MESSAGE
From the Editor

Most editions of *SAJHIVMED* are posted to you with a range of different inserts – materials sent in hard copy in addition to the Journal itself – related to different aspects of HIV prevention and treatment. Several times a year, this includes HIV Treatment Bulletin (HTB) South, an invaluable guide to recent developments in HIV medicine and antiretroviral therapy (ART). Other materials have included guides on specific aspects of HIV medicine, such as those assisting in the management of HIV-TB co-infection. With this edition of the Journal, we are sending a particularly important insert: the National Department of Health's new *Contraception & Fertility Planning Guidelines*. Experience over the last decade has demonstrated that unintended pregnancies are commonplace in HIV-infected women, and that preventing such pregnancies is a critical but neglected 'upstream' intervention to promote the health of HIV-infected women. In turn, these new guidelines place special emphasis on appropriate contraceptive choices for HIV-infected women, and feature integration of family planning services as a key intervention within HIV care and treatment programmes. Delivering appropriate counselling and contraception (when indicated) is a basic responsibility of every healthcare provider working in adult HIV services, and we hope that this month's insert will contribute towards this end.

This edition of the Journal features several important contributions that demonstrate the interplay of HIV medicine with an array of health systems and social concerns. For patients presenting with meningitis symptoms, lumbar puncture (LP) is a routine investigation in most parts of the country.[1] But laboratory access and the ability to examine cerebrospinal fluid is limited in many primary healthcare settings across Africa, and evidence-based approaches to help identify patients who require LP (often through referral) are needed.[1] To help address this, Loughborough *et al.*[1] used routine hospital audit data from KwaZulu-Natal to investigate factors associated with positive LP findings. In addition to providing local insights into the aetiology and predictors of positive LP results, this original article demonstrates the value of thoughtful analysis of routinely collected clinical data. In a similar vein, Mnyani *et al.*[2] use routine antenatal and ART clinic data from Johannesburg to examine how delays in ART initiation in HIV-infected pregnant women changed after the integration of nurse-initiated management of ART (NIMART) services into antenatal care. The results are surprising: of the five health facilities surveyed, four experienced increased delays in antenatal ART initiation after the start of NIMART, suggesting that integrating ART into other primary care services is not always straightforward. In addition, in reviewing the implications of new national legislation governing health research, Strode *et al.*[3] explain how HIV prevention and treatment research involving children will be hindered, limiting the ability of research efforts to improve the health of young people across the country.

In addition to these examples of HIV-related health programme and policy research, the Journal continues to present high-quality clinical research around HIV prevention and treatment. Apalata *et al.*[4] present the results of research on the association between vaginal infections and cervicovaginal shedding of HIV. While they demonstrate no association between vulvovaginal candidiasis and HIV shedding, their data confirm that plasma viraemia is a strong – but by no means complete – predictor of HIV shedding in the female genital tract.

Also in this issue, three case reports explore the potential for iatrogenic injury in HIV-related healthcare services. First, Zingela *et al.*[5] present an important case of Stevens-Johnson syndrome in a patient receiving both antipsychotic medications and a nevirapine-based antiretroviral regimen, reminding us of the pharmacological complexities of managing mental disorders in HIV-infected patients. Meanwhile, while we usually think of healthcare providers as being at risk of HIV transmission due to needlestick injuries, Ngene *et al.*[6] present a case of a needlestick injury causing HIV exposure between patients. They attributed this particular case to overcrowding within health facilities, another demonstration of how patient safety may be compromised in overburdened health systems. Finally, Moodley *et al.*[7] present two cases of a hereditary cause of optic neuropathy, here associated with nucleoside reverse transcriptase inhibitor use. While the mutations reported here are relatively rare, this report demonstrates the complex differential diagnoses of progressive visual impairment in HIV-infected patients.

Happy reading.

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