



***DEPARTEMENT PEDIATRIE EN  
KINDERGESONDHEID/  
DEPARTMENT OF PAEDIATRICS AND  
CHILD HEALTH***

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**Annual Report for Tygerberg Hospital  
and Stellenbosch University 2011**

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## **UITVOERENDE OORSIG – 2011/EXECUTIVE SUMMARY – 2011**

*Die Tygerberg Kinderhospitaal (TKH) is deel van die Tygerberg Akademiese Hospitaal Kompleks en dien as die groot akademiese kinderhospitaal vir die Oos-Metropolitaanse streek van Kaapstad in die Wes-Kaap. Daar was 4694 toelatings tot die hoogs gespesialiseerde dienste (HSS) met 'n gemiddelde bedbesettingskoers van 73% en 8523 toelatings tot die algemene gespesialiseerde dienste (GSS) met 'n gemiddelde bedbesetting van 77%. Neonatologie het uitmuntend gevaar met 'n algehele vroeë neonatale mortaliteit van 7,1/1000 vir babas meer as 1 kg en 13,1/1000 vir babas oor 500 gram, wat ver onder die beplande teiken van die Wes-Kaapprovinsie val. Beperkings wat ervaar is sluit in die beperkte kritiesesorgbeddens en personeel in HSS (4,5% van opnames) en die groot noodsoorgwerkslas, met 39% van die kinders gesien tydens n-uurse diens in G Grond.*

*Die HSS ambulatoriese diens is gekenmerk deur 'n hoë werkslading met 13572 pasiëntbesoeke. en dit is deels as gevolg van die gebrek aan fisiese ruimte in die GSS ambulatoriese diens, wat daartoe lei dat die kinders gesien moet word deur die HSS-personeel. Die siektelas is veral toe te skryf aan ontwikkelingspediatrie (20% insluitend die hoërisikoprematuerbabas), neurologie (12%) en pulmonologie (10%).*

*Die onderrigprogram in Pediatrie was uitstekend, met 'n slaagsyfer van 98% vir finalejaar-mediese studente, vyf nuut gekwalifiseerde pediater en drie nuwe PhD-inskrywings (2 uit TKH-staf). Die navorsingsprogram was ook uitstekend met 93 eweknie-geëvalueerde publikasies, twee handboeke, 10 hoofstukke in handboeke en verskillende navorsingstoekennings.*

*Infrastruktuurontwikkeling sluit in die verkryging van die RETCAM Digitale Sisteem vir Kinderoogheelkunde-donasie (R1 140 000) en ander apparatuur van R821 020. Vier nuwe hoësoorg- neonatologie beddens is geopen in September 2011 en 'n Kardiologie-eggo-laboratorium is opgerig.*

*Die beplanning vir 2012 sluit in die gedeeltelike ontbondeling van die ambulatoriese diens in die HSS- en GSS-dienste, asook die vestiging van 4 hoësoorgkinderbeddens (HSS) en 17 neonatale beddens (drie isolasiebeddens) en vier algemene pediatriebeddens (GSS).*

*Mariana Kruger*

The Tygerberg Children's Hospital (TCH) is situated in the Tygerberg Academic Hospital Complex and serves as the large paediatric academic hospital for the Eastern Metropolitan region of Cape Town in the Western Cape. There were admissions to 4694 highly specialized services (HSS) with a bed occupancy rate (BOR) of 73% and 8523 admissions to general specialist services (GSS) with a BOR of 77%. Neonatology delivered an excellent service with a low early neonatal death rate (ENDR) of 7,1/1000 for babies >1 kg and 13,1/1000 for babies over 500 g, which is far below the target for the Western Cape. Constraints include the shortage of critical care beds and staff (4,5% of all admissions) and in GSS the emergency workload with 39% of children seen after hours in G Ground.

The HSS ambulatory services had a huge workload with 13572 patient visits and this is partially due to the inadequate physical space for GSS ambulatory care, necessitating these patients to be seen by HSS staff. The specific burden of disease is related to developmental paediatrics (20% include high-risk prematures), neurology (12%) and pulmonology (10%).

The teaching programme in Paediatrics was excellent, with a pass rate of 98% for final-year medical students, five newly qualified paediatricians and three new PhD-enrolled students (two staff of TCH). The research programme was also excellent with 93 publications by peer review, two text books, 10 chapters in text books and several research grants.

Infrastructure improvement included the RETCAM Digital System for Paediatric Ophthalmology donation (R1 140 000) and other equipment of R821 020. Four new high-care neonatology beds opened in September 2011 and an Cardiology Echo Laboratory was established.

The planning for 2012 includes the partial unbundling of the ambulatory paediatric service in the HSS and GSS services, as well as the establishment of four high-care beds (HSS), as well as 17 neonatal beds (three isolation beds) and four general beds (GSS).

