



Transcript

SA HIV Clinicians Society Newsletter
October 2011

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Message from the President

It is an exciting time in the world of HIV. As this edition is going to print, the finalisation of South Africa's National Strategic Plan is underway, with lots of proposed 'game changers' for HIV care. The Plan is for 5 years, from end 2011 to end 2016, and its construction could not be more different from the Manto-era previous plan – this one is inclusive, widely consulted and does not have us arguing issues of science. The big changes that have happened already – moving the starting CD4 count to 350 – will need consolidation and refinement, and there is lots of discussion on what to do about TB and HIV prevention, both of which have been thorns in the side of public health, with little good news from either field. Expect lots of news in the next few months, and articles explaining the implications once the final version is on our desk.

In tandem, the Society is going through restructuring, both due to recommendations from our previous Executive (now an advisory group to the elected Board of Directors), as well as the requirements of the new South African Companies Act. This will make the Society more robust and more responsive than ever before. An election looms in November for the new Board, and election requirements will be posted to you soon.

Cryptococcal Death Prevention: A New Way Forward

Nelesh Govender, Mycology Reference Unit, National Institute of Communicable Diseases, a division of the National Health Laboratory Service; Faculty of Health Sciences, University of Witwatersrand

Cryptococcal meningitis, a fungal disease caused by *Cryptococcus spp*, is a leading cause of death among individuals with HIV/AIDS and the most common cause of adult meningitis in most of sub-Saharan Africa. (1) Approximately 50% of patients with cryptococcal disease in this region will die. (2) In South Africa, it is estimated to cause nearly as many deaths as tuberculosis: between 2005 and 2010, there were over 25,000 cryptococcal-related deaths compared with 30,000 TB-related deaths in that same period (Govender N, unpublished data). Patients are at risk for dying from cryptococcal disease both prior to initiating anti-retroviral treatment (ART) and in the immediate post-ART initiation period due to IRIS (immune reconstitution inflammatory syndrome). (3-4) Issues with lumbar puncture and amphotericin B availability, compliance with fluconazole maintenance therapy, and delayed initiation of ART have all contributed to the high death rates. Yet despite the huge morbidity and mortality from this disease, little has been done to prevent cryptococcal meningitis or address this important public health issue.

Currently, there are no widespread programmes to prevent cryptococcal disease. One strategy is to detect early disease (by measuring cryptococcal antigen (CrAg)) prior to symptom development and to pre-emptively treat with a low-cost oral medication, fluconazole. Recently, a new test to detect cryptococcal antigen has been developed. (5-6) This new assay is a dipstick test that is inexpensive and accurate (>99% sensitivity and specificity) (Immuno Mycologics, Oklahoma, USA). (5-6) It is simple to use, stable at room temperature, and can be used on blood, urine, or cerebrospinal (CSF).

Cryptococcal antigen is detectable in the blood, days to months before patients develop overt symptoms of meningitis. Studies from Cape Town show that the CrAg test has a high negative predictive value: of patients entering an ART programme who were serum CrAg negative, none subsequently developed cryptococcal meningitis at 1-year follow-up. (7) Conversely, of those who tested positive, approximately one-third developed meningitis. Another study in Uganda has demonstrated that treating patients who are CrAg positive with ART alone is not enough: there was an increased risk of death when CrAg-positive patients were not treated with fluconazole. This same study showed that screening patients for cryptococcal antigen and pre-emptively treating them with fluconazole was a cost-effective strategy in HIV/AIDS populations where CrAg positivity is greater than 3%. In South Africa, prevalence ranges from 3 to 13% depending on the population studied. (11, Govender, N, unpublished data) The highest prevalence is found in those patients with a CD4 count less than 100 (7) therefore targeted efforts to screen for CrAg would be most effective in this group.

In implementing a widespread cryptococcal screening program to prevent death, there are several important considerations. Screening can be done as either as a point-of-care test or in the laboratory. The laboratory approach allows for immediate reflex testing: remnant blood from any CD4 sample less than 100 can be used to test for cryptococcal antigen using the novel dipstick test. CrAg results are reported back to the physician with the CD4 count results.

Current research is underway to determine the necessity of lumbar puncture in establishing meningeal involvement of cryptococcal disease, the exact timing for ART initiation after initial treatment, and the most cost-effective frequency and dose of fluconazole therapy in asymptomatic patients. In the meantime, experts have recommended a management strategy balancing risks and benefits based on current data (8)

In 2012, South Africa will pilot a laboratory-based cryptococcal screening programme to prevent cryptococcal deaths. Like already established programmes such as cotrimoxazole prophylaxis, isoniazid preventive therapy (IPT), and cervical cancer screening, cryptococcal screening is likely to become an integral part of adult HIV/AIDS care. This program can reduce hospital costs, improve the health and wellness of South Africans and increase life expectancy. Most importantly, it could potentially save thousands of lives a year in South Africa.

References

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3. Ingle, S.M., et al., Outcome in patients waiting for antiretroviral treatment in the Free State Province, South Africa: prospective linkage study. *AIDS*, 2010. 24(17): p. 2717-2725.
4. Lawn, S.D., et al., Cryptococcal immune reconstitution disease: a major cause of early mortality in a South African antiretroviral programme. *AIDS*, 2005. 19(17): p. 2050-2.
5. Lindsley, M.D., et al., Evaluation of a newly developed lateral flow immunoassay for the diagnosis of Cryptococcosis. *Clinical Infectious Diseases*, 2011. 53(4): p. 321-325.
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Raltegravir: What is the Place of the New Kid on the Block

Prof Gary Maartens

Raltegravir has just been launched in South Africa. This is an exciting addition to our antiretroviral armamentarium as it has a novel mechanism of action – inhibition of the HIV integrase enzyme, which is responsible for inserting proviral DNA into the

genome of the CD4+ cell. This novel mechanism of action means that there will be no cross-resistance with the other antiretroviral drugs.

