

News bites

South Africa

ARV access for children 'staggeringly poor'

An audit of 875 child deaths last year in four Durban hospitals indicated a 'staggering' breakdown in getting antiretroviral drugs to HIV-positive infants and their mothers in time, according to research presented at the Third International AIDS Conference in early June. 'This is a reality check,' said Dr Kimesh Naidoo, of the University of KwaZulu-Natal medical school, in what he termed a 'sombre' presentation. In three-quarters of the deaths, researchers could find no data at all on whether medicines to prevent mother-to-child transmission of AIDS had been considered by the medical teams. In nearly half the children with obvious HIV symptoms, no testing had been done. And yet all four sites – RK Khan, King Edward VIII, Mahatma Gandhi and Prince Mshiyeni Hospitals – provide nevirapine to stop HIV transmission during pregnancy and have access to the latest in highly active antiretroviral drugs to lower the viral load in the bloodstream.

Vulnerable groups excluded from care

The possibility that vulnerable groups are being excluded from the national response and discourse on HIV prevention, care and treatment was placed under the spotlight during the same conference. The vulnerable groups in question included the likes of injecting drug users (IDUs), prisoners and the lesbian, gay, bisexual and transgendered (LGBT) community. The general consensus among speakers and delegates alike was that these groups are being sidelined, some perhaps more so than others. Arguably the most contentious area is that of prisoners, where the question often arises: 'Why should we treat prisoners?' Lihle Dhlamini of the Treatment Action Campaign (TAC), while speaking of her experiences working with HIV-positive inmates at KwaZulu-Natal's Westville prison, answered that succinctly: 'By law prisoners have a right to life, a right to medical treatment. Besides that is the fact that we as a society want them to serve out their sentences. Many offenders have been able to obtain medical parole because of their HIV-related illness, which could be prevented, and the drain of caring for so many ill people could also be minimised if HIV-positive prisoners received proper treatment.'

AIDS not a disease of ignorance but of denial

A 'deeply frustrated' South African doctor's recent call for compulsory HIV testing triggered intense debate at the AIDS conference in Durban. Dr Francois Venter of the respected Reproductive Health and HIV Research Unit in Johannesburg called for universal mandatory HIV testing in South Africa's *Sunday Times* newspaper (3 June 2007). Speaking in his personal capacity, Venter had argued that the level of denial was so intense that most of his patients only discovered their infection on their deathbed. 'It's dangerous to go this route,' responded Heidi van Rooyen of the Human Sciences Research Council (HSRC). 'Should we go back and undo 20 years of work with the possibility that it will fuel stigma and discrimination?' 'We shouldn't manipulate people for their own good, Francois,' chided Venter's colleague at the University of the Witwatersrand, philosophy and ethics professor Thad Metz. 'When I saw his article, I screamed' said Pholokgolo Ramothwala, who was tested for HIV/AIDS by his doctor in 1999. However, the AIDS Law Project fieldworker promised that he might support mandatory HIV testing if South Africa's ambitious efforts to slash the number of new infections in half by 2011 failed.

A successful ART province raises red flags

Four years after antiretroviral drugs were introduced into the scenic Western Cape, the wildly successful programme is bursting at the seams. A thousand new HIV-positive people join the province's AIDS drug rollout every month, said Dr Keith Cloete. A total of 16 000 patients, nearly three-quarters of them female, are currently receiving the drugs at sites ranging from Paarl and Plettenberg Bay to Beaufort West and Vredendal. 'The real problem is a big scale-up in a primary care setting,' the Western Cape health department official told the audience at the AIDS conference. 'It's going to be a challenge to maintain the very steep increase in patients.' Ways to cope with the pressures of success include targeting clinics rather than hospitals, relying on nurses with doctors as a back-up, and increasing physical space of overcrowded venues, he said. A simple, regular, monitoring system meant that managers could immediately identify issues and reward staff at best-performing/busy clinics.