Mariana Kruger

## Deel 1/Part 1

### HULPBRONNE EN UITSET/RESOURCES AND OUTPUT

#### Menslike Hulpbronne/Human Resources

<b>Poste (voltyds)/Posts (full-time)</b>	<b>Getal/Number</b>	<b>Gevul/Filled</b>
<i>Professor/ Hoofspesialis/ Professor/Chief Specialist</i>	2	2
<i>Hoofspesialis/Chief Specialist</i>	1	1
<i>Eerste Spesialis/Principal Specialist</i>	6	5
<i>Senior Spesialis/Senior Specialist</i>	19 + 1(5/8)	19 + 1(5/8)
<i>Senior Kliniese Assistent (KA)/Senior Registrar</i>	7 (PRWK/PGWC n=3)	7 (PRWK/PGWC n=3)
<i>Kliniese Assistent (KA)/Registrar</i>	31 (2 <i>botallig/supernumerary</i> )	31
<i>Mediese Beampte/Medical Officer</i>	26	26
<b>Posts (sessional – hours per week)</b>		
<i>Spesialis/Specialist</i>	4 (37 ure/week)	4 (37 hrs/week)
<i>Mediese Beampte/Medical Officer</i>	1 (16 ure/week)	1 (16 hrs/week)
Locum: Dr JCF du Preez (4 mnde/mths)	1	1
<i>Beddens in gebruik/Number of beds</i>	253	253

#### Uitsette/Output

### SUBSPESIALIS PEDIATRIE/SUBSPECIALIST PAEDIATRICS

#### Totale pasiëntopnames 2011 (Clinicom-data)/Total patient admissions 2011 (Clinicom data)

<b>*A9 NICU</b>	<b>A9 PICU</b>	<b>Tragea- eenheid/ Trachea Unit</b>	<b>G1</b>	<b>G3</b>	<b>G7</b>	<b>G9</b>	<b>Totaal/ Total</b>
617	518	17	1029	605	692	1233	<b>4694</b>

\*A9 NICU (Neonatale-intensiewesorgeenheid) sluit Hoësongebbeddens in, aangesien Clinicom data nie kan skei nie./ A9 NICU includes High-care beds, since Clinicom cannot separate data.

#### Bedbesettingskoers 2011 (Clinicom-data) /Bed Occupancy Rate 2011 (Clinicom data)

<b>*A9 NICU</b>	<b>A9 PICU</b>	<b>Tragea- eenheid/ Trachea Unit</b>	<b>G1</b>	<b>G3</b>	<b>G7</b>	<b>G9</b>	<b>Totaal/ Total</b>
87%	85%	62%	81%	58%	72%	71%	<b>73,7%</b>

\*A9 NICU sluit Hoësongebbeddens in, aangesien Clinicom data nie kan skei nie./A9 NICU includes High-care beds, since Clinicom cannot separate data.

### **Neonatologie/Neonatology**

*Staff/Staff: Proff/Profs G Kirsten, J Smith, Drs A Bekker, S Holgate, G Kali, A Madide, L van Wyk, SK van der Merwe, 4 KA's/Registrars, 10 Mediese Beamptes/Medical Officers*

#### **A9 Intensiewesorgeenheid/A9 Intensive Care Unit**

<b>Beddens/Beds n=8</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Opnames/Admissions</i>	617	408	387 (420#)
<i>Gemiddelde Hospitaalverblyf in Dae/ Average Hospital Stay in Days</i>	6	8,2#	21,1#
<i>Gemiddelde Bedbesetting %/ Average Bed Occupancy %</i>	93% (Slegs NICU/ Only NICU)	80%#	82,40%#
<i>% Groei/% Growth</i>	51%	5,4%	-30%
<i>Keisersnitte/Caesarean Sections</i>	2521 (41%)	2122	2113
<i>Sterftes/Deaths</i>	63 (10,2%)	76 (18,62%)	162 (38,5%)

# *Gekombineer met PICU-data/Combined with PICU data*

#### **Saal G1: Neonatale Eenheid –Babas buite TBH gebore/ Ward G1: Neonatal Unit – Babies born outside TBH**

<b>Beddens/Beds n=36</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Opnames/Admissions</i>	1029	987 (1036*)	946
<i>Gemiddelde Hospitaalverblyf in Dae/ Average Hospital Stay in Days</i>	10	10,5*	11,5
<i>Gemiddelde Bedbesetting %/ Average Bed Occupancy %</i>	81%	96,6%*	75,9%
<i>% Groei/% Growth</i>	-1,5%	4,3%	-7%
<i>Sterftes/Deaths</i>	30 (2,9%) (12 <i>ongebore/outborn</i> )	33 (3,34%)	27 (4,68%)

\* *Data van Clinicom/Data from Clinicom*

**A9 Pediatriese Intensiewesorgeenheid/A9 Paediatric Intensive Care Unit**

*Staff/Staff: Prof R Gie, Drs P Goussard, S Kling, L Heyns, 2 KA's/Registrars, Mediese Beampte/Medical Officer*

<b>Beddens/Beds n=8</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Opnames/Admissions</i>	598 (PICU)	629	625 (280#)
<i>Gemiddelde Hospitaalverblyf in Dae/</i> Average Hospital Stay in Days	6	#	6
<i>Gemiddelde Bedbesetting %/</i> Average Bed Occupancy %	85%	#	120% (137,5%*)
<i>% Groei /% Growth</i>	#	#	17-20%
<i>Sterftes/Deaths</i>	52 (8%)	74 (11,8%)	73 (11,7%)