Raltegravir was first registered in high-income countries for use in salvage therapy following trials where raltegravir or placebo was added to optimised background therapy in patients with multidrug resistance.^{1,2} These trials showed that raltegravir was highly effective, provided that it was used in conjunction with other agents to which the patient's HIV was susceptible. This is a key point in using raltegravir – it has a relatively low genetic barrier to resistance. Raltegravir was very well tolerated; adverse events thought to be drug-related occurred in similar proportions in the raltegravir and placebo arms. Subsequently raltegravir was compared with efavirenz (both given with tenofovir and emtricitabine) in patients who were naïve to antiretroviral therapy (ART). There were no significant differences in patients achieving virologic suppression at 48 and 96 weeks.^{3,4} The viral load became undetectable more rapidly in the raltegravir arm, but there were no discernible clinical benefits of this more rapid virologic response. Raltegravir was well tolerated. The proportion of patients with severe drug-related adverse events was low and similar in the efavirenz and raltegravir arms. However, there were more drug-related adverse events overall in the efavirenz arm. Rates of hepatitis were similar in the two arms. Rates of headache and insomnia were similar in the two arms, but dizziness occurred more commonly in the efavirenz arm. Rashes only occurred in the efavirenz arm. Total cholesterol was higher in patients on efavirenz, but the more clinically relevant ratio of total cholesterol to HDL cholesterol was similar in the two arms. In the 96 week follow up study there was no difference in fat gain between the two arms on DEXA scans.

Raltegravir is relatively free of drug-drug interactions. Rifampicin induces its metabolism and a pharmacokinetic study in healthy volunteers showed that doubling the dose of raltegravir is able to overcome this induction. A clinical trial is underway to assess the efficacy of this dose in HIV-infected patients with tuberculosis.

The current International AIDS Society-USA antiretroviral therapy guidelines recommend raltegravir as one of their preferred options for initial therapy, along with efavirenz, and boosted darunavir and atazanavir – all given together with two nucleoside reverse transcriptase inhibitors.⁵ AfA continues to recommend either efavirenz or nevirapine in first line regimens for several reasons. Firstly, compatibility with state guidelines is important as patients often get treated sequentially in public and private sectors. Secondly, raltegravir is not superior to efavirenz. Thirdly, raltegravir is considerably more expensive. Finally, there is limited long term safety experience with raltegravir.

AfA recommends raltegravir in salvage therapy. Approval of raltegravir requires a genotype resistance test to ensure that there is enough antiretroviral activity of the companion drugs. AfA will consider the use of raltegravir in first- or second-line regimens when patients are intolerant to multiple antiretroviral drugs.

References

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2. Steigbigel RT, Cooper DA, Kumar PN, et al. Raltegravir with optimized background therapy for resistant HIV-1 infection. *N Engl J Med* 2008;359:339–54.
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This article is reprinted with permission from the Aid for Aids (AfA) Healthcare Professional Newsletter, July 2010: Issue 25. All AfA Healthcare Professional Newsletters are available online at <http://www.aidforaids.co.za>. Past issues can also be downloaded on the Society's website, www.sahivsoc.org, under the **Publications** tab.

Child and Adolescent Committee

The Society's paediatric subcommittee convened a meeting on 19 August in Johannesburg to discuss key challenges, priorities and gaps in the prevention and management of paediatric HIV, and to identify areas where the subcommittee, working through the Society, could assist. The group voted to change the subcommittee's name to the Child and Adolescent Committee, and elected

six representatives - Dr Moherndran Archary, Prof Ashraf Coovadia, Prof Brian Eley, Dr Leon Levin, Dr Tammy Meyers and Dr Liezl Smit – to serve as committee leadership. The group identified a number of strategic objectives and activities for the committee to undertake in the coming year. The full committee report is available on the Society's website.

Society Publications

HIV NURSING MATTERS

The August edition of *HIV Nursing Matters* is available on the Society's website, www.sahivsoc.org, under the **Publications** tab. This issue is focused on children and adolescents and includes a case report on lipodystrophy in children, an article on the legal and ethical implications of paediatric disclosure and an overview of the NDoH's clinical mentoring programme. Society members are encouraged to submit articles for the Editor's consideration. Articles cannot exceed 1500 words and should be submitted to the editor, Nelouise Geyer, via email: Nelouise@sahivsoc.org.

SOUTHERN AFRICAN JOURNAL OF HIV MEDICINE

The September edition of the *Journal* can be viewed online at the Society's website www.sahivsoc.org, or on the Journal's website www.sajhivmed.org.za.

Article submission: Articles should be submitted to the editor online at www.sajhivmed.org.za. Once an article has been submitted, the author will receive an acknowledgement of receipt, and the article will be subject to a peer review. The authors of all published articles will be awarded 15 CPD points, and co-authors will receive 5 CPD points. Reviewers of published articles will receive 3 CPD points. We are happy to accept articles from people writing for publication for the first time, and will provide support to first-time authors.

TRANSCRIPT

The Society will include resources relevant to clinicians, e.g. information on trainings, events, books, materials or other items, in *Transcript*. Short articles on timely issues are also considered. Please send resource information or article suggestions to Laurie Schowalter at laurie@sahivsoc.org.

Branch Meetings Dates 2011

Please note that the below dates are provisional and may be subject to change. For more information, please contact the relevant branch coordinator.

PROVINCE / CITY	DATE	VENUE	TIME	COORDINATOR CONTACT DETAILS
EASTERN CAPE				
East London	23 November	Drs du Buisson & Partners, Ampath Laboratory, 58 St James Rd, Southernwood	19:00	Ms Daphne Gernetzky Tel: 043 703 4300 Email: gernetzkyd@ampath.co.za
Port Elizabeth	27 October 24 November	The President's Suite, St George's Cricket Ground	19:00	Dr Kas Kasongo Tel: 041 451 4423 Email: kasongo@pathcare.co.za
FREE STATE				
Bloemfontein	TBD	Bloemfontein Medi-Clinic Seminar Room 6th floor	18:30	Madaleen Janse van Vuuren Tel: 051 401 4633 Email: mvanvuuren@pathcare.co.za
Welkom	24 November			Dr Mandla Mphuthi Email: mandlamphuthi@hotmail.com Dr Ralph Nhiwatiwa Email: drnhiwatiwa2@hotmail.com