Several provinces highlighted skills shortages as major impediments. Dr Dingie van Rensburg of the University of the Free State asked if South Africa's rollout was over-ambitious, given the migration of nurses and pharmacists to the better-paid private sector and the shortage of staff, even pharmacy assistants, in the rural regions and small towns. 'The adding of posts does not mean the adding of bodies to fill the posts,' he noted dryly. Van Rensburg, from the Centre for Health Systems Research and Development, said progress in providing AIDS drugs came 'at the cost of weakening' other medical facilities and programmes. In northern KwaZulu-Natal, wedged between Mozambique, Swaziland and the Indian Ocean, close to half the health care posts were also vacant, another speaker said.

Road transport industry steps up

The road freight industry, in partnership with the Department of Health and the Swedish International Development Cooperation Agency (SIDA), has developed a unique response to HIV and AIDS which includes the establishment of roadside wellness clinics along national highways. A total of 12 roadside wellness clinics have been established – along the N1, N2, N3 and N4 – since the project began in 2000. Each roadside centre is run by a qualified nursing sister who provides health care and counselling to patients who are HIV positive or suffering from sexually transmitted diseases. The centres provide education and awareness training, and immune boosting supplements are distributed to drivers who visit the centres.

Former SAMA health policy chief becomes national blood service CEO

The South African National Blood Service (SANBS) has appointed Dr Loyiso Mpuntsha as its new chief executive officer. 'The SANBS board feels confident that Dr Mpuntsha's academic training and the breadth of her professional exposure will equip her very well for the tasks that await her at SANBS,' the Rev John Pender-Smith, SANBS board chairperson, said. She takes over the position from Professor Anthony Heyns, who had himself decided that fresh executive leadership was required, said Pender-Smith. Mpuntsha completed her medical training at Medunsa and went on to obtain a BPhil and an MPhil in policy formulation at Stellenbosch University. She joined the SANBS from the Department of

Health, where she worked as the director for women's health and human genetics. Prior to that, she spent 5 years at the South African Medical Association where she was director for health care, health policy and continuing professional development. Recently, the SANBS adopted individual donation nucleic acid amplification testing, a new system of managing infection risk in blood donations, removing race from the criteria used to estimate the residual risk that cannot be eliminated by blood testing. The new system of risk management relies on creating a large pool of regular donors who make repeat donations, are well-informed about infection risks and enjoy a relationship of trust with the service.

Africa

MSF doctor murdered

The United Nations suspended humanitarian operations in the impoverished north-west of the Central African Republic (CAR) last month, one day after a French aid worker was shot dead in the remote strife-torn region. Elsa Serfass (27), a worker for medical charity Doctors Without Borders, was gunned down in her car near the town of Paoua during a trip to assess sanitary conditions after attacks by rebel and army troops in May. 'I condemn the killing of any humanitarian worker and have suspended all United Nations movements in Paoua until we get a clearer picture of what happened,' said Toby Lanzer, UN humanitarian co-ordinator in the former French colony.

Twig in teeth, the traditional way

Brush your teeth every day, dentists say. In Africa, that can mean keeping your toothbrush in your mouth all day long. Across the continent south of the Sahara, many people go about their daily business with a small stick or twig protruding from their mouth, which they chew or use to scrub their teeth. Cut from wild trees and shrubs in the bush, this is the African toothbrush. Its users swear it is much more natural, effective (and cheaper) than the prettily packaged but pricey dental products on sale in pharmacies and supermarkets. 'It cleans your teeth more than plastic brushes, with the liquid that comes out of the wood,' said Marcelino Diatta, a stick twitching from his mouth as he sought handouts from foreigners in downtown Dakar.

