昭和63年より当院で行っている集団研修“血液由来感染症コース”に参加した世界各国との医師間及び当院との情報ネットワークを構築するため毎年1〜2回、ニュースレター“ネットワーク”を刊行している。

Inside

People & Events

The 3rd seminar on Prevention and Control Measures of AIDS for Next Decade

New Participants

Introduction of this year’s 13 participants

The 27th Annual Meeting of Japanese Society for AIDS Research at Kumamoto, Japan

Our participants jointed to the nationwide meeting at Kumamoto
The third Seminar on Prevention and Control Measures of AIDS for Next Decade

We have closed our 25 years history of the JICA training seminar on Sexual Transmitted Disease, Control of AIDS and ATL since the “Seminar on Blood Transmitted Diseases: Special Reference to AIDS, ATL, and Hepatitis” had held at Kumamoto, Japan. Our course was taken place independently from November 18 to December 5, 2013 at National Hospital Organization Kumamoto Medical Center and other institutes. This year 13 participants from 12 countries attended the seminar. We were very delighted to be able to hold this successful seminar. Here is an introduction of the each participant, a topic from our seminar, and the 27th Annual Meeting of Japanese Society for AIDS Research at Kumamoto, Japan.

Name, gender, present post, institute / hospital and country

Dr. DE MARCO DA SILVEIRA Priscila (F)
Resident of Infectious Disease / Infectious Disease Department / Hospital of Clinics State University of Campina — UNICAMP (2013), Brazil

Dr. KALUMUNA Dieudonne Mudekereza (M)
 Provincial Doctor Coordinator / Control of Diseases / Ministere of Public Health (2001), Democratic Republic of the Congo

Dr. OPATA Vira (F)
Regional HIV Coordinator / Public Health Division / Greater Accra Regional Directorate, Ghana Health Service (2010), Ghana

Ms. TOKIARA Tooreka (F)
Principal Nursing Officer / Midwifery School / Ministry of Health (2012), Kiribati

Dr. MPHOTO Tlali (M)
Chief Medical Officer / Senkatana ART Center / Ministry of Health (2011), Lesotho

Ms. KOLEE Theodosia Slewion (F)
HIV / AIDS Counseling Officer / Health Services / Ministry of Health & Social Welfare (2010), Liberia

Ms. TAMBA Sienneh Zezay (F)
HIV / AIDS Clinical Mentor / Health Services / Ministry of Health & Social Welfare (2010), Liberia

Dr. MAJIDU Amber Chinkango (M)
District Health Officer / Clinical Services / Ministry of Health (2013), Malawi

Dr. COUTO Aleny Mahomed (F)
Head of program / Medical Assistance Directorate / Ministry of Health (2013), Mozambique

Ms. ZENDA Magdalena Abel (F)
Regional AIDS Control Coordinator / Health / Regional Administrative Secretary’s Office (2005), Tanzania

Dr. CHAIYAMAHAPURK Sakchai (M)
Director / Office of Disease Prevention and Control 9th Phisanulok / Department of Disease Control, Ministry of Public Health (2008), Thailand

Dr. MWAMBAZI Mwate (F)
Pediatrician / Arthur Davison Children’s Hospital / Ministry of Health, Zambia

Dr. MUZA Godwin (M)
District Medical Officer / Kariba District / Kariba District Hospital, Ministry of Health (2006), Zimbabwe
1. Introduction

Effective antiretroviral therapy (ART) and free support of HIV/AIDS changed the situation of patients. It is well established that increasing proportions of morbidity and mortality in HIV–infected patients are not directly attributable to HIV. With effective combination therapy, the population of HIV-infected patients is aging and now faces rising risks of mortality from age-related comorbid conditions. Furthermore, the worldwide economic crisis may affect the policy and the strategy, which should be required in the immediate future. In addition, what will happen in the next decade?

2. From Participant’s Lecture

To figure out the current issues of HIV/AIDS in the next decade, we discussed the situation on Lost to follow of clients in each country because this issue would be one of important conclusions of our training course, The 2nd Prevention and Control Measures of AIDS for Next Decade in FY2012.
3. For control measures in the next decade

During and after our training course, we exchanged the constructive opinions among all participants and decided to survey the international situation on Lost to follow-up of clients using the following questionnaire.

Q1. What is a trend of percentage of Lost to Follow-up (LTF) of PLHIV in care and treatment in your country?

Q2. What are the major reasons for high LTF of PLHIV to care and treatment clinics?

Q3. What strategies are in place or the country is planning to implement to reduce the number of LTF in your country?

Q4. What strategies worked well (best practices) you can recommend for other countries to use in order to reduce the number of LTF clients?

We need our international collaboration against HIV/AIDS now. So you are really appreciated if you’ll be able to participate in the above survey. Please send me the answers to above questions by e-mail (takemots@kumamed.jp).

