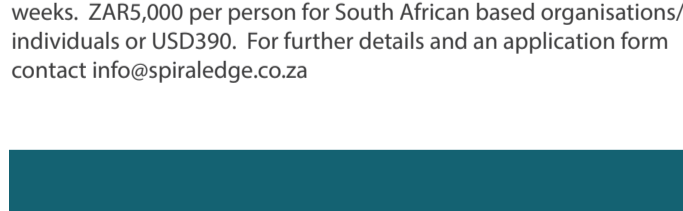
inPractice Africa is an online resource authored by expert South African clinicians for healthcare professionals working in resource-constrained settings. It has a suite of references to assist with clinical care and a section devoted exclusively to HIV. New topics include:

- Updated recommendations on ART initiation in children younger than 12 months of age
- Revised epidemiologic data from UNAIDS
- Updated with current data on the prevalence of HIV/AIDS in IDUs in resource-limited settings from the United Nations Office on Drugs and Crime
- New data on PrEP from the Partner Demonstration Project, IPERGAY, and PROUD trials
- Updated to include new data on the case study in Mississippi of the infant receiving early ART



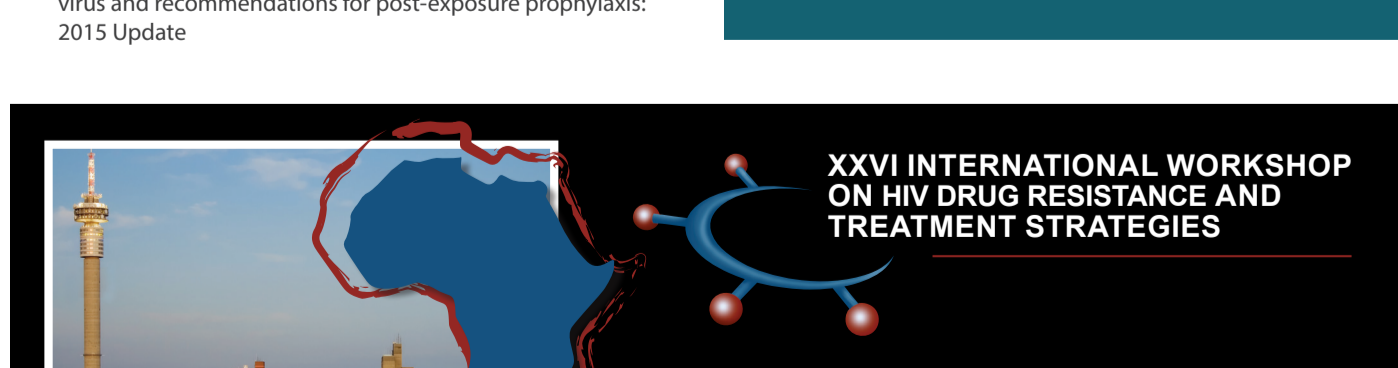
Management Coaching for Clinicians

You've been on management training courses, read the latest Harvard Business Review articles and may even have an MBA. Now, be the best manager and leader you can be, by bridging the gap between the theory and meaningful application in your demanding, ever-changing context. Work with African public health sector experienced management coaches to identify what works well, when and how, and build on these strengths to address your challenging management areas. Enhance your skills and move forward over a series of five, action orientated coaching sessions across ten weeks. ZAR5,000 per person for South African based organisations/individuals or USD390. For further details and an application form contact info@spiraledge.co.za



QUIZ ANSWER:

D. This patient's history and chest radiographic findings are most consistent with TB immune reconstitution inflammatory syndrome. Management of this complication typically includes continuing antiretroviral therapy, maintaining the planned course of anti-TB therapy and adding corticosteroids if needed for moderate or severe disease.



XXVI INTERNATIONAL WORKSHOP ON HIV DRUG RESISTANCE AND TREATMENT STRATEGIES

6 - 8 November 2017 Johannesburg, South Africa

CONTACT DETAILS FOR THE SOUTHERN AFRICAN HIV CLINICIANS SOCIETY:

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