

IN DEVELOPMENT

A REPORT TO ASHM MEMBERS: INTERNATIONAL UPDATE

January 2007

WELCOME!

This year's ASHM Conference, held in Melbourne in October 2006, incorporated the largest international stream of any previous ASHM conference. It also included the initial meeting coordinating the development of the Oceania Society for Sexual Health and HIV Medicine (OSSHHM) and the first interest group meeting for international paediatric issues. With over 150 international delegates, the conference was a great success. A reportback of ASHM's international activities was included in the November issue of *ASHMNews*.

In this edition of *In Development* we feature the full report from Dr Edwina Wright on the Asia Pacific Paediatric HIV/AIDS Consortium Interest Group Meeting, a report by Marina Carman who attended the TREAT Asia Paediatric Network Meeting in Thailand, and a report from Dr Arvin Chaudhary from Fiji on the formation of OSSHHM.

Report from the Asia Pacific Paediatric HIV/AIDS Consortium Interest Group Meeting

By Edwina Wright

Background

In the resource-poor setting the identification and care of HIV-infected children is challenging for a number of reasons, including the lack of diagnostic, treatment and monitoring resources. When resources are available there remain considerable complexities in establishing the diagnosis of HIV, monitoring children's immune status and providing flexible antiretroviral treatment options. Within the Asia Pacific region – notably within Indonesia, Fiji, Timor Leste and the Pacific Islands – ASHM's International Division has been involved intensively over the past four or five years in the education, policy development and training of practitioners who care for HIV-infected adults. ASHM convened an Asia Pacific Paediatric HIV/AIDS Consortium Interest Group meeting at the Melbourne conference to explore the key challenges and issues faced by paediatric care providers in the region and to determine the need for a regional HIV paediatric clinical network or consortium. The meeting was attended by several people with expertise in the field of HIV paediatric medicine and HIV medicine in general, including those involved in: clinical care; the establishment of PMTCT-plus programs; clinical and epidemiological research; and laboratory diagnostics. The following is a summary of the key themes that arose during the meeting and the plan for the group's future directions.

The identification of HIV-infected infants and children

Drs Myrto Schaefer, Nia Kurniati, Pam Palasanthiran, Wafaa El-Sadr and Wari Allison agreed that identifying children who are infected with HIV is very difficult if the child is not diagnosed as a result of postpartum follow-up and testing. Children who miss being diagnosed in their infancy or first 18 months of life may never be diagnosed with HIV, or may be diagnosed only if they present with a clinical illness and HIV infection is considered. Dr El-Sadr noted that these sicker children can be identified at nutrition clinics, other outpatient clinics and finally hospitals. Finding asymptomatic HIV-infected children was acknowledged as being very challenging but may be achieved if another family member has recently been tested and diagnosed with HIV. This is most likely to occur in the setting of the mother-to-child transmission (MTCT-plus) models of care

where the diagnosis, treatment, education and care of adults and children are provided using a family approach.

Paediatric HIV testing

There was discussion about the difficulty in establishing or excluding the diagnosis of HIV in children in the Asia Pacific region using HIV antibody testing. Dr El-Sadr described the success at several MTCT-plus sites in Africa of dry blood spot testing: this involves obtaining and placing a drop of blood from a child on to blotting paper which is then sent to laboratories for HIV PCR testing. This technique requires no cold-chain (a form of refrigerated transport), multiple samples can be sent together and the technique affords the opportunity for children living in remote areas to be tested and diagnosed. Dr El-Sadr noted that the most challenging part of establishing the dry blood spot testing program in Africa was in establishing and then maintaining the testing standards required of those health care workers who administer the test to the newborns. She offered to share the manual of operations for dry blood spot testing that has been developed by Columbia University's Mailman's School of Public Health MTCT-plus group. Philip Cunningham then explained that he and A/Prof Elizabeth Dax are planning to support HIV diagnostic services for Fiji whereby the New South Wales State Reference Laboratory and Australian National Serum Reference Laboratory will undertake HIV testing for adults and children in the short term. Philip suggested that this service could be expanded to support other countries.