International

Passive smoking – data 'incontrovertible'

Babies with at least one parent who smokes have five times as much cotinine, a nicotine byproduct, in their urine than infants

whose parents are non-smokers, UK researchers report. 'Our findings clearly show that by accumulating cotinine, babies become heavy passive smokers secondary to the active smoking of parents,' Dr Mike Wailoo and colleagues of the University of Leicester write in the *Archives of Disease in Childhood*. 'This is the first time we've got direct information on the effect of smoking in homes on babies,' Wailoo said. 'It clarifies and I think it firms up information that we all thought we had.'

Are you a twin and single?

Women who have a male twin are less likely to marry and have children, perhaps because of being exposed to their brother's testosterone for 9 months in the womb, researchers reported last month. A study of Finnish twins showed that women were 25% less likely to have children if their twin was a male. Those who did have children gave birth to an average of 2 fewer babies than women who had a twin sister. Based on an analysis of 18th and 19th century data, researchers found women who had a male twin also were 15% less likely to get married, Virpi Lummaa and colleagues of the University of Sheffield in Britain and Finland's University of Turku reported. Researchers have long known that fetuses are influenced by hormones in the womb. Because male and female fetuses have similar levels of the 'female' hormone oestrogen, girl twins are more likely to be affected by testosterone in the womb.

Leukaemia stem cell breakthrough?

Japanese researchers have devised a way to target and potentially destroy the elusive malignant stem cells that cause the most common form of acute adult leukaemia, according to a study released last month. Acute myeloid leukaemia (AML) is a cancer of the blood and bone marrow and is typically treated with a combination of chemotherapy drugs, but chemotherapy alone is often ineffective in curing AML permanently. Leukaemic stem cells can remain hidden in the body and divide endlessly, causing the cancer to return. In a paper in the *Proceedings of the National Academy of Sciences*, Japanese researchers reported that they have identified a protein on the surface of the leukaemic stem cells, which they have dubbed CD96, which could serve as a marker for these errant cells.

Spider's bite has them upright

Spiderman may want to check out the erection-stimulating venom of one of his Latin cousins in his next adventure: the poisonous bite of the Brazilian wandering spider gives men an erection that lasts

for hours. Doctors in Brazil's emergency rooms easily diagnose male victims of *Phoneutria nigriventer* by their high levels of pain, their increase in blood pressure – and their uncomfortable erections. Now, Brazilian scientists at the Medical College Georgia say they have isolated the chemical that causes the erections. 'The erection is a side-effect that everybody who gets stung by this spider will experience,' said Romulo Leite, a member of the Medical College Georgia study team. 'We're hoping eventually this will end up in the development of real drugs for the treatment of erectile dysfunction.'

Laughing breast feeders reduce baby allergies

Breastfeeding mothers with a sense of humour may help their babies fight skin allergies, according to a study reported in a June edition of *New Scientist*. Japanese researcher Hajime Kimata at Osaka's Moriguchi-Keijinkai Hospital recruited breastfeeding mums who had a baby with a common allergy, mild atopic eczema. Some of the mothers were shown either a Charlie Chaplin movie or boring footage about weather, and their breast milk was taken for testing at regular intervals. Two milk feeds later, the infants were tested for their reaction to dust mites and latex. Those whose mothers had laughed had 'markedly reduced reactions,' the British science weekly says. The key may lie in melatonin, a hormone associated with relaxation, and whose levels are typically low among people with eczema. The laughing mothers had higher levels of melatonin in their breastmilk. The study appears in full in a specialist publication, *Journal of Psychomatic Research*.

Chemical 'castration' for convicted paedophiles?

Britain is to run a pilot scheme giving convicted paedophiles drugs to suppress their libido, or so-called 'chemical castration,' according to Home Secretary John Reid. The use of hormonal drugs was among a raft of proposed measures, which would also allow parents to know if people dealing with their children – such as new partners, new family members or carers – have child sex convictions. The proposals do not amount to a British version of the United States' Meagan's Law, under which a community is automatically notified when a convicted paedophile moves into the area. The measures will be piloted in three areas once the legislation is passed, which could be by April 2008.

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