# *Clinicom het data met NICU gekombineer – geen skeiding vir PICU, kan daarom nie data voorsien nie/Clinicom combined data with NICU – no split for PICU, therefore cannot provide data*

**A9 Trageostomie-eenheid/A9 Tracheostomy Unit**

*Staff/Staff: Prof R Gie, Drs P Goussard, S Kling, L Heyns, 2 KA's/Registrars, Mediese Beampte/Medical Officer*

<b>Beddens/Beds n=10</b>	<b>2011</b>
<i>Opnames/Admissions</i>	17
<i>Gemiddelde Bedbesetting %/</i> Average Bed Occupancy %	62%
<i>Sterftes/Deaths</i>	2

**Saal G9 Pediatriese Pulmonologie en Allergie / Ward G9 Paediatric Pulmonology and Allergy**

*Staff/Staff: Prof R Gie, Drs P Goussard, S Kling, L Heyns, Dr G Poole, Dr T Gray, 2 KA's/Registrars, Gedeelde Mediese Beampte vir G9/Shared Medical Officer for G9*

<b>Pulmonologiebeddens/ Pulmonology Beds n=10</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Opnames Pulm/Admissions Pulm</i>	511	512	534 (389*)
<i>Gemiddelde Hospitaalverblyf in Dae/</i> Average Hospital Stay in Days	6,75	7,0	7,0
<i>Gemiddelde Bedbesetting %/</i> Average Bed Occupancy %	78%	#76%	#76,67%
<i>Sterftes/Deaths</i>	5	2 (0,4%)	4 (1,02%)
<i>MIV-verwant (CHIP)/</i> HIV-related (CHIP)	0	1	1
<i>Blootgestel/Exposed</i>	1	1	1
<i>Geïnfekteer/Infected</i>	0	0	/

# *Sluit vir al 3 subdissiplines in G9 in: Pulmonologie; Kardiologie & Neurologie/Includes for all 3 subdisciplines in G9: Pulmonology; Cardiology & Neurology*



## Prosedures en Ander Aktiwiteite/Procedures and Other Activities

### 1. Teaterprosedures/Theatre Procedures:

- |   |     |
|---|-----|
| a) <i>Brongoskopies</i> /Bronchoscopies     | 265 |
| b) <i>Torakschirurgie</i> /Thoracic surgery | 55  |

## Saal G9 Neurologie/Ward G9 Neurology

*Staff*/Staff: *Proff*/Profs J Schoeman, Drs R van Toorn, P Springer, Dr R Solomons (G10), Dr H Saunders, Dr PAM Brink (*Senior KA's*/Senior Registrars), 2 *KA's*/Registrars, *Gedeelde Mediese Beampte vir G9*/Shared Medical Officer for G9

<b>Beddens/Beds n=10</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Opnames</i> /Admissions	392	397	245 (78*)
<i>Gemiddelde Hospitaalverblyf in Dae</i> /Average Hospital Stay in Days	6,75	6,75	8,3
<i>Gemiddelde Bedbesetting %</i> /Average Bed Occupancy %	135%	129%	*
<i>% Groei</i> /% Growth	None	62%	
<i>Sterftes</i> /Deaths	5 (1,2%)	14 (3,52%)	1 (1,28%)

\* *Clinicom-data (Gekombineer met pediatriese pulmonologie)*/Clinicom data (Combined with paediatric pulmonology)

## Ander Aktiwiteite/Other Activities

<i>Pediatriese &amp; Neonatale EEG's gerapporteer</i> /Paediatrics & Neonatal EEGs reported	620
<i>RT-breinskanderings</i> /CT brain scans	1043
<i>MRI-breinskanderings</i> /MRI brain scans	306
<i>MRI spinale murg</i> /MRI spinal cord	100

## Saal G9 Kinderendokrinologie/Ward G9 Paediatric Endocrinology

*Staff*/Staff: Drs E Zöllner, D Abraham, *KA*/Registrar, *Gedeelde Mediese Beampte vir G9*/Shared Medical Officer for G9

<b>Beddens/Beds n=5</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Opnames Totaal</i> /Admissions Total	193	171 (139*)	151 (132*)
<i>Diabeetpasiënte</i> /Diabetic Patients	91	98	64
<i>Endokrienpasiënte</i> /Endocrine Patients	102	73	87
<i>Ander Sale</i> /Other Wards	49		
<i>Gemiddelde Hospitaalverblyf in Dae</i> /Average Hospital Stay in Days	7	10	12 (11,5)
<i>Gemiddelde Bedbesetting %</i> /Average Bed Occupancy %	74%	82%*	137,5%
<i>% Groei</i> /% Growth	1,1%	13,2%	6,3%
<i>Sterftes</i> /Deaths	0	1 (0,6%)	2 (1,5%)

\**Data van Clinicom*/Data from Clinicom

**Saal G7 Gastroënterologie/Ward G7 Gastroenterology**

*Staff/Staff: Drs E Nel, Registrar, Gedeelde Mediese Beampte vir G7/Shared Medical Officer for G7*

