

## **PRELIMINARY REMARKS**

**A total of 290 delegates attended the two day conference. (Doctors, pharmacists, nurse clinicians, students and administrators). Most of the delegates were from KZN, others were from other provinces.**

### **PURPOSE OF ADVANCED CARE COURSE FOR CLINICIANS**

1. Develop experienced clinicians to work independently and serve as consultants in HIV medicine in different district and community health institutions
2. Translate the latest evidence based research into good clinical practice specifically for resource constrained areas
3. Provide an opportunity to share best practice models of care developed by clinicians in various aspects of the AIDS care and treatment programme
4. Create an opportunity for networking between HIV clinicians, academicians, researchers and policy makers.

The workshop is directed to meet the needs of ongoing education in HIV Medicine for professionals from all disciplines of medicine-nurse practitioners, pharmacists, medical practitioners, paramedical professionals and specialists from all fields (internal medicine, maternal and child health, infectious diseases, family medicine, public health and laboratory based faculties)

### **FEEDBACK FROM PARTNERS**

#### **1.HAST unit ,Department of health, KZN**

Ms Hope Ngobese from HAST conveyed her appreciation to the organizers of AWACC for forging ahead with the 2010 AWACC. It has been acknowledged that this conference is unique as it is aimed at training experienced HIV clinicians. Thus it will assist in maintaining /ensuring that the best quality of care could continue to be provided to the ARV roll out programme in the years ahead. The Hast unit has expressed a keen interest to financially support this annual workshop. Senior Clinicians from all districts in KZN will be identified to attend.

#### **2 The ID unit, Nelson Mandela School of Medicine, UKZN**

Prof Moosa will continue to serves as co-chair. He is committed to continue to improve the quality of care at the local district/regional hospital level in KZN. This programme will aim to train the trainer so that referrals to tertiary centres could be reduced and clinicians equipped to manage patients locally.

#### **3. I D Unit, Mass General Hospital, Harvard Medical School, and Centre for AIDS research (CFAR),Harvard University**

Dr.Raj Gandhi will continue to be a co-chair. He has thoroughly enjoyed the opportunity to teach and learn through AWACC. He is also the director of the clinical core of the Centre for AIDS research in Harvard University. CFAR has been a committed partner again in 2010.Thier financial support has provided the opportunity for many ID physicians from HMS to participate as

speakers in their fields of specialization. Dr Nesli Basgoz and Rocio Hurtado have become a valuable part of AWACC for the last 4 years.

#### **4.HIV Unit, Dept of Medicine, McCord Hospital, Durban**

Dr Holst, CEO of McCord hospital has expressed great satisfaction with and support for the ongoing progress of AWACC. She is pleased that part of the vision of McCord hospital is being fulfilled viz. to facilitate the expansion of good clinical care for AIDS patients into our province, country and continent.

Dr Sunpath, co - chair and director of the AWACC is very encouraged by the numbers of delegates attending and the support of various partners. As the conference is expected to grow in size and appeal, it is envisaged that the organizational capacity of AWACC will be improved.

#### **5.South African HIV clinicians society**

Dr Franscois Venter has expressed his thanks and commendation for the successful conference which was thoroughly enjoyable and most educational. The society will encourage attendance by clinicians nationally and in Africa..Financial support for certain categories of doctors could be made available.

#### **6.Other organizations /dept represented**

##### **a. Dept of Palliative Medicine, School of Family Med and Public health, UCT**

Dr Liz Gwyther was grateful for the opportunity to present the AIDS palliative care talk which was very well received. She hopes to provide a network with palliative care specialists in Africa.

##### **b. Dept of Family Medicine, School of family Med and public health, UKZN**

Prof Naidoo sees great value in this case based format of teaching which characterizes most of the talks at AWACC. He would like to network with AWACC to encourage participation of registrars in the dept.

##### **c. Enhancing Care Initiative, UKZN**

Prof Laloo was grateful to be part of the conference. He has been requested to continue his valuable academic input.

##### **d. Right to Care, Gauteng**

Prof Ian Sanne had returned this year again to share his expertise in management of treatment failure/ARV resistance. He has also expressed ongoing support for AWACC.

##### **e. Palliative Care Society of SA**

Dr Fakroodeen was pleased that palliative care is being given such exposure. She was also pleased with the membership drive at AWACC.

##### **f. Dept of Paeds, NRM school of Medicine, UKZN**

Dr K Naidoo and M. Archary have expressed appreciation for the excellent organization and attendance. They would like to continue to use this conference to promote care for children in the ARV programme.