Workshop at Kumamoto

We attended and jointed to the 27th Annual Meeting of Japanese Society for AIDS Research (President: Professor Hiroaki Mitsuya, Department of Hematology, Department of Rheumatology & Clinical Immunology, Department of Infectious Diseases, Kumamoto University School of Medicine) at Kumamoto, Japan on November 21, 2013.

Global epidemic and local access to combination of antiretroviral therapy in the era of treatment as prevention

Chairpersons:
Shigeki Takemoto (Clinical Laboratory Department, National Hospital Organization Kumamoto Medical Center)
Wataru Sugiura (Department of Infectious Diseases and Immunology, Clinical Research Center, National Hospital Organization Nagaya Medical Center)
Speakers in order of presentation Kimiyo Kikuchi (Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo)
and Participants of JICA training course ‘3rd Prevention and Control Measures of AIDS for Next Decade’.
Effective combination of antiretroviral therapy (cART) and free support of HIV/AIDS changed the situation of patients. It is well established that increasing proportions of morbidity and mortality in HIV–infected patients are not directly attributable to HIV. In the era of treatment as prevention (TasP), pre-exposure prophylaxis and earlier introduction of cART are promising way for AIDS control because cART can reduce plasma and genital viral load to undetectable levels. However, despite significant success in scaling up cART programs, many people living with HIV/AIDS are lost at every step along the continuum of care. It is recognized that poor retention of patients in care is a major driver of this poor program performance and increased morbidity and mortality. Furthermore, the worldwide economic crisis may affect the policy and the strategy in the future. To figure out the current issues of HIV/AIDS care in the era of TasP, we discuss the following topics: Price reduction and introduction of generic antiretroviral drugs; Retention on cART and loss to follow-up; High risk of cART non-adherence and delay of cART initiation in pediatric treatment. Finally, we would like to conclude what we can do for the next decade worldwide.

Name of participants who made presentation are as follows:
  Dr. MPHOLO Tlali (Lesotho)
  Dr. CHAIYAMAHAPURK Sakchai (Thailand)

Dr. OPATA Vira (Ghana)
Dr. COUTO Aleny Mahomed (Mozambique).
They presented their activities against HIV/AIDS in each country. We could confirm that they would be able to achieve their objectives which mentioned in Action Plan. We were also invited to their reception party and exchanged opinions among them.

Voices From Participants

Here, we would like to show our group communication using e-mail and social network. We are keeping touch each other to fight against our common issues on HIV/AIDS together!

Thank you for the wishes you have reveled at me! Should you feel alike on the regard, I wanna wish you every blessing to overshadow your every move to becoming a successful person!!
(From Zenda)

Thanks for sharing. In malawi TB prevalence survey is currently in progress. MDR prevalence is at 2%. Currently we are optimising gene expert technology and TB/HIV integration. Wish you well my brothers and sisters. (From Amber)

I send this interesting article about the implementation of option B+ in Malawi. Remember the argument we had on this topic, people saying is very effective. But in this article i see some surprises. Lost of follow up of 17 %. (From Aleny)

I'm not sure what sort of follow up mechanisms they have put in place and how effective they are- coz in my scenario, alarm bells would go off as soon as we have ~5 % defaulter rate at any health centre. So I don't think we can extrapolate these results and predict doom n gloom over option B+..(From Goddie)

I wish you a very warm and prosperous new year. May you touch all your goals. Happy New Year. (From Sakchai)

Thanks a lot. Many happy returns and all the best wishes to everyone in the new year. Have a very fruitful and prosperous year. (From Vera)

Merry Christmas to you all of my friends. (From Thant)

Hie. How are you Mr Takemoto? Its long time since we last communicated. My programme on circumcision is going well though we might fail to meet our targets for reason behind my control. But as for now we have rolled it out well. Greet the rest of the team members
(From Gift)

Keep in touch and united to fight against HIV/AIDS (From Aung)
Notices From The Editor

Ladies and gentlemen! Thank you for reading this "NETWORK". How did you like this? The editor wants to ask you a favor. I would like you to tell me your e-mail address in order to get in touch with each other more easily. Please let Dr. Shigeki Takemoto knows by either an E-mail or Facebook address. The information about Dr. Takemoto is as follows:

National Hospital Organization
Kumamoto Medical Center
1-5 Ninomaru Kumamoto, 860-0008
Japan
Telephone:+81-96-353-6501
Fax:+81-96-325-2519
E-mail:takemots@kumamed.jp

I also ask you to inform the editor of your current address, hospital / institution, present post, and so on. If there are any changes, please notify the editor so that I can keep you informed of the happenings on the National Hospital Organization Kumamoto Medical Center and the whereabouts of your co-trainees. Through this "NETWORK", we should literally be able to broaden our network and grow together as doctors/nurses. We would be grateful to you if you could give us some advice or ideas as well as articles for the "NETWORK". We really welcome any news from you; e.g., about your research, subjects, activities, countries, families, hobbies and so forth. Also, if you would permit the editor to publish your articles, we would share them with the readers of "NETWORK". I am looking forward to hearing from you.

Best wishes from all at National Hospital Organization Kumamoto Medical Center, Kumamoto, Japan!