<b>Beddens/Beds n=9</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Opnames/Admissions</i>	317	285	368 (256*)
<i>Gemiddelde Hospitaalverblyf in Dae/ Average Hospital Stay in Days</i>	12,6	15,4	11,2
<i>Gemiddelde Bedbesetting %/ Average Bed Occupancy %</i>	89%	90,3%	91,5%
<i>% Groei/% Growth</i>	11,1%	-22,5%	21,8%
<i>Sterftes/Deaths</i>	9	19 (6,6%)	18 (5%)

*\*Clinicom-data & CHIP-data/Clinicom data & CHIP data*

**Teaterprosedures/Theatre procedures**

- *Gastrokopie (enteroskopie ingesluit)/Gastroscopy (including enteroscopy)* 29
- *Kolonoskopie/Colonoscopy* 6
- *Lewerbiopsie/Liver Biopsy* 5

**Saal G7 Infeksiesiekteseenheid/Ward G7 Infectious Diseases Unit**

*Staff/Staff: Prof MF Cotton, Dr H Rabie (MIV-kliniek/HIV Clinic), KA/Registrar, Gedeelde Mediese Beampte vir G7/Shared Medical Officer for G7*

<b>Beddens/Beds n=14</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Opnames/Admissions</i>	226	193	219
<i>Gemiddelde Hospitaalverblyf in Dae/ Average Hospital Stay in Days</i>	16,4	16,8	17,0
<i>Gemiddelde Bedbesetting %/ Average Bed Occupancy %</i>	89%	72%	91,5%
<i>% Groei /% Growth</i>	11,1%	- 11,9%	28,8%
<i>Sterftes/Deaths</i>	7	11 (5,6%)	8 (3,7%)
<i>MIV-verwant (CHIP)/ HIV related (CHIP)</i>	All	10	1
<i>Blootgestel (CHIP-data)/Exposed (CHIP data)</i>	0	0	7
<i>Geïnfekteer (CHIP-data)/Infected (CHIP data)</i>	7	10	4

*\*Clinicom-data gekombineer met gastroënterologie; kan daarom nie bepaal nie/Clinicom data combined with gastroenterology therefore cannot determine*

**Saal G3 Onkologie & Hematologie/Ward G3 Oncology & Haematology**

*Staff/Staff: Proff/Profs M Kruger, C Stefan, Drs A Dippenaar, R Uys, 2 KA's/Registrars*

<b>Beddens/Beds n=9</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Nuwe pasiënte/New patients</i>	51 <i>Hematologie/ Haematology</i>	30 <i>Hematologie/ Haematology</i>	25 <i>Hematologie/ Haematology</i>
	44 <i>Onkologie/ Oncology</i>	60 <i>Onkologie/ Oncology</i>	46 <i>Onkologie/ Oncology</i>
<i>Opnames/Admissions</i>	343	475	464 (587*)

<i>Gemiddelde Hospitaalverblyf in Dae/Average Hospital Stay in Days</i>	5,3	3,4	5,2
<i>Gemiddelde Bedbesetting %/ Average Bed Occupancy %</i>	48,2%	51,5%	90,5% (56,09%)
<i>Mortaliteit CHIP/Mortality CHIP</i>	5	4 (0,84%)	2 (0,43%)
<i>% Groei/% Growth</i>	/	23%	/
<i>Sterftes/Deaths</i>	5	10	15 (3,23%)
<i>Dagpasiënte/Day patients</i>	1181	1317	1051

\* *Clinicom-data/Clinicom data*

### **Saal G3 Nefrologie/Ward G3 Nephrology**

*Staff/Staff: Dr C du Buisson, Dr JL Shires – deeltjds/part-time, KA/Registrar, Gedeelde Mediese Beampte vir G3/Shared Medical Officer for G3*

<b>Beddens/Beds n=4</b>	<b>2011</b>	<b>2010</b>
<i>Opnames/Admissions</i>	168	140
<i>Ander/Other</i>	142	
<i>Gemiddelde Hospitaalverblyf in Dae/ Average Hospital Stay in days</i>	12	6
<i>Gemiddelde bedbesetting %/ Average bed occupancy %</i>	92%	81%
<i>Sterftes/Deaths</i>	1	1

- *Nierbiopsies (alles in G3 gedoen)/Renal biopsies (all done in G3)* 33
- *Akute dialises (alles in PICU gedoen)/Acute dialyses (all done in PICU)* 5

### **Saal G3 & G10 Kardiologie/Ward G3 & G10 Cardiology**

*Staff/Staff: Drs J Lawrenson, L Andrag, G Comititis, R de Dekker (RKH/RXH), 2 KA's/Registrars, Gedeelde Mediese Beampte in G3 & G10 (van Julie tot Desember 2011)/Shared Medical Officer in G3 & G10 (from July to December 2011)*

<b>Beddens/Beds n=10 (G3=5, G10=5)</b>	<b>2011</b>	<b>2010</b>
<i>Opnames/Admissions</i>	148 (G10 - 37; G3 - 111)	147
<i>Gemiddelde Hospitaalverblyf in Dae/ Average Hospital Stay in Days</i>	*	*
<i>Gemiddelde Bedbesetting %/ Average Bed Occupancy %</i>	*	*
<i>Binnepasiënt-eggokardiografie/ Inpatient Echocardiography</i>	649	708
<i>Binnepasiëntkonsultasies Inpatient Consultations</i>	707	*