GAUTENG				
Johannesburg	27 October 24 November	Glenhove Conference Centre, 52 Glenhove Rd, Houghton	19:00	Prof Francois Venter Email: fventer@rhru.co.za Rsvp: Mpho Maledimo Tel: 011 341 0162 Email: mpho@sahvisoc.org
Pretoria	6 October 3 November	Muelmed Hospital Boardroom, Pretorius St, between Hamilton and Leyds Streets	18:30	Dr Mariette Botes Tel: 012 440 0758 Email: mariette@hivpractice.co.za; Dr Lynne Webber Email: webberl@lancet.co.za Ms Elizabeth Malela Cell: 082 631 1588
KWAZULU NATAL				
Durban	16 November	TBD		Prof Yunus Moosa – moosay@ukzn.ac.za Ms Sue Anderson – sueand@absamail.co.za Dr Fundisiwe Chonco – choncof@ukzn.ac.za Ms Wendy Dhlomo Mphatswe – Mphatswe@ukzn.ac.za Rsvp Ms Natalie Martyn Tel: 079 393 4793 Email: nataliem@afrihost.co.za
LIMPOPO				
Pietersburg	03 November	TBD		Dr Sizeka Maweya Email: sizeka@webmail.co.za
MPUMALANGA				
Nelspruit		Nou's Toeka, Nelspruit	18:00	Dr Ebby Mkhabela Tel: (013) 755 1458 Email: ebby.mkhabela@righttocare.org
NORTHERN CAPE				
Northern Cape	30 November	Various locations		Mr Tsietsi Shushu Tel: 053 343 0011 Cell: 083 993 6976 Email: gtshu@yahoo.com
NORTH WEST PROVINCE				
KOSH (Klerksdorp, Orkney, Stilfontein & Hartebeestfontein)	TBD	Boardroom Klerksdorp Hospital		Ms Tanya Nielson Tel: 018 406 4241 Cell: 083 511 0075 Email: tnielson@auruminstitute.org
Mafikeng	23 November		18:30	Dr Seli Bogatsu Email: bogatsusele@yahoo.com
WESTERN CAPE				
Cape Town	24 November	Wolfson Pavilion Lecture Theatre, Institute of Infectious Diseases and Molecular Medicine, UCT Medical School		Dr Graeme Meintjes Email: graemein@mweb.co.za Rsvp: Ms Natalie Martyn Tel: 079 393 4793 Email: nataliem@afrihost.co.za
Paarl	6 October 1 December	Nelson's Creek Estate	18:30	Dr Dirk Hagemeister Cell: 072 942 6218 Email: Dhagemei@pgwc.gov.za
Garden Route	6 October	Geneva Medi-Clinic in George	18:00	Dr Theo van den Handel Cell phone: 083 587 3562 Email: theo.vdhandel@righttocare.org

BOTSWANA				
Gaborone (Southern Branch)	The first Thursday of every month	Boehringer Institute	18:00	Dr Tafireyi Marukutira Email:sahivcs@gmail.com
Francistown (Northern Branch)	Meetings held on the first Wednesday of every month	Conference Room, Nyangabgwe Hospital	19:00	Dr KF Mompati Tel: (00) 267 713 09897 Cell: (00) 267 241 2518 Dr Samba Nyirenda Tel: (00) 241 5222 ext 216 / 241 7105 Fax (00) 241 4704 Cell (00) 7131 8255
LESOTHO				
Lesotho	TBD	Lehakoe Club (Central Bank of Lesotho)		Dr TG (Prithi) Prithiviraj Cell: (00) 266 6309 7068 Email: prithidel@gmail.com
NAMIBIA				
Windhoek and other centres	TBD			Dr Flavia Mugala-Mukungu Tel: (00) 26 461 246 917 Email: namhivsoc@namibnet.com
ZAMBIA				
Lusaka	Third Wednesday of every other month	Various locations	17:30	Dr Timothy Meade Tel: (+26) 097 865 279 Email: corpmed@zamnet.zm Dr. Mike Bush Tel: (+26) 096 750 999 Email: bush.doctor@zamnet.zm
Ndola	Last Tuesday of every month	Savoy Hotel	18:00	Dr Mulenga Joseph Tel: (+260) 955 889 571 Tel: (+260) 966 780 608 Tel: (+260) 977 572 462 Email: docmulengajo@zamtel.zm
ZIMBABWE				
Harare	To be confirmed			Dr Ingrid Landman tel: (00) 2634 704326 email: sharinghealth@zol.co.zw
Mutare	To be confirmed	Mutare Club	17:30	Dr Munyaradzi Mukuzunga Email: mukuzungam@vaccintrial.africau.ac.zw Email:mmukuzunga@yahoo.com

*If you are interested in starting a Branch in your area please contact Mpho Maledimo at (+27) 11 341 0162 or mpho@sahivsoc.org
Please note that branch coordinators are volunteers and do not receive a salary or stipend from the Society.*

To breastfeed or not to breastfeed: Has government got it right?

The October Johannesburg Emerging Issues meeting will feature a debate on the government's newly proposed policy of exclusive breastfeeding and the withdrawal of free formula at health care facilities. Prof Louise Kuhn, Professor of Epidemiology in the Gertrude H. Sergievsky Center, College of Physicians and Surgeons and in the Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, will argue in favour of the policy, and Prof Haroon Saloojee, head of the Division of Community Paediatrics at the University of the Witwatersrand and Principal (Neonatal) Specialist, Chris Hani Baragwanath Hospital, will argue against. Prof Helen Rees, Executive Director of the Wits Reproductive Health and HIV Institute (WRHI) will moderate the debate. Please note that the debate will begin at 17h30 and end at 19h00. RSVPs to rsvp.sahivsoc@gmail.com are required.

Important Information on CPD Points

Branch Meetings

All Society branch meetings held in South Africa are CPD-accredited by SAMA, and health care workers who attend meetings will receive one CPD point for each hour of the presentation. Please note that as of 01 January 2011, CPD points **will only be awarded to Society members whose annual membership fees have been paid in full at the time of the branch meeting.**

We use an automated system for distributing CPD certificates, based on our membership database, so please remember to include your Society membership number on the meeting registers (for your convenience, your membership number will be e-mailed to you with the meeting invitations). If any of your colleagues who are not members of the Society would like to attend the meetings, they are welcome, but please advise that they will not be eligible for CPD points.

Questionnaires

Two points are awarded for the completion of each multiple choice questionnaire in the *Southern African Journal of HIV Medicine*, with a pass rate of 70%. Questionnaires must be submitted online at: <http://www.cpdjournals.co.za/>

If you experience any problems with on-line questionnaire system, please contact Gertrude Fani at: 021 681 7216.

Please note that the Society is no longer able to issue certificates for faxed or posted questionnaires from current or back issues of the Journal.

Authors: Southern African Journal of HIV Medicine

Fifteen CPD points are awarded to the authors of all published articles, and co-authors will receive 5 CPD points. Reviewers of published articles will receive 3 CPD points.