#### **g. Maternal and Child health division, RHRU**

Dr Vivian Black delivered a very comprehensive talk which was well received. She has been working with SANAC and is committed to medical education and networking through events like AWACC.

#### **h. Pharmaceuticals**

MSD and Adcock Ingram and Aspen.

#### **FEEDBACK FROM DELEGATES.**

190 delegates filled in course survey forms. The majority gave the course an "excellent" in their assessment. This was for both the topics selected and the speakers. It seems that a very important need had been met for clinicians involved in treating patients in very challenging circumstances.

#### **The topics that were requested for further coverage were**

1. ART adherence/Psychosocial issues
2. Nurse initiated ART programmes
3. Long term effects of HAART
4. Paediatric HIV/Adolescent care
5. Acute renal failure
6. Drug interactions and the liver
7. Cryptococcal meningitis
8. Alternate treatment

#### **Areas of improvement that were requested were**

1. More time for questions /writing questions down and the moderator choosing appropriate ones for discussion
2. More days as there is so much to cover and all are important
3. More tables for serving meals as lines are too long
4. More breakout sessions.

#### **CONCLUSIONS**

1. There is a growing appreciation of the level /quality of learning that AWACC provides.
2. Areas for improvement will be discussed and solutions found
3. The conference will be held annually-the provisional dates will be 06 and 07 October 2011 in Durban.
4. We invite comments from all those interested in advising the co-chairs re the content and logistics of future conferences.

Prepared by Dr. H. Sunpath, (Mc Cord Hospital, Durban)

On Behalf of the co-chairs AWACC 2010

All correspondence to be directed to [henrysunpath@yebo.co.za](mailto:henrysunpath@yebo.co.za)

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All CPD Certificates can be downloaded from the Discovery Website  
Conference programme  
Biodata of the Speakers

### **LINK TO ALL TALKS**

1. Abnormal liver enzymes in an HIV positive patient on ART - Case presentation presented by Dr C Narasimooloo
2. Achieving MDGs 4,5&6 through PMTCT Interventions: Changed guidelines - presented by **Vivian Black**
3. Adherence to ART 2010.mccord – presented by Sandy Pillay
4. Case presentation - ART FAILURE - 1 – presented by Dr W.Mbara /Dr Henry Sunpath
5. Case presentation - ART FAILURE - 2 – presented by Dr W.Mbara
6. Central Nervous System Complications of HIV - presented by Tracey A. Cho
7. Chronic Renal Failure - presented by Alain G. Assounga
8. Clinicopathological Conference at the AWACC 1 - presented by Prof WD Francois Venter, Thumbi Ndung'u, Quarraisha Abdool Karim
9. Clinicopathological Conference at the AWACC 2 - presented by Prof WD Francois Venter, Thumbi Ndung'u, Quarraisha Abdool Karim
10. Common Skin Conditions in HIV/AIDS a case based approach - presented by Dr Anisa Mosam
11. HIV and TB - the deadly duo -the role of HAART - presented by *U G Laloo*
12. HIV and Women's Health - presented by Dr Ray Maharaj
13. HIV Case A 15 Year Old Girl with Thrombocytopenia - presented by Dr. Nesli Basgoz ,Dr. James Hudspeth, Dr. Henry Sunpath
14. HIV Treatment Guidelines 2010 - presented by Rajesh T. Gandhi
15. HIV & the Healthcare Worker - presented by T E Madiba
16. Immune Reconstitution Inflammatory Syndrome: A factor in Timing of Initiation of ART - presented by Yunus Moosa
17. TB Diagnostics a few salient issues - presented by **Rocío Hurtado**
18. The KZN Program- A King George V Perspective – presented by I H Master
19. The NEW state antiretroviral guidelines How good are they? - presented by Prof Francois Venter
20. Case Management and Clinical Outcomes of Patients Living - presented by Dr.Henry Sunpath
21. CD4 Responses of Patients on Effective Highly Active Antiretroviral Therapy (HAART) - presented by Nesli Basgoz
22. Male Circumcision for HIV Prevention in Military Populations - presented by Anne Goldzier Thomas
23. National Paediatric ARV Guidelines 2010vs2 - presented by Dr M Archary
24. Palliative Care in HIV - presented by Liz Gwyther
25. Treatment Failure - Inevitable or avoidable - presented by Ian Sanne
26. HOPE Conference - presented by Tracey A. Cho