\* *Clinicom-data gekombineer met kardiologie; kan daarom nie bepaal nie/Clinicom data combined with cardiology therefore cannot determine*

**Aangebied by RKH as algemene platform vir dienslewering/ Offered at RXH as common platform of service delivery**

- RKH-teaterprosedures, -operasies/RXH theatre procedures, operations 323
- RKH-teaterkateterisasies/RXH theatre catheterizations 219

**BUIEPASIEÏNTEKOMPLEKS/OUTPATIENT COMPLEX**

**Subspesialisklinieke/Subspecialist Clinics**

<b>Klinieke/ Clinics</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
	<b>Aantal/Total</b>	<b>Aantal/Total</b>	<b>Aantal/Total</b>
<i>Hematologie/Haematology</i>	259	177	155
<i>Immunologie/Immunology</i>	146	113	166
<i>Onkologie/Oncology</i>	448	392	410
<i>Pulmonologie/Pulmonology</i>	1381	1308	1258
<i>Gastroënterologie/Gastroenterology</i>	527	604	664
<i>Hoërisikobabas/High-risk Babies</i>	1671	1442	1390
<i>Neurologie/Neurology</i>	1643	2537	2271
<i>Neuro-ontwikkeling/Neurodevelopment</i>	1042		
<i>Allergie/Allergy</i>	713	689	762
<i>Prematuur Opvolg/Premature Follow-up</i>	277	347	288
<i>Nefrologie/Nephrology</i>	1201	1103	1120
<i>Kardiologie/Cardiology</i>	1076	1032	1069
<i>Brongopulmonale Displasiae/ Bronchopulmonoray Dysplasia</i>	22	23	30
<i>Diabetes/Diabetic</i>	598	586	479
<i>Endokrinologie/Endocrinology</i>	530	490	447
<i>Rumatologie/Rheumatology</i>	183	205	184
<i>Infeksiesiektes/Infectious diseases</i>	1308	1003	848
<i>Genetika/Genetics</i>	367	293	265
<i>Aptekvoorskrifte/Chemist Prescriptions</i>	178	250	236
<b>Totaal/Total</b>	<b>13574</b>	<b>12604</b>	<b>11983</b>

**ALGEMENE SPESIALISDIENSTE/GENERAL SPECIALIST SERVICES**

**Totale Pasiëntopnames 2011 (Clinicom-data)/Total Patient Admissions 2011 (Clinicom data)**

<b>G2</b>	<b>G8</b>	<b>G10</b>	<b>GG Kortverblyf/ Short Stay</b>	<b>Totaal/ Total</b>
1845	834	1215	4629	<b>8523</b>

**Bedbesettingskoers (Clinicom-data)/Bed Occupancy Rate 2011 (Clinicom data)**

<b>G2</b>	<b>G8</b>	<b>G10</b>	<b>GG Kortverblyf/ Short Stay</b>	<b>Totaal/ Total</b>
85%	80%	71%	73%	<b>77,2%</b>

## Neonatologie/Neonatology

### Saal G2 Neonatale eenheid – Babas in TBH gebore/ Ward G2 Neonatal Unit – Babies born in TBH

<b>Beddens/Beds n=38</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
Opnames/Admissions	1845	2017 (2037*)	2302
Gemiddelde Hospitaalverblyf in Dae/ Average Hospital Stay in Days	6,0	6,3*	8,6
Gemiddelde Bedbesetting/ Average Bed Occupancy	85%	150%*	82,1%
% Groei/% Growth	-2,5%	- 12,3%	29%
Sterftes/Deaths	66 (3,5%)	53 (2,62%)	57 (2,48%)

\*Data van Clinicom/Data from Clinicom

### Saal G8 Neonaat- & Kangaroo-moedersorg – Aansterkfasiliteit/Ward G8 Neonate & Kangaroo-mother Care – Step-down Facility

<b>Beddens/Beds n=30</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
Opnames/Admissions	834	736 (855*)	835
Gemiddelde Hospitaalverblyf in Dae/ Average Hospital Stay in Days	11,1	11,25*	11,4
Gemiddelde bedbesetting %/ Average bed occupancy %	80%	80%*	79,2%
% Groei/% Growth	-2,5%	-11,8%	36%
Sterftes/Deaths	0	2 (0,27%)	1 (0,12%)

\*Data van Clinicom/Data van Clinicom

### G10 Algemene Pediatrie/Ward G10 General Paediatrics

Staf/Staff: Dr R Solomons, 1 KA/Registrar, 1 Mediese Beampte/Medical Officer, 2 Interns

<b>Beddens/Beds n=25</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
Opnames/Admissions	1119	820	306
% Toename van Algemene Opnames/ % Increase in General Admissions	↑36%	↑168%	
Gemiddelde Bedbesetting %/ Average Bed Occupancy %	70,8%*	66,74%	137,5% (77,53%)
Gemiddelde Hospitaalverblyf in Dae/ Average Hospital Stay in Days	6,33*	5,3	9,1
Sterftes/Deaths	10 (0,89%)	6 (0,73%)	11 (3,6%)

