

The impact of the National HIV Health Care Worker Hotline

To the Editor: The National HIV Health Care Worker (HCW) Hotline was established in 2008, in collaboration with the Foundation for Professional Development (FPD) and PEPFAR/USAID, to support the safe and effective roll-out of antiretroviral treatment in South Africa. It is based in the Medicines Information Centre, Division of Clinical Pharmacology, UCT, and has access to the latest information and numerous clinical experts.

The toll-free hotline operates weekdays, 8h30 - 16h30, providing up-to-date information to all health care workers on aspects concerning the treatment of HIV infection and related diseases. Use of the service has consistently increased to over 300 calls a month.

HCWs who called the hotline in August and September 2009 with patient-specific queries were asked to complete a standardised questionnaire which evaluated whether the information provided was used and how this affected patient care. The most frequent users of the hotline were doctors (69%), pharmacists (14%) and nurses (11%), which may reflect the fact that doctors remain predominant in decisions around HIV care.

Of those who called the hotline with a clinical query, 96% reported that they changed their patient management as a result of the information provided. Most actions that were a consequence of the advice given concerned direct treatment-related decisions; these included treatment initiation (34%), dose adjustment (19%), discontinuation (44%) and change of ART. A substantial proportion of actions concerned the overall management of patients, such as the initiation of further diagnostic procedures, referrals to specialist services and hospital admissions. These figures demonstrate that the hotline is used for medicine-specific questions and the overall management of patients. Almost all callers interviewed confirmed that the information provided was useful, timely and of benefit to the patient.

The public health sector aims to substantially increase the number of HIV-infected individuals receiving ART. Nurse-initiated management of ART (NIMART) is a goal of the Department of Health,¹ and nurses will increasingly initiate and manage patients.

We conclude that a telephonic helpline, such as the HIV HCW Hotline, providing clinical advice and support, is a valuable resource for supporting all health care workers in South Africa.

Annoesjka Swart

Briony Chisholm

Medicines Information Centre
University of Cape Town
briony.chisholm@uct.ac.za

Karen Cohen

Marc Blockman

Division of Clinical Pharmacology
University of Cape Town

Hans-Friedemann Kinkel

HIV & TB Medicine Unit
Foundation for Professional Development
Pretoria

Tamara Kredo

South African Cochrane Centre
MRC
Cape Town

A South African doctors' team in the World Cup?

To the Editor: I wish to bring to the attention of readers an opportunity for them to play international football in the next medical world cup! How would you like to play against Brazil, Germany or Great Britain?

For many, football is a passion that begins shortly after taking their first steps. Medicine is another passion, finding expression later in life. These two drives often compete, with usually one prevailing. It is with great pleasure that The World Medical Football Federation seeks to carry on the tradition of uniting medicine and football. The Federation has been growing year after year, and is a truly international social, professional and sporting amalgamation.

I was involved in putting together a group of 20 British doctors in 2006, and we entered the competition in Germany. Since then, we have played annually in Australia, Lithuania, South Korea and Austria. The XVII Global Congress on Medicine and Health in Sport, and World Football Championship of Medical Teams, takes place on 23 - 30 July 2011 in Manchester, UK.

The week involves a medical conference with speakers from each country on some mornings, and the teams taking to the field in the afternoons, playing six 11-a-side matches in 7 days. The football is competitive but, with rules such as 'There must be at least 3 outfield players over the age of 40', also aims to be enjoyable. Many delegates bring their families, and there is a great atmosphere in the hotel and at the daily social activities.

If there are any interested doctors in South Africa who were inspired by the South African World Cup, please contact me for more details about joining us next year in England. We have most of the continents represented, with the Americas, Europe, Asia, and Australasia, but we are missing Africa! Please have a look at our website (www.britishmedicalfootballteam.co.uk) to see what's planned, and consider being part of this fantastic event. I look forward to answering any further questions.

Paul Fourie

Blackburn, UK
(formerly Springs, RSA)
paul.fourie@nhs.net

HIV diagnosis in a mobile unit

To the Editor: I read the article on HIV diagnosis in mobile unit with great interest.¹ Van Schaik *et al.* concluded that 'Mobile services are accessed by a different population compared with facility-based services'.¹ I agree that the HIV diagnosis via a mobile unit can be a useful approach for early diagnosis. However, there are some problems to be kept in mind. Quality control (QC) of the HIV test should be carefully considered. There can be problems in this regard in good hospital laboratories, and there is no doubt that QC could potentially be more difficult in a mobile unit.² To optimise the usefulness of the mobile HIV screening programme, standardisation and quality management are very important.

Viroj Wiwanitkit

Wiwanitkit House
Bangkhao
Bangkok
Thailand
wviroj@yahoo.com

1. South African National Department of Health. Clinical Guidelines for the Management of HIV and AIDS in Adults and Adolescents, 2010. <http://www.doh.gov.za/docs/facts-fhtml> (accessed 1 November 2010).

1. van Schaik N, Kranzer K, Wood R, Bekker LG. Earlier HIV diagnosis – are mobile services the answer? *S Afr Med J* 2010;100:671-674.
2. Proffitt MR, Yen-Lieberman B. Laboratory diagnosis of human immunodeficiency virus infection. *Infect Dis Clin North Am* 1993;7(2):203-219.