Provision of care to HIV-infected children within the Asia Pacific region

Dr Nia Kurniati from Indonesia noted that some of the core obstacles to the provision of care for HIV-infected children in the region include a lack of interest in HIV medicine by many physicians, a lack of availability of paediatric antiretroviral formulations and a concern that WHO's first-line antiretroviral treatment paediatric regimens will not be sustainable. It was noted by Drs Schaefer and El-Sadr that it is important to recognise that the problems faced by HIV-infected children in our region are likely to be unique and certainly not identical to those seen in sub-Saharan Africa, the US and Europe.

Education for health care workers in the region who care for HIV-infected children

Marina Carman raised the question as to whether there would be interest in ASHM developing a paediatric module within its International Short Course. There was general agreement that over time and with increased identification of HIV-infected children that practitioners in the region will be seeking further education on HIV paediatrics. It was noted that a number of paediatric care manuals exist, including those of the MTCT-plus program on their website which Dr El-Sadr kindly offered for their adaptation and use as needed within our region.

Current and future research plans in the area of HIV-infected children within the Asia Pacific region

Matthew Law spoke to the group about TREAT Asia's plan to develop a paediatric HIV observational database that would function along the lines of TAHOD – TREAT Asia's extant HIV observational database. TAHOD collects data on HIV-infected patients from a number of countries in the Asia Pacific and focuses on the epidemiological, clinical and treatment aspects. TREAT Asia has identified key HIV paediatric care providers throughout the region. The meeting in November in Phuket discussed this issue further (see Marina Carman's report below). Dr Wari Allison has done a case-control study of HIV-infected children presenting to Port Moresby General Hospital.

Paediatric HIV Regional Networks

Dr Pam Palisanthiran and Dr John Zeigler from the Sydney Children's Hospital plan to continue their regular regional paediatric HIV updates and support of their colleagues in the region which includes email advice. However, within the group it was noted that no formal paediatric HIV Asia Pacific regional network exists other than the recently formed TREAT Asia paediatric group. To date, a cohesive overview including country profiles of the current diagnostic, treatment and support services for HIV-infected children within the Asia Pacific Region has not been undertaken. In the Asia Pacific region HIV-infected children receive medical care from a

combination of general practitioners, nurses, general physicians and paediatricians. Dr Wright proposed that a network or consortium comprised of paediatric HIV health care workers and researchers in the Asia Pacific region might facilitate important linkages within the region and the sharing of clinical, diagnostic and treatment experience. In turn, this network could provide the structure to undertake educational and research needs in paediatric HIV medicine as identified by the clinicians and health care workers in the region. A similar successful model that has been developed in the region is the Asia Pacific NeuroAIDS Consortium (APNAC). It was agreed that it would be timely to arrange an inaugural paediatric HIV/AIDS consortium or network meeting around the upcoming 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007) to be held in Sydney in July 2007.

Future Directions

ASHM and the meeting's attendees agreed to undertake the following:

1. To establish support and funding to hold an Asia Pacific Paediatric HIV/AIDS satellite meeting at the 2007 IAS meeting in Sydney
2. To develop and build an email contact group of health care workers with an interest in paediatric HIV medicine in the Asia Pacific region including Australia
3. To build a relationship with TREAT Asia and identify members who may be interested in forming a regional HIV paediatric consortium
4. To send out a questionnaire to clinicians throughout the region in order to build up a picture of the current diagnostic, treatment and support services for HIV-infected children within the Asia Pacific
5. To develop a paediatric HIV module within the ASHM International Short Course
6. To help facilitate any future testing services that may be provided through the NRL and the NSW State Reference Laboratory.