\*Clinicom-data/Clinicom data

**Kortverblyfsaal G Grond: <48-uuroopname/ Short-stay G Ground: <48-hour Admissions**

Staf/Staff: Prof S Schaaf, Drs E Malek, L Smit, H Finlayson, M du Preez (*deeltyds/part-time*), 3 KA's/Registrars, (1 *Noodgeneeskunde-KA/Emergency Medicine Registrar*), 2 *Mediese Beamptes/Medical Officers*, 2 Interns

	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>Totale Opnames in G Grond/</i> Total Admissions to G Ground	4629	4738	4834
<i>% Toename van Algemene Opnames/</i> % Increase in General Admissions	↓2%	↓2%	↑8,5%
<i>Gemiddelde Pasiëntopname per dag/Average Patient Admissions per day</i>	13	13	13
<i>Gemiddelde Hospitaalverblyf in Dae/</i> Average Hospital Stay in Days	1,2		1,7
<i>% Gemiddeld Bedbesetting/ %</i> Average Bed Occupancy	73%	75%	73%
<i>Gemiddelde Gastro Daaglikse Besetting %/</i> Average Gastro Daily Occupancy %	63%	74%	64%
<i>Gemiddelde Gastro Daaglikse Besetting % (Gastro-seisoen Feb-Mei) – 8 Beddens tydens Gastro-seisoen i.p.v. gewone 6/</i> Average Gastro Daily Occupancy % (Gastro Season Feb-May) – 8 Beds during Gastro Season instead of the usual 6	80%	/	/
<i>Sterftes/Deaths</i>	13	17 (0,13%)	20 (0,15%)
<i>MIV-verwante Mortaliteit</i> HIV-related Mortality	3	2	11
<i>MIV Blootgestel/HIV Exposed</i>	2	0	4

**Algemene Pediatrie: Nood & Klinieke/General Paediatrics: Emergency & Clinics**

<b>Klinieke/Clinics</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<i>BP 8am-4pm: Nood &amp; Roetine/</i> OPD 8am-4pm: Emergency & Routine	7668	7277	7695
	<i>5512 Nuwe Pasiënte/</i> <i>New Referrals</i>		
	<i>2156</i> <i>Bespreek/Booked</i>		
<i>Daaglikse Gemiddeld Gesien/</i> Daily Average Seen	31	29	30
<i>BP na-ure: 4pm-8am</i>	4900	4797	5246

<i>&amp; naweke – Nood</i> OPD after hours: 4pm-8am & weekend – Emergency			
<i>BP na ure: 4pm-8am %</i> OPD after hours: 4pm-8am %	39%	39%	40%
<b>Totaal/Total</b>	<b>12568</b>	<b>12074</b>	<b>12941</b>

### 2011 Morbiditeit & Mortaliteit/2011 Morbidity & Mortality

#### PPIP-data/PPIP data

*Totale geboortes in TKH (TBH)/Total births in TCH (TBH): n=6084*

PNMR ( $\geq 500\text{g}$ ) = 74,8/1000

ENNDR ( $\geq 500\text{g}$ ) = 13,3/1000

PNMR ( $\geq 1000\text{g}$ ) = 40,5/1000

ENNDR ( $\geq 1000\text{g}$ ) = 7,1/1000

*Mortaliteit van babas gebore in TKH (TBH) per gewigskategorie/Mortality of babies born in TCH (TBH) per birth weight category: n=90*

<b>Geboortegewig/Birth Weight</b>	<b>% Mortaliteit 2011/ % Mortality 2011</b>	<b>% Mortaliteit 2010/ % Mortality 2010</b>
$\leq 1000\text{g}$	21,6	27,6
1001 to 1500g	4,6	3,1
1501 to 1999g	1,5	1,2
2000 to 2499g	0,8	1,8
$\geq 2500\text{g}$	0,3	1,8

*Doodsoorsaak van babas in TKH (TBH) gebore/Causes of death of babies born in TCH (TBH): n=90*

<b>Doodsoorsaak/Cause of Death</b>	<b>% van Totaal 2011/ % of Total 2011</b>	<b>% van Totaal 2010/ % of Total 2010</b>
<i>Prematuurheid-verwante Komplikasies/Prematurity-related Complications</i>	46,7	28,7
<i>Ekstreme Prematuurheid/Extreme Prematurity</i>	18,9	19,8
<i>Infeksie-verwant/Infection-related</i>	21,1	21,8
<i>Peripartumhipoksie/Peripartum Hypoxia</i>	11,1	14,8
<i>Aangebore Anomalieë/Congenital Anomalies</i>	16,7	11,9
<i>Ander/Other</i>	1,1	2,9

*Sterftes van babas verwys na TKH per gewigskategorie/Deaths of babies referred to TCH per weight category*

<b>Geboortegewig/Birth Weight</b>	<b>% Mortaliteit 2011/ % Mortality 2011</b>	<b>% Mortaliteit 2010/ % Mortality 2010</b>
<1000g	33,3	20,5
1000 to 1499g	25	25
1500 to 1999g	8,3	11,7
2000 to 2499	8,3	10,3
≥2500g	25	32,3

*Doodsoorsake van babas verwys na TKH/Causes of deaths of babies referred to TCH*

