

Foreword

The countries in southern Africa are not only the most heavily impacted in the world by HIV/AIDS and tuberculosis but now home to the world's largest HIV/AIDS treatment programs providing care and treatment to millions of people. As sure as night follows day, the continued expansion of antiretroviral therapy will be followed by an increase in HIV antiretroviral drug resistance. Nearly every major infectious disease has developed resistance to drugs commonly used for treatment. Drug resistance in tuberculosis has been a well-described and longstanding problem. With the recent increases in multiple drug resistance and the outbreak of extremely-drug resistant tuberculosis, clinicians and public health officials need to be on heightened alert for the possibility of drug resistance, seek training in the management of drug-resistant cases and increase efforts to monitor and control its transmission.

While the initial focus on the response to HIV/AIDS was as an emergency, rapidly scaling up to provide life-saving treatment to as many sick persons as possible, over the past decade the response has evolved to managing HIV as a life-long chronic disease with sustainable and increasingly integrated primary healthcare programs. Because in low and middle-income countries with large burdens of disease, both HIV/AIDS and tuberculosis are often managed in a "public health" approach with resistance testing of each case not routinely performed, surveillance systems are critical to monitor the frequency and distribution of drug-resistance and provide clinicians with the best information on how to implement standardised treatment.

The Southern African Treatment and Resistance Network (SATuRN) is well positioned in southern Africa to support surveillance of HIV drug resistance and conduct epidemiologic interpretation of those findings. Surveillance and epidemiology are activities usually in the realm of public health where such data are used to inform health policy on the national level. Currently, however, those activities can be used to support clinical decision making in individual patient management.

Finally, due to the large numbers of persons with HIV/AIDS and tuberculosis in southern Africa, management of those diseases and drug-resistant cases must be increasingly decentralized and part of an integrated primary healthcare system.

Although drug resistance can be complex, the basic principles are straightforward and through the successful completion of the materials in this book, the public health and clinical practitioner can develop sufficient confidence to manage most cases. The authors of this text have done a tremendous service in providing easy to follow and practical lessons for the management of the most common cases of resistance in HIV/AIDS and tuberculosis.

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