



HIV prevention and transmission the focus at International AIDS Conference

To the Editor: The XVII International AIDS Conference was held on 3 - 8 August 2008 in Mexico City, with 24 000 implementers, activists, persons living with HIV, researchers and politicians from 194 nations discussing the conference theme: *Universal action now!*

One of the main messages stressed throughout the conference was that a focus on antiretroviral (ARV) treatment alone has not and will not win the battle against HIV transmission. While increased access to treatment for the millions who need it should be supported and expanded, 2 - 3 persons are newly infected with HIV for each person placed on treatment. And while ARVs alone cannot prevent HIV transmission, neither can a single prevention strategy. UNAIDS director Dr Peter Piot emphasised the need to study the regional context of every HIV epidemic carefully so as to apply the most appropriate combination of strategies for prevention and treatment for the local population. Piot and others stressed the need for 'combination prevention' – an evidence-based mix of context- and epidemic-appropriate prevention strategies applied together to enhance the effectiveness of prevention efforts.

Ross *et al.*¹ presented a model showing men's age as a risk factor for increased HIV transmission to female partners. The 'take-home' message was that intergenerational sex may be a risk factor, and that sex within the same age group may help to reduce transmission risk.

Powers *et al.*'s² literature review found that the risk of transmission among the heterosexual population may exceed 1 per 1 000 coital acts, depending on genital ulcers and the presence of circumcision.

Attia *et al.*³ presented a literature review that found no strong correlation between exposure to ARVs and reduction in transmission between discordant couples, owing to limited

data and the unclear effect of other sexually transmitted infections (STIs).

Heneine (on behalf of Parikh *et al.*⁴) presented a case-control experimental trial of 6 monkeys exposed to SHIV via a tenofovir-based vaginal gel. None of the study group seroconverted, while 86% of a control group that did not receive ARVs seroconverted. In addition to this and other research, there was a resounding call to use HIV funding to support health systems as well as to urgently address human rights violations, gender inequality and stigmatisation, to further support the successful continued scale-up of treatment and combination prevention efforts.

Ziad El-Khatib

Division of International Health (IHCAR)
Karolinska Institutet
Stockholm
Sweden, and
AIDS Unit
National Institute for Communicable Diseases
Johannesburg
ziad.el-khatib@ki.se

Anastasia Pharris

IHCAR
Karolinska Institutet
Stockholm
Sweden

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The 30th Medical 10 run

To the Editor: The Medical 10 was first staged in 1978 as a result of a letter to the *South African Medical Journal* by Hendrik Muller, a senior physician in Cape Town.¹ He pointed out that a group of doctors in Finland had organised a 10 km race for medical practitioners who felt that it would add credibility to recommending a healthy lifestyle to their patients if it were shown that they practised what they preached. The Metropolitan Life Insurance Company sponsored the event, which was run on 9 December at the University of Cape Town. Bob Jamieson won on handicap, and the fastest scratch runner was Lood Rabie. The results list Clare Stannard as the fastest female runner, but she thinks she was beaten by runner No. 88 (see photo); can anyone identify her?

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In 1982, the venue was moved to the University Sports Complex in Pinelands, and in 1989 to the Warner Lambert facility in Main Road, Retreat. By then it had become an established part of the calendar of medical events in the Western Cape, not least because of the amusing commentary provided by ENT surgeon John Steer, and attracted over 200 runners plus a group of walkers from the Cardiac Rehabilitation Unit. In 2005 the venue moved to the Western Province Cricket Club sports complex in Newlands, and Life Healthcare took on the sponsorship. Victoria Hospital continued to receive the proceeds of the event – over R19 000 was donated last year, which enabled them to acquire a washing machine for their endoscopy unit. At this stage,



entry was opened to the nursing staff and paramedical disciplines.

The race retains its uniqueness of being run on a handicap basis but, to give the scratch runners more chance, the handicap was cut from 1 minute to half a minute for each year of age over 40.

This year's event begins at 06h30 on Sunday 30 November, and will mark the 30th staging. We hope that as many as possible of those who ran the first race in 1978 will be able to be present – at least for the breakfast, if they are not able to run or walk the route.

Entry forms for the 2008 event can be obtained from any Life Healthcare hospital in the Western Cape or by email from Mathilda.mallinson@lifehealthcare.co.za or the website www.lifehealthcare.co.za.

Sydney Cullis

Department of Surgery
University of Cape Town Medical School
Cape Town
sydneyc@surgcare.co.za



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