<b>Doodsoorsaak/Cause of death</b>	<b>% van Totaal 2011/ % of Total 2011</b>	<b>% van Totaal 2010/ % of Total 2010</b>
<i>Prematuurheid-verwante Komplikasies/Prematurity-related Complications</i>	1 (8,3%)	16,2
<i>Infeksie-verwant/ Infection-related</i>	4 (33,3%)	26,5
<i>Ekstreme Prematuurheid/ Extreme Prematurity</i>	3 (25%)	14,7
<i>Peripartumhipoksie/ Peripartum Hypoxia</i>	2 (16,7%)	11,8
<i>Aangebore Anomalieë/ Congenital Anomalies</i>	2 (16,7%)	16,2
<i>Totale Sterftes/Total Deaths</i>	12	14,7

*Mortaliteit volgens geografiese verwysingsareas vir G1/Mortality-related geographic origin referred to G1*

<b>Plek van oorsprong (Hospitaal)/Place of Origin (Hospital)</b>	<b>Aantal 2011/Number 2011</b>	<b>Persentasie/Percentage</b>
Helderberg	59	20,27%
Paarl	48	16,49%
<i>Michael M Kliniek/ Michael M Clinic</i>	47	16,1%
Khayelitsha	36	12,37%
Karl Bremer	26	8,93%
Worcester	19	6,52%
<i>Elsiesrivier Kliniek/ Elsie's River Clinic</i>	13	4,46%
Stellenbosch	9	3,09%
<i>Delft Kliniek/Delft Clinic</i>	9	3,09%
<i>Kraaifontein Kliniek/ Kraaifontein Clinic</i>	6	2,06%
Vredendal	4	1,37%
Caledon	3	1,03%
Ceres	3	1,03%
<i>Beaufort-Wes/Beaufort West</i>	2	0,68%
Bishop Lavis	2	0,68%
Swartland	1	0,34%
Robertson	1	0,34%
Clanwilliam	1	0,34%



Montagu	1	0,34%
Macassar	1	0,34%

*Geografiese verspreiding van buitegebore NICU-opnames en sterftes van babas verwys na TKH/Geographic distribution of the Outborn NICU admissions and deaths of babies referred to TCH*

<b>Plek van Oorsprong (Hospitaal)/Place of Origin (Hospital)</b>	<b>Aantal 2011/Number 2011</b>	<b>Persentasie 2011/Percentage 2011</b>	<b>Aantal 2010/Number 2010</b>
Paarl	4/41	9,7%	13
Helderberg	8/30	26,7%	7
<i>Ander/Other</i>	7		6
Worcester	4/19	21%	5
Karl Bremer	6/35	17%	5
Khayelitsha	1/5	20%	4
Stellenbosch	1/5	20%	2
Swartland	1/3	33,3%	2
Robertson	0	0%	1

**CHIP-MORTALITEIT vir alle sub-spesialis pediatriese sale (2011)/  
CHIP MORTALITY for all sub-specialist paediatric wards (2011)**

<b>CHIP Mortaliteit/ CHIP Mortality</b>	<b>Sterftes/ Deaths</b>	<b>Hosp.mortaliteitratio/ Hosp. Mortality Rate</b>
*0-28 dae/days	5	4,2
28 dae – 1 jaar/28 days – 1 year	59	50
1-5 jaar /1-5 year	38	32,2
5-13 jaar/5-13 years	13	11
13-18 jaar/13-18 years	3	2,5
<b>Getal sterftes/Number of deaths</b>	<b>118</b>	<b>100</b>

*\*Let wel: Neonatale sterftes uitgesluit/Please note: Excluding neonatal deaths*

<b>Duur van Verblyf/Length of Stay</b>	<b>Getal/ Number</b>	<b>%</b>
<i>Dood met Aankoms/DOA</i>	6	5,1
<i>&lt;24 uur/hours</i>	27	22,9
<i>1-3 dae/days</i>	23	19,5
<i>4-7 dae/days</i>	29	24,6
<i>8-14 dae/days</i>	12	10,2
<i>&gt;14 dae/days</i>	21	17,8

<b>Geslag/Gender</b>	<b>Getal/ Number</b>	<b>%</b>
<i>Vroulik/Female</i>	59	50
<i>Manlik/Male</i>	56	47,5
<i>Onbekend/Unknown</i>	3	2,5

<b>Hooforsaak van Kindersterftes/ Main Causes of Death in Children</b>	<b>Getal/ Number</b>	<b>%</b>
<i>Pneumonie, Akute Respiratoriese Infeksie/ Pneumonia, ARI</i>	25	21,2
<i>Septisemie, Moontlik Ernstige Bakteriële Infeksie/ Septicaemia, Possible Serious Bacterial Infection</i>	21	18,6
<i>Akute Diarree met Hipovolemiese Skok/ Acute Diarrhoea with Hypovolaemic Shock</i>	10	8,5
<i>Tumors/Tumours</i>	7	
<i>*Ander Senuweestelsel (sien onder)/ Other Nervous System (see below)</i>	6	6,8
<i>Ander Respiratoriese Stelsel/ Other Respiratory System</i>	5	4,2
<i>Sirose, Portale Hipertensie, Lewerversaking, Hepatitis/ Cirrhosis, Portal Hypertension, Liver Failure, Hepatitis</i>	5	4,2
<i>TB: Meningitis</i>	4	3,4
<i>TB: Miliêre, Ander Ekstra-pulmonale/ TB: Millitary, Other Extra-pulmonary</i>	4	3,4