Training Courses

1. COLLEGES OF MEDICINE: DIPLOMA IN HIV MANAGEMENT – DIP HIV MAN (SA):

Examination Structure: Exit Examination: 2 written papers, no oral examination.

Requirements: 6 months supervised training at a teaching or CMSA-approved hospital OR 6 months in an HIV Clinic PLUS 10 day's attendance of HIV Management courses.

For more information on fees, examination dates, syllabus and candidate requirements, please contact the Colleges of Medicine or visit the website:

Tel: 011 726 7037

Website: http://www.collegemedsa.ac.za/view_exam.aspx?examid=59

2. CLINICAL HIV MANAGEMENT COURSE OFFERED BY THE WITS INSTITUTE FOR SEXUAL & REPRODUCTIVE HEALTH, HIV AND RELATED DISEASES

This full time, Johannesburg based two week course includes:

Module 1: Overview - History of HIV to palliative care

Module 2: Basic science

Module 3: TB and other opportunistic infections – prevention, diagnosis and treatment

Module 4: ARVs

Both adult and paediatric treatment and care are covered during the course. Field trips to leading Johannesburg ARV clinics are also part of the 10 day learning experience. 32 CPD points are awarded to participants attending every session and the course provides sound preparation for doctors planning to take the College of Medicine's HIV Management Diploma examination.

Fees are R6 000 or \$US 854.00 for non-South African residents with limited bursaries available.

For further details and application forms visit www.rhru.co.za or contact course co-ordinator Mercy Mopedi: Tel: 011 358 5312 or e-mail: mmopedi@rhru.co.za

3. THE TOGA-RIGHT TO CARE MASTERCLASS IN HIV MEDICINE 2011

Time: 08:00 - 10:00

Venue: The Upstairs Boardroom, Toga Laboratory,#7 Meadowdale Office Park, Herman Road, Edenvale, Johannesburg

Coordinator: Dr Dave Spencer, Senior Physician, Toga Laboratory
Contact: Ms Corrien Swanepoel, tel: 011 663-6503

The classes are offered free of charge but space is limited. Those interested in attending should call to reserve a place.

Date	Topic	Speaker
7 October	HIV and Ethics Part 3: Doing HIV Clinical Trial Work in Africa. Are we doing the right thing?	Ms Belinda Allport
4 November	What was learnt in 2011/2010? Where is HIV Management Going?	Dr Dave Spencer

4. **FOUNDATION FOR PROFESSIONAL DEVELOPMENT COURSES 2011**

For more information please contact the Foundation for Professional Development:

Contact person: Stacey Dias
 Tel (012) 816 9107 or 0861 98 88 98
 E-mail: staceyd@foundation.co.za or foundation@foundation.co.za
 Website: www.foundation.co.za

Course	Points	Dates	City
Clinical Management of HIV/AIDS for Health Care Professionals	30 CEU's (level 2)	11-13 Nov	Port Elizabeth Limpopo
HIV/AIDS Refresher Seminar	6 CEU's (level 1)	29 Oct	Mpumalanga
Paediatric HIV/AIDS Management Course	30 CEU's (level 2)	07-09 Oct	Pretoria
HIV/AIDS in the Workplace	30 CEU's (level 2)	08-09 Nov	Pretoria
Integrated Management of TB/STI & HIV	30 CEU's (level 2)	02-04 Dec	Kwa-Zulu Natal Pretoria

5. **STELLENBOSCH UNIVERSITY NURSING DIVISION: CERTIFICATE IN THE MANAGEMENT OF PATIENTS ON ANTIRETROVIRAL AND TUBERCULOSIS TREATMENT (CMART)**

The course consists of a 5 day initial workshop that includes specialised skills training, followed by approximately 20 weeks of clinical practice and distance e-learning. Successful graduates will earn a certificate and have the expertise to assess, diagnose, prescribe medication and manage clients with HIV/AIDS and TB in Primary Health Care.

Who should enrol: Any registered nurse working in a Primary Health Care facility and who is able to work at clinics or hospitals where there are initiating adults, children and pregnant women on ART.

Course content: CMART provides the nurse participant with evidence-based clinical management strategies for HIV/AIDS and TB. The course includes training in adult and paediatric care, treatment guidelines and PMTCT.

Admission requirements: A professional degree or diploma in general nursing
 Current registration with SANC
 Computer literacy and internet access
 Practicing in an ART site or future ART site within which HIV/AIDS and TB management is/will be a service, or able to do practical hours in an ART site to meet logbook requirements

Application process: Application forms are available: Faculty of Health Sciences, Tygerberg Campus, Nursing Div.
 * Western Cape applicants must apply through the Directorate of Nursing PGWC

**6. SCHOOL OF NURSING, UNIVERSITY OF THE FREE STATE
2011 CREDIT BEARING SHORT LEARNING PROGRAMMES**

NAME	CREDITS	COST	DURATION	DATE/S
HIV & AIDS Care	36	R2,800.00	6 days	29/09/2011; 13/10/2011; 27/10/2011; 09/11/2011; 10/11/2011; 11/11/2011
INFECTION PREVENTION AND CONTROL	32	R3,900.00	8 days	TO BE ADVISED
WOUND CARE: Diabetic foot ulcers	12	R2,400.00	3 days	03/10/2011 – 05/10/2011
WOUND CARE: Lower leg ulcers	12	R2,400.00	3 days	23/11/2011 – 25/11/2011
AUDIOMETRY	12	R1,900.00	3 days	16/09/2011; 30/09/2011; 07/10/2011
SPIROMETRY	12	R1,900.00	3 days	28/10/2011; 11/11/2011; 25/11/2011
BLOOD TRANSFUSION PRINCIPLES AND PRACTICE	32	R3,990.00	4 days	TO BE ADVISED
STOMA CARE NURSING	12	R3,500.00	3 days	SEPTEMBER 2011
SEXUAL & REPRODUCTIVE HEALTH	32	R3,500.00	5 days	10/08/2011; 24/08/2011; 07/09/2011; 21/09/2011

For further information and application forms please contact:

Diane Keegan

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E-mail: KeeganD@ufs.ac.za

Conferences 2011 - 2012

1. MIND, BODY AND HAART SYMPOSIUM: INTEGRATING MENTAL HEALTH INTO HIV CARE

Date: 31 – 01 November 2011
Venue: Hyatt Regency Hotel, Rosebank, Johannesburg
Information: priorities2011@anovahealth.co.za / 011 715 5805

