HOPE Cape Town Past Research

1) Keeping Kids in Care: Virological Failure in a Paediatric Antiretroviral Clinic and Suggestions for Improving Treatment Outcomes (2016)
2) Should We Bother? HIV Genotypic Resistance Testing in Children in The Western Cape (2014)
3) The Routine Paediatric Human Immunodeficiency Virus Visit as an Intervention Opportunity for Failed Maternal Care, and Use of Point-Of-Care CD4 Testing as an Adjunct in Determining Antiretroviral Therapy Eligibility (2014)
4) HOPE Cape Town e-Learning Course (2011)
5) HIV Exposed Uninfected Infants: Evidence of Severe Infectious Morbidity in South Africa (2011)
6) Introducing HOPE Cape Town (2009)
7) The Real Cost of HAART for Children? Treatment Cost of a Sponsorship Program with Dedicated Community Support (2007)
8) Traditional Health Practitioners (2005 –2009)

1) Keeping Kids in Care: Virological Failure in a Paediatric Antiretroviral Clinic and Suggestions for Improving Treatment Outcomes

An observational study describing cumulative virological failure (number of children who have died, stopped taking ART or taking ART intermittently resulting in a raised Viral Load) in a paediatric antiretroviral clinic. The study furthermore sought to analyse the role of clinics and partner organisations in improving treatment outcome.

By: Dr S Purchase, Dr J Cunningham, Dr M Esser, Dr D Skinner
Published in African Journal of AIDS research (2016)
http://www.tandfonline.com/eprint/UjybpNeZ6AMKdqagnAt7/full
Poster: SA HIV Clinicians Society conference 2014

2) Should We Bother? HIV Genotypic Resistance Testing in Children in The Western Cape

A retrospective study looking at the results of resistance tests done on patients in Delft, through Hope Cape Town between June 2011 and June 2014. 67 tests were analysed. Of these 16% were for babies who had failed PMTCT, 49% were failing 1stline and 33% failed 2ndline.

Results:

- High levels of NNRTI resistance were found in most babies who failed PMTCT. This reinforces the need to use a PI backbone for ART for these children.
- 25% of those tested had no resistance –Indicating that poor adherence remains an important cause for their raised viral Load
- 18% of children who failed 2ndline, required 3rdline therapy. There was no significant Darunavir or Integrase resistance shown (common 3rdline drugs)

By: Dr S Purchase, Dr J Cunningham, H Rabie, G van Zyl, W Preiser
Poster Presented at University of Stellenbosch academic day 2014

3) The Routine Paediatric Human Immunodeficiency Virus Visit as an Intervention Opportunity for Failed Maternal Care, and Use of Point-Of-Care CD4 Testing as an Adjunct in Determining Antiretroviral Therapy Eligibility

At the time of this study, ARV's were only initiated in adults when their CD4 count was <500. This meant that some children would be attending a paediatric ARV clinic while their parents were not on ARV's. In order to determine eligibility CD4 tests would be done which required the adult to return 2-3 days later to get the result. Consequently many eligible parents would not access ARV's. This study looked at accuracy of a Point of Care machine in testing parental CD4 counts; as well as the role of the paediatric ARV consultation in improving holistic, whole family HIV care.

By: SC Picken, S Williams, J Harvey, MM Esser
Published: South African Journal of Infectious Disease 2014; 29(2):70-74
https://journals.co.za/content/mp_sajei1/29/2/EJC161702
Poster presented Stellenbosch Academic day August 2013

Sr Pauline Jooste presenting on PIMA at SAAIDS July 2013