**5 Fasiliteite van waar meeste pasiënte van verwys is/**

**5 Facilities where most patients were referred is from**

<b>Verwysende fasiliteit/ Referring facility</b>	<b>Getal/ Number</b>	<b>%</b>
<i>Karl Bremer Hospitaal/Hospital</i>	11	9,3
<i>Delft CHC</i>	9	7,6
<i>Worcester Hospitaal/Hospital</i>	9	7,6
<i>Paarl Hospitaal/Hospital</i>	9	7,6
<i>Helderberg Hospitaal/Hospital</i>	9	7,6
<i>Nie verwys/Not referred</i>	8	6,8

**MIV-mortaliteit/HIV Mortality**

<b>MIV- Kliniese Stadium/ HIV Clinical Stage</b>	<b>Getal/ Number</b>	<b>%</b>
<i>Stadium III/Stage III</i>	6	5,1

<i>Stadium IV/Stage IV</i>	11	9,3
<i>Nie Gestadieer (maar aangedui)/ Not Staged (but indicated)</i>	8	7
<i>Nie Gestadieer (nie aangedui)/ Not Staged (not indicated)</i>	71	60,2
<i>Onbekend/Unknown</i>	22	18,6

**MIV-mortaliteit volgens Kategorie/HIV Mortality according to Category**

<b>MIV-labkategorie/ HIV Lab Category</b>	<b>Getal/ Number</b>	<b>%</b>
<i>Negatief/Negative</i>	67	56,8
<i>Blootgestel/Exposed</i>	11	9,3
<i>Geïnfekteer/Infected</i>	20	16,9
<i>Geen Uitslag/No Result</i>	1	0,8
<i>Nie Getoets (maar aangedui) Not Tested (but indicated)</i>	2	1,7
<i>Nie Getoets (nie aangedui) Not Tested (not indicated)</i>	13	11
<i>Onbekend/Unknown</i>	4	3,4

**Mortaliteit volgens Gewigskategorie/Mortality according to Weight Category**

<b>Gewig Kategorie/ Weight Category</b>	<b>Getal/ Number</b>	<b>%</b>
<i>Oorgewig vir Ouderdom/OWFA</i>	3	2,5
<i>Normaal/Normal</i>	49	41,5
<i>Ondergewig vir Ouderdom/UWFA</i>	41	34,7
<i>Marasmus</i>	17	14,4
<i>Kwasjiorkor/Kwashiorkor</i>	4	3,4
<i>Marasmiese Kwasjiorkor/Marasmic Kwashiorkor</i>	2	1,7
<i>Onbekend/Unknown</i>	2	1,7

**Mortaliteit volgens Saal/Mortality per Ward**

<b>Saal/ Ward</b>	<b>Getal/ Number</b>
A9 PICU	68
<i>G Grond/G Ground</i>	13
G10 - <i>Algemeen/General</i>	10
G7 - <i>Gastro</i>	8
G7 - <i>Infek/Infec</i>	6
G3 <i>Onko/Onco</i>	5
G9 - <i>Neuro</i>	4
G9 - <i>Resp</i>	2
G9 - <i>Kardio/Cardio</i>	1
G3 - <i>Nefro/Nephro</i>	1
<b>Totaal/Total</b>	<b>118</b>

## ***Infrastruktuurontwikkeling/Infrastructure Development***

### ***Ontwikkelingspediatrie/Developmental Paediatrics:***

- *ADOS- ("Autism Diagnostic Observation Schedule"-)stelle toegeken by die kongres van SACAAPAP (die Suid-Afrikaanse Vereniging vir Kinder- en Adollesente Psigiatrie en Verwante Beroepe) by Wits. ADOS word as een van die 'gouestandaard'-instrumente vir die diagnose van outisme beskou. Professor Catherine Lord het ADOS-stelle (ter waarde van R25 000 elk) aan drie deelnemers geskenk wat aanvanklik moes motiveer waarom hulle departemente die toerusting nodig het, en ons was bevoorreg om een daarvan te ontvang.*
- *Toegang tot bewegingslaboratorium by US vir kinders met serebrale verlamming (SV) of MIV-verwante bewegingsabnormaliteite. Ons bedryf elke twee maande 'n gekombineerde ortopediese/SV-kliniek, waarheen dr J du Toit (Ortopedie) sekere kinders vir (gesubsidieerde) bewegingsontleding verwys om chirurgie te beplan en die resultate ná die tyd te evalueer. 'n Navorsingsprojek oor bewegingsabnormaliteite by kinders met MIV is tans aan die gang.*
- ADOS (Autism Diagnostic Observation Schedule) kit scholarship awarded at the SACAAPAP (South African Association of Child and Adolescent Psychiatry and Allied Professions) congress at Wits. The ADOS is considered to be one of the "gold standard" tools used to diagnose autism. Professor Catherine Lord donated ADOS kits (each worth R25 000) to three participants who had to initially motivate as to why their departments needed the equipment and we were grateful to be awarded one of the kits.
- Access to Gait Laboratory at SU for children with cerebral palsy or HIV-related gait abnormalities. We