TREAT Asia Paediatric Meeting Thailand November 2006

By Marina Carman

A second meeting of a paediatric network set up by the TREAT Asia group was held from 2 to 4 November in Phuket, Thailand. The meeting included participants from 34 sites across Cambodia, China, India, Indonesia, Laos, Malaysia, Thailand and Vietnam, which are currently managing an estimated 7000 children. A decision was made to set up an epidemiological database from amongst these sites. The database will work alongside the existing TREAT Asia HIV Observational Database for adults, which has been developed in collaboration with the National Centre in HIV Epidemiology and Clinical Research in Sydney and the Australian HIV Observation Database. In turn, these are linked into an international network through the International Epidemiologic Databases for the Evaluations of AIDS, funded by the National Institute of Allergy and Infectious Diseases in the US. It is hoped that the data collected through this new database could help to both define and answer important questions related to paediatric care. These include: understanding disease progression in children in Asia (particularly in settings where malnutrition and diseases such as tuberculosis are widespread); investigating the best treatment strategies, including how to deal with immune reconstitution syndrome, resistance and long-term toxicity; and promoting discussion about how to manage disclosure and psychosocial issues in children and adolescents.

The meeting also discussed the need to develop supportive and collaborative networks to share experiences and to assist with the development of guidelines, case management, education and training.

Oceania Society for Sexual Health and HIV Medicine

By Dr Arvin Chaudhary, Senior Medical Officer In-charge, Sexual Health, STI and HIV/AIDS Medicine Western Health Services Lautoka, Fiji

During the ASHM Conference in Melbourne, a group of doctors from the Pacific Island countries who work in HIV medicine expressed interest in a more active involvement with ASHM.

After a short discussion, the notion of forming an entirely new organisation for those who work in HIV medicine in Pacific Island countries evolved, and the first meeting for the Pacific focus group took place at the Carlton Hotel on Wednesday 11 October. Here, the pioneers from Fiji Islands, Samoa, Solomon Islands, Vanuatu, Kiribati, Tuvalu and the Federated States of Micronesia met under the guidance of representatives from the Secretariat of the Pacific Community (SPC) and ASHM. In this meeting, the Oceania Society for Sexual Health and HIV Medicine (OSSHHM) was born.

It was decided that the Fiji contingent would form the interim chairpersonship while the rest of the members would contribute to the formulation of the Terms of Reference for the organisation and seek to involve members from other Pacific countries which were not represented at the meeting. The proposal to use the ASHM constitution as guideline for the Pacific group was accepted.

The first OSSHHM meeting took place at Southern Cross Hotel in Suva, Fiji on 26 October 2006 where the proposed constitution of OSSHHM was discussed.

ASHM NEWS

In each issue of this newsletter we hope to highlight some of the international work in which ASHM members are involved. Consequently, we are keen to hear from those members who are working in HIV-related projects in resource-limited settings. As part of ASHM's expanding International Program we are setting up a database with details of our members who have worked or are working in international HIV treatment and care programs. If you would like to be registered on this database please contact Jacinta Ankus at jacinta.ankus@ashm.org.au.

HIV Matters

The second issue of *HIV Matters* will be distributed in early 2007 to ASHM Members who have expressed interest in international issues.

Events

Date	Country	Location	Title	More information
4–8 Feb	Indonesia	Surabaya	Indonesian National HIV/AIDS Meeting	www.pernas-aids3.tk
5–9 Feb	Australia	Perth	International HIV/AIDS Monitoring and Evaluation Training Course	www.cih.curtin.edu.au
27–31 Mar	Colombia	Santiago De Cali	XII International Course of Infectious Diseases, Comprehensive Meeting on AIDS, 3 rd International Course/ Workshop on Public health and applied Epidemiology for HIV/AIDS	www.clsida.org.co
13–17 May	Poland	Warsaw	18 th International Conference on the Reduction of Drug Related Harm. 'Harm reduction: Coming of Age'	www.harmreduction2007.com
22–25 Jul	Australia	Sydney	4 th IAS Conference on HIV Pathogenesis, Treatment and Prevention	conferenceinfo@ashm.org.au www.ias2007.org
19–23 Aug	Sri Lanka	Colombo	8 th International Congress on AIDS and the Pacific (ICAAP)	www.icaap8.lk