



STEVE ANDREWS

MB ChB, MCFP (SA)

Private Practitioner

Rondebosch
Cape Town

Steve Andrews currently runs a medical practice focusing on the holistic management of the HIV-infected patient in the context of the family, the workplace and the community.

He is an elected member of the Southern African HIV Clinicians Society Executive Committee, as well as a member of the committee for the development of anti-retroviral guidelines in this region. He is a medical advisor for the Aid for AIDS programme, through which he consults to the managed care, medical aid and corporate sector.



JANE YEATS

MB ChB, BSc (Med)
(Hons) Biochem,
FCPath (SA) Virology

Specialist

National Health
Laboratory Service
and
University of Cape
Town

Jane Yeats is a laboratory-based general clinical virologist, with special interests in viral CNS infections and viral infections in the immunocompromised.

Beyond chicken soup*

While most medical people feel they have a grasp of bacteria and their attendant diseases, viruses seem to remain vague and mysterious. (A virus is ‘a piece of bad news wrapped in protein’ according to Sir Peter Medawar.) Equally so, the treatment of viral infections seems to remain vague and mysterious. There have been no treatment breakthroughs for some viral infections (‘There is just one way to treat the common cold, with contempt’ — William Osler), but for others there are definitely options beyond chicken soup and a hot whisky toddy. This issue of *CME* is intended to take the mystery out of managing and treating some everyday viral infections.

Firstly, effective preventive measures against viruses are available; two-thirds of the vaccines in routine use are viral vaccines. These are

obviously best used long before the need arises, but what may be less well known is that several vaccines can be effective when exposure has already occurred, sometimes usefully supplemented with immune globulin preparations.

Secondly, drug therapy against viruses is becoming increasingly available. Two common herpesviruses, herpes simplex and varicella-zoster virus, are eminently treatable with aciclovir and its relatives. There is an armamentarium of 15 drugs licensed locally for use against HIV, and basic regimens are very rewarding with a manageable side-effect profile. Influenza can be nipped in the bud with the new neuraminidase inhibitors, cutting down on those five days of misery. For the specialist, there are drug options with modest success against hepatitis B and C; and ganciclovir

can be a lifesaver for cytomegalovirus infections in immunocompromised patients. Of course there are still gaps in the spectrum of antiviral drugs, and some illnesses we just don’t know enough about, such as ‘postviral fatigue’ or chronic fatigue syndrome. But why not make sensible and safe use of what’s already available?

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