South African President hints at expansion of HIV-drug pilot programmes

South African President Thabo Mbeki hinted strongly that his government will expand its test programme of antiretroviral drugs for HIV-positive pregnant mothers in his state-of-the-nation address in parliament in Cape Town on Feb 8. But he stopped short of announcing a full roll out of nevirapine to all HIV-positi

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In his speech, Mbeki also praised drug companies for responding “very positively” to discussions on new ways of making drugs more affordable and to strengthening the health infrastructure.

Paediatrician Glenda Gray (Chris Hani Baragwanath Hospital, Soweto, Johannesburg), who together with her colleague, obstetrician James McIntyre, was awarded the 2002 Nelson Mandela Award for Health and Human Rights on Feb 7, said that compared with his opening address to parliament last year, Mbeki’s 2002 speech was more positive about AIDS. She told The Lancet that progress has been made, as last year Mbeki was not even prepared to talk about HIV/AIDS without grouping it together with other infectious diseases, such as choler a and malaria. However, Gray felt that Mbeki had missed an opportunity to announce a total shift in the govern ment’s policy on vertical transmission of HIV.

Gray and McIntyre were awarded the annual Henry J Kaiser Family Foundation’s award for “cutting edge” research into mother-to-child transmission. They cofounded the Perinatal HIV Research Unit at the Chris Hani Baragwanath Hospital, where trials into the efficacy of drugs to prevent vertical transmission of HIV have been done.

Gray said that in just 3 months, the number of Soweto clinics where HIV-infected mothers can get nevirapine has grown from three to 11—“a clear example of how easy it is to roll out these programmes”.

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Experts call for surveillance of drug-resistant typhoid at a global level

At the 5th International Symposium on Typhoid Fever and other Salmonelloses (Karachi, Pakistan; Feb 4–7), leading typhoid researchers called for the establishment of global surveillance of drug-resistant typhoid, and set up Typhinet, an information-sharing network by typhoid investigators.

“There should be surveillance of drug-resistant typhoid at a global level . . . as we know that determinants spread very easily across political and geographical boundaries”, said Gordon Dougan (Imperial College, London, UK).

He also discussed some of the recent developments in typhoid genomics, including the first detailed studies on the genetics of human susceptibility to typhoid. His suggestion that typhoid may be an eradicable disease attracted interesting debate.

Papers from Pakistan and China highlighted several important public health issues, including the pattern and continued problem of antibiotic-resistant strains of Salmonella typhi; the high incidence of disease among children younger than 12 years; and the changing pattern of the enteric fever—ie, the increasing importance of Salmonella paratyphi A as a causal agent in both countries.

In China, a dramatic drop in the incidence of enteric fever occurred following the introduction of a Vi vaccine in the mid-1990s among schoolchildren. From a scenario where more than 90% of enteric fever cases were caused by S typhi, the country went to the other extreme where more than 90% of cases were caused by S paratyphi A, according to Honghui Yang (Guangxi Health and Anti-epidemic Centre, Nanning, China). This transition took place over a period of “only 2–3 years”. In Pakistan, however, the emergence of S paratyphi A is not linked to any mass immunisation programme.

Tikki Pang (WHO, Geneva) warned: “The increasing prevalence of S paratyphi A in typhoid-endemic areas such as China and Pakistan is a cause for great public health concern, especially in view of the general unavailability of an effective vaccine against this pathogen, the existence of MDR [multidrug-resistant] forms, and the fact that S paratyphi A is capable of causing severe illness and death.”

“Clearly there could be important implications for mortality and morbidity due to enteric fever, and the potential public health risk would call for increased vigilance and surveillance based on close cooperation between the researchers involved”, he noted.

Although there was no consensus on the introduction of mass vaccination against typhoid in disease-endemic countries, “current vaccines [Vi and Ty21a] should be used as routine immunisation in nursery-school children”, said Bernard Ivanoff (International Vaccine Institute, Seoul, South Korea).

“We have safe and good vaccines against S paratyphi, and faced with MDR S typhi strains, the use of vaccine on a routine basis in nursery school and school-age children looks very appropriate”, Ivanoff noted. A new vaccine developed by the US National Institutes of Health and tested in Vietnam also offers new hopes against S typhi, he added.

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