2. THIRD BIENNIAL EMERGENCY MEDICINE IN THE DEVELOPING WORLD CONFERENCE

Date: 15 – 17 November 2011
Venue: Cape Town International Convention Centre
Registration: <http://www.2011.emssa.org.za/registration>
Website: www.emssa2011.co.za

3. 19TH CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS

Date: 5 – 8 March 2012
Venue: Seattle, Washington, USA
Website: <http://retroconference.org/>

4. 6TH INTERNATIONAL WORKSHOP ON HIV TREATMENT, PATHOGENESIS AND PREVENTION RESEARCH IN RESOURCE-LIMITED SETTINGS

Date: 8 – 11 May 2012
Venue: Mombasa, Kenya
Website: www.virology-education.com

5. 3RD SA TB CONFERENCE

Date: 12 – 15 June 2012
Venue: ICC Durban
Registration: <http://www.regonline.co.uk/Register/Checkin.aspx?EventID=1009953>
Website: <http://www.tbconference.co.za/home>

6. XIX INTERNATIONAL AIDS CONFERENCE

Date: 22 – 27 July 2012
Venue: Washington Convention Center, Washington DC, USA
Registration: <http://www.aids2012.org/Default.aspx?pageId=368>
Website: <http://www.aids2012.org/>

Resources and Services Available

TOLL-FREE NATIONAL HIV & TB HEALTH CARE WORKER HOTLINE

The HIV & TB Health Care Worker Hotline is available to provide assistance to health care workers with HIV- and TB-treatment related questions.

Tel: 0800 212 506 or 021 406 6782
Email: pha-mic@uct.ac.za
Fax: 021 448 0503
Website: www.hivhotline.uct.ac.za

Alternatively, send a **SMS or “Please Call Me” to 071 840 1572**, and someone will call you back.
 The hotline operates from **Mondays to Fridays 08h30 – 16h30**.

MINDSET HEALTH

Mindset Health was launched in 2003 as a partnership between Mindset Network, the South African National Department of Health and Sentech. The organisation provides uplifting health education and health promotion material on a variety of health issues, including HIV and TB. The Mindset website includes a multitude of interactive health education services, including HIV and TB education curriculums, case studies and videos of the Society’s Johannesburg branch meeting presentations from the past several years. Health care providers must register on the site to access the services. Registration is free, quick, and easy, and will grant instant access to a whole range of valuable added benefits and services. Visit <http://www.mindset.co.za/health/> to learn more about the materials available, or click on this link to [register](#).

IMMUNOPAEDIA: A NOVEL ONLINE IMMUNOLOGY LEARNING EXPERIENCE

Visit the award winning, Immunology learning website specifically designed for South African clinicians: www.immunopaedia.org.za. Immunopaedia aims to integrate and link clinical and immunological aspects of infectious and non-infectious diseases with treatment. The site utilises case studies, unique colour graphics and cutting edge stories from the world of immunology to teach clinicians, paediatricians, researchers, health care workers and students in clinical immunology. This learning environment facilitates an understanding of the immune system and brings together the worlds of clinical decision-making and immunology.

Register on the website today to earn 3 CPD points per case study and to receive a free monthly newsletter.

QUACKDOWN!

The Treatment Action Campaign, Community Media Trust and other partners launched a new website to expose quackery and help patients make informed choices about health care. It is called Quackdown!: <http://www.quackdown.info>.

HIV SUPPORT WEBSITE

www.hivsupport.co.za is a website for people living with HIV and AIDS (PLWHA) in South Africa. The purpose is two-fold: to offer an information-portal to South Africans LWHA and to provide a *free* 24/7 online support group for PLWHA, families and supporters. Featured topics will include PMTCT, children with HIV, TB and HIV, state drugs and other locally applicable information. Currently the site provides some basic information, with plans to grow and add the support group within the next couple of months. Please feel free to refer your patients to the website.

BACK ISSUES OF THE SOUTHERN AFRICAN JOURNAL OF HIV MEDICINE

The Society has a limited number of back issues of the *Southern African Journal of HIV Medicine*, available free of charge to members on a first come, first served basis. To order back issues, please contact 011 341 0162 or email: sahivsoc@sahivsoc.org

The Society Guidelines

The Society has published the following guidelines in the *Southern African Journal of HIV Medicine*:

- **Guideline on Safer Conception in Fertile HIV-Infected Individuals and Couples:** Published June 2011 (Issue 40)
- **INH Preventive Therapy (IPT) in HIV Infected South African Children:** Published June 2011 (Issue 40)
- **Management of HIV-Hepatitis B Co-Infection:** Published April 2011 (Issue 39)
- **ARV therapy in Children:** Published December 2009 (Issue 36)
- **Criteria for Expedited ARV Initiation:** Published March 2009 (Issue 33)
- **Post-Exposure Prophylaxis:** Published in November 2008 (Issue 31)
- **Prisoners:** Published in June 2008, with poster (Issue 30)
- **Renal Replacement Therapy:** Published in June 2008 (Issue 30)
- **Adult ART:** Published in April 2008 (Issue 29)
- **Cryptococcal Meningitis:** Published in December 2007, with poster (Issue 28)
- **Displaced Populations:** Published in 2007 (Issue 26)
- **Nutrition:** Chapters 1 & 2 published in June 2007 (Issue 27). Chapters 3 - 6 published in April 2008 (Issue 29)

The above guidelines are available from the Society (contact: 011 341 0162 or e-mail: sahivsoc@sahivsoc.org). They can also be downloaded from the [Society website: www.sahivsoc.org](http://www.sahivsoc.org) or the SA Journal of HIV Medicine website: www.sajhivmed.org.za

The Society would like to thank the following companies, organisations and donors for their financial support in producing the above guidelines: **ATLANTIC PHILANTHROPIES, ASPEN, CIPLA MEDPRO, PFIZER, UNHCR**

Recommended Reading

Handbook of HIV Medicine (2nd Edition) edited by Douglas Wilson, Mark Cotton, Linda-Gail Bekker, Tammy Meyers, Francois Venter, and Gary Maartens, published by Oxford University Press. The second edition of the handbook is now available from Oxford University Press: Tel: 021 5961222, e-mail: orders.za@oup.com or website: <http://www.oxford.co.za>

Aid for AIDS Clinical Guidelines 8th edition 2010/2011 Contributors: Prof. Gary Maartens, Prof. Mark Cotton, Prof. Graeme Meintjes, Prof. Marc Mendelson, Dr. Helena Rabie, AfA Clinical Staff. Editors: Dr. Leon Regensberg, Mrs. Colleen Whitelaw. The guidelines have been thoroughly revised and updated. New sections, including HIV and the Traveller, Infection Control / Prevention and Hepatitis B coinfection, have been added. The section on managing ART and TB drug hepatotoxicity has been expanded. In order to assist practitioners further, a poster-size simplified guide to antiretroviral therapy in adults has been included. To order a free copy, send an email to afa@afadm.co.za with your postal address or phone AfA on 0860 100 646.

The Clinical Practice of HIV Medicine by Dr David C Spencer. Please note this book is out of print and copies are no longer available. A second edition is planned for publication later this year.

HIV/AIDS in South Africa edited by SS Abdool Karim and Q Abdool Karim, published by Cambridge University Press. This book covers all aspects of HIV/AIDS in SA from epidemiology, prevention strategies, basic science, medicine, sociology, economics, politics and treatment. To order a copy, contact Cambridge University Press: tel: (021) 412 7800, fax: (021) 419 0594, email: orders@cambridge.org or website: www.cambridge.org

Medical Management of HIV Infection (South African Edition) by John G. Bartlett, MD, Joel E. Gallant, MD MPH and Dr FM Conradie, published by TheraSim in cooperation with the Foundation for Professional Development, 2008.

Adult HIV: A learning programme for professionals by the Desmond Tutu HIV Foundation, published by Electric Book Works, 2008. For more information on downloading or ordering a copy, go to: www.EBWhealthcare.com

Primary HIV Clinical Care (5th Ed) by Dr Clive Evian, published by Jacana Media. This is a practical guide for health care personnel in primary care centres. It includes HIV clinical care for adults, children and pregnant women with latest updated national guidelines. To order a copy, contact Jacana Media: tel (011) 628 3200, fax (011) 482 7282, email orders@jacana.co.za or website: www.jacana.co.za

Email Discussion Groups

The Society hosts three internet-based discussion groups which utilise case studies to build the capacity of health care workers to address HIV- and TB-related clinical and ethical questions:

- Paediatric Discussion Group (Manager/Moderator: Dr Leon Levin):**
 To join please send your e-mail address to Dr Leon Levin: leonlevin@54.co.za or subscribe [online](#)
- Adult HIV Discussion Group (Manager/Moderator: Dr Francesca Conradie):**
 To join please send your first name, surname and email address to Dr Francesca Conradie: adghiv@witshealth.co.za
- HIV Policy and Ethics Discussion Group (Manager: Ms Marlise Richter):**
 To join please send your name, surname and e-mail address to Marlise at: ethics.policy@gmail.com
 (To view past debates: <http://groups.google.com/group/policy-ethics?hl=en>)

The latest Antiretroviral (ART) SEP Prices Direct from the Manufacturer

WARNING: additional fees may be incurred when purchasing per prescription, per month, for dispensing and door-to-door delivery from pharmacies. Prices are accurate at time of going to press. Updated prices are available at: www.sahivsoc.org

NAME	STRENGTH	NAPPI CODES	COMPANY	QUANTITY	PRICE
KALETRA SOLUTION		700924	ABBOTT	300ML	R 285.47 INC VAT
NORVIR CAPSULES	100MG	836095014	ABBOTT	84	R 70.70 INC VAT
NORVIR ORAL SOLUTION	80MG/ML	838527035	ABBOTT	90ML	R 60.52 INC VAT
ALUVIA 200/50 TABS	LOP 200MG + RIT 50MG	710028001	ABBOTT	120	R 285.47 INC VAT
ALUVIA 100/25 PED TABS	LOP 100MG + RIT 25MG	715433001	ABBOTT	60	R 71.38 INC VAT
ADCO					
ADCO-ABACAVIR	300MG	715347001	ADCOCK	60	R 672.20 INC VAT
ADCO-EFAVIRENZ	50MG	715585001	ADCOCK	30	R 28.44 INC VAT
ADCO-EFAVIRENZ	200MG	712932001	ADCOCK	90	R 238.26 INC VAT
ADCO-EFAVIRENZ	600MG	709545001	ADCOCK	30	R 165.10 INC VAT
ADCO-LAMIVUDINE	150MG	707962001	ADCOCK	60	R 96.51 INC VAT
ADCO-LAMIVUDINE SOLUTION	10MG/1ML	708708001	ADCOCK	240ML	R 76.82 INC VAT
ADCO-LAMIVUDINE ALCOHOL & SUGAR FREE	10MG/1ML	708713001	ADCOCK	240ML	R 76.82 INC VAT
ADCO-NEVIRAPINE (BLISTER)	200MG	707961001	ADCOCK	60	R 181.20 INC VAT
ADCO-ZIDOVUDINE	300MG	707960001	ADCOCK	60	R 243.60 INC VAT
ADCO-ZIDOVUDINE SYRUP	50MG/5ML	708709001	ADCOCK	200ML	R 81.57 INC VAT
ADCO-ZIDOVUDINE ALCOHOL & SUGAR FREE	50MG/5ML	708711001	ADCOCK	200ML	R 81.57 INC VAT
ASPEN					
ATAZANAVIR CAPSULES	150MG	715828001	ASPEN	60	R 295.20 INC VAT
ATAZANAVIR CAPSULES	200MG	715827001	ASPEN	60	R 364.78 INC VAT

ABACAVIR SOLUTION	20MG/ML	713758001	ASPEN	240ML	R 254.35 INC VAT
ABACAVIR TABS	300MG	715063001	ASPEN	60	R 715.92 INC VAT
DIDANOSINE	25MG	703330001	ASPEN	60	R 116.43 INC VAT
DIDANOSINE	50MG	703332001	ASPEN	60	R 115.07 INC VAT
DIDANOSINE	100MG	703333001	ASPEN	60	R 122.41 INC VAT
DIDANOSINE	150MG	703392001	ASPEN	60	R 171.39 INC VAT
EFAVIRENZ	600MG	710019001	ASPEN	30	R 165.88 INC VAT
LAMIVUDINE	150MG	703716001	ASPEN	60	R 97.86 INC VAT
LAMIVUDINE SYR	10MG/ML	703715001	ASPEN	240ML	R 76.90 INC VAT
LAMZID (AZT+3TC)	AZT 150MG+ 3TC 300MG	703627001	ASPEN	60	R 325.97 INC VAT
NEVIRAPINE	200MG	703718001	ASPEN	60	R 189.54 INC VAT
NEVIRAPINE SUSPENSION	10MG/ML	704731001	ASPEN	240ML	R 129.01 INC VAT
PREZISTA (DARUNAVIR)	300MG	715303001	ASPEN	120	R 977.72 INC VAT
STAVUDINE	15MG	704885001	ASPEN	60	R 33.39 INC VAT
STAVUDINE	20MG	701172001	ASPEN	60	R 37.27 INC VAT
STAVUDINE	30MG	701174001	ASPEN	60	R 42.85 INC VAT
STAVUDINE	40MG	701175001	ASPEN	60	R 47.73 INC VAT
TENOFOVIR	300MG	715056001	ASPEN	30	R 210.90 INC VAT
TENOFOVIR & EMTRICITABINE	TDF 300MG + FTC 150MG	715579001	ASPEN	30	R 313.50 INC VAT
TRUVADA (TDF+FTC)	TDF 300MG + FTC 150MG	708254001	ASPEN	30	R 427.15 INC VAT
VIREAD (TENOFOVIR)	300MG	708253001	ASPEN	30	R 258.05 INC VAT
ZIDOVUDINE	100MG	705452001	ASPEN	100	R 149.99 INC VAT
ZIDOVUDINE	250MG	705455001	ASPEN	60	R 299.63 INC VAT
ZIDOVUDINE	300MG	703712002	ASPEN	60	R 261.84 INC VAT
ZIDOVUDINE SYRUP	50MG/ML	703713001	ASPEN	200ML	R 88.05 INC VAT
VIRTRIUM	D4T 30MG + 3TC 150MG + NVP 200MG	715716001	ASPEN	60	R 284.49 INC VAT
HYDREA CAPSULES	500MG	731706	BMS	100	R 223.97 INC VAT
REYATAZ	150MG	708257	BMS	60	R 345.50 INC VAT
REYATAZ	200MG	708258	BMS	60	R 434.72 INC VAT
VIDEX EC TABLETS	250MG	704783	BMS	30	R 199.90 INC VAT
VIDEX EC TABLETS	400MG	703785	BMS	30	R 257.97 INC VAT
ZERIT CAPSULES	15MG	841315	BMS	60	R 54.36 INC VAT
ZERIT CAPSULES	20MG	837458	BMS	56	R 54.26 INC VAT
ZERIT CAPSULES	30MG	841323	BMS	60	R 54.26 INC VAT
ZERIT CAPSULES	40MG	837407	BMS	60	R 54.26 INC VAT
VIRAMUNE TABLETS	200MG	840645	BOEHRINGER- INGELHEIM	60	R 189.55 INC VAT
VIRAMUNE SYRUP	10MG/ML	861855	BOEHRINGER- INGELHEIM	240ML	R 131.64 INC VAT
CIPLA-ABACAVIR	300MG	714098001	CIPLA	60	R 715.92 INC VAT

CIPLA-ABACAVIR SOLUTION	20MG/ML	714099001	CIPLA	240ML	R 270.18 INC VAT
CIPLA-DIDIVIR	FTC 200MG + TDF 300MG	715091001	CIPLA	30	R 313.50 INC VAT
CIPLA-DUOVIR	3TC 150MG + AZT 300MG	707300001	CIPLA	60	R 310.61 INC VAT
CIPLA-DUOVIR & EFAVIRENZ TABLETS CO-PACK	600MG	712993001	CIPLA	30 x tabs 3's	R 379.62 INC VAT
CIPLA-EFAVIRENZ	600MG	709331001	CIPLA	30	R 164.92 INC VAT
CIPLA-LAMIVUDINE TABS	150MG	701282003	CIPLA	60	R 96.60 INC VAT
CIPLA-LAMIVUDINE TABS	300MG	709337001	CIPLA	30	R 103.08 INC VAT
CIPLA-LAMIVUDINE ORAL SOLUTION	50MG/5ML	704041001	CIPLA	100ML	R 31.59 INC VAT
CIPLA-LAMIVUDINE ORAL SOLUTION	50MG/5ML	704041002	CIPLA	240ML	R 75.81 INC VAT
CIPLA-NEVIRAPINE TABS	200MG	704036001	CIPLA	60	R 189.54 INC VAT
CIPLA-NEVIRAPINE ORAL SUSPENSION	50MG/5ML	704040001	CIPLA	240ML	R 122.32 INC VAT
CIPLA-TENOFOVIR	300MG	714097001	CIPLA	30	R 210.90 INC VAT
CIPLA-TRIOMUNE-30	3TC 150MG + D4T 30MG + NVP 200MG	707970001	CIPLA	60	R 284.49 INC VAT
CIPLA-ZIDOVUDINE CAPSULES	100MG	704037001	CIPLA	100	R 173.18 INC VAT
CIPLA-ZIDOVUDINE	100MG	704037002	CIPLA	120	R 207.81 INC VAT
CIPLA-ZIDOVUDINE TABS	300MG	704038001	CIPLA	60	R 275.97 INC VAT
CIPLA-ZIDOVUDINE ORAL SOLUTION	50MG/5ML	704039001	CIPLA	100ML	R 40.25 INC VAT
CIPLA-ZIDOVUDINE ORAL SOLUTION	50MG/5ML	704039002	CIPLA	200ML	R 80.51 INC VAT
3TC TABLETS	150MG	821632019	GSK	60	R 120.48 INC VAT
3TC SOLUTION	50MG/5ML	821640003	GSK	240ML	R 85.51 INC VAT
COMBIVIR (AZT+3TC)	AZT 300MG + 3TC 150MG	875821006	GSK	60	R 365.94 INC VAT
HIV STARTER PACK (AZT+3TC)	AZT 100MG + 3TC 150MG	842346008	GSK	3 DAY KIT	R 53.48 INC VAT
KIVEXA (3TC+ABC)	3TC 300MG + ABC 600MG	707321001	GSK	30	R 922.26 INC VAT
RETROVIR CAPSULES (AZT)	100MG	784265003	GSK	100	R 230.18 INC VAT
RETROVIR CAPSULES (AZT)	250MG	837350026	GSK	60	R 315.88 INC VAT
RETROVIR TABLETS (AZT)	300MG	885317002	GSK	60	R 344.17 INC VAT
RETROVIR IVI	20MG/1ML	825018005	GSK	INF 200MG 5's	R 343.11 INC VAT
RETROVIR SYRUP	50MG/5ML	794236006	GSK	200ML	R 90.05 INC VAT
TELZIR (FOSAMPRENAVIR)	700MG	712478001	GSK	60	R 1481.48 INC VAT
TELZIR SUSPENSION (FOSAMPRENAVIR)	50MG/ML	713582001	GSK	225ML	R 494.89 INC VAT
TRIZIVAR (AZT+3TC+ABC)	AZT 300MG +3TC 150MG +ABC 300MG	703537001	GSK	60	R 1630.03 INC VAT
ZIAGEN (ABC)	300MG	898531003	GSK	60	R 961.67 INC VAT

ZIAGEN SOLUTION (ABC)	100MG/5ML	898538009	GSK	240ML	R 364.22 INC VAT
ATRIPLA TABLETS	EFV 600MG + FTC 200MG + TDF 300MG	715578001	MSD	30	R 483.78 INC VAT
CRIXIVAN CAPSULES	200MG	827258003	MSD	360	R 580.24 INC VAT
CRIXIVAN CAPSULES	400MG	824445023	MSD	120	R 384.09 INC VAT
CRIXIVAN CAPSULES	400MG	824445007	MSD	180	R 576.14 INC VAT
ISENTRESS	400MG	715825001	MSD	60	R 878.37 INC VAT
STOCRIN TABLETS	50MG	712069001	MSD	30	R 39.10 INC VAT
STOCRIN TABLETS	200MG	712070001	MSD	90	R 370.42 INC VAT
STOCRIN TABLETS	600 MG	703318001	MSD	30	R 217.67 INC VAT
AURO-ABACAVIR ORAL SOLUTION	20MG/ML	715494001	NOVAGEN PHARMA	240ML	R 254.34 INC VAT
AURO-ABACAVIR TABLETS	300MG	715493001	NOVAGEN PHARMA	60	R 715.91 INC VAT
AURO-EFAVIRENZ	50MG	710592001	NOVAGEN PHARMA	30	R 31.19 INC VAT
AURO-EFAVIRENZ	200MG	710593002	NOVAGEN PHARMA	90	R 297.98 INC VAT
AURO-EFAVIRENZ	600MG	710594001	NOVAGEN PHARMA	30	R 164.93 INC VAT
AURO-LAMIVUDINE	150MG	710602001	NOVAGEN PHARMA	60	R 97.29 INC VAT
AURO-LAMIVUDINE ORAL SOLUTION	10MG/ML	710603001	NOVAGEN PHARMA	240ML	R 75.80 INC VAT
AURO-LAMIZIDO	150MG/300MG	710596001	NOVAGEN PHARMA	60	R 325.70 INC VAT
AURO-NEVIRAPINE	200MG	710606001	NOVAGEN PHARMA	60	R 189.53 INC VAT
AURO-NEVIRAPINE ORAL SUSPENSION	50MG/5ML	710604001	NOVAGEN PHARMA	240ML	R 128.89 INC VAT
AURO-STAVUDINE	30MG	710589001	NOVAGEN PHARMA	60	R 41.31 INC VAT
AURO-STAVUDINE POWDER FOR ORAL SOLUTION	1MG/ML	710591001	NOVAGEN PHARMA	200ML	R 27.44 INC VAT
AURO-ZIDOVUDINE	100MG	710597002	NOVAGEN PHARMA	100	R 186.05 INC VAT
AURO-ZIDOVUDINE	300MG	710600001	NOVAGEN PHARMA	60	R 261.78 INC VAT
AURO-ZIDOVUDINE ORAL SOLUTION	50MG/5ML	710634001	NOVAGEN PHARMA	240ML	R 83.02 INC VAT
AURO-ZEFIN	300MG	715072001	NOVAGEN PHARMA	30	R 219.34 INC VAT
TYRICTEN TABLETS	FTC 200MG + TDF 300MG	715071001	NOVAGEN PHARMA	30	R 313.50 INC VAT
BACTRIM	80MG + 400MG	706434005	ROCHE	20	R 64.79 INC VAT
BACTRIM DS	160MG + 800MG	706442008	ROCHE	10	R 69.17 INC VAT
BACTRIM INFUSION	80MG + 400MG/5ML	706418018	ROCHE	5	R 221.41 INC VAT
VIRA-CEPT POWDER	50MG/G	709826001	ROCHE	144	R 350.31 INC VAT
INVI-RASE CAPSULES	200MG	825697018	ROCHE	270	R 797.18 INC VAT
SONKE ABACAVIR	300MG	715012001	SONKE	60	R 531.24 INC VAT

SONKE DIDANOSINE	25MG	709870001	SONKE	60	R 89.92 INC VAT
SONKE DIDANOSINE	50MG	709871001	SONKE	60	R 100.55 INC VAT
SONKE DIDANOSINE	100MG	709872001	SONKE	60	R 110.31 INC VAT
SONKE DIDANOSINE	250MG	715670001	SONKE	30	R 159.60 INC VAT
SONKE DIDANOSINE	400MG	715671001	SONKE	30	R 222.30 INC VAT
SONKE EFAVIRENZ	200MG	709529001	SONKE	90	R 207.94 INC VAT
SONKE EFAVIRENZ	600MG	709528001	SONKE	30	R 134.52 INC VAT
SONKE LAMIVUDINE	150MG	703378001	SONKE	60	R 44.40 INC VAT
SONKE LAMI+ZIDO	150MG + 300MG	707971001	SONKE	60	R 250.80 INC VAT
SONKE LAMI NEV STAV	150MG+200MG+ 30MG	709840001	SONKE	60	R 231.19 INC VAT
SONKE NEVIRAPINE	200MG	709533001	SONKE	60	R 171.00 INC VAT
SONKE STAVUDINE	30MG	709530001	SONKE	60	R 34.18 INC VAT
SONKE TENOFOVIR	300MG	714994001	SONKE	60	R 204.06 INC VAT
SONKE ZIDOVUDINE	300MG	709531001	SONKE	60	R 228.00 INC VAT

Disclaimer: The views of the editor and contributors do not necessarily reflect the views of the Southern African HIV Clinicians Society's President, Executive Committee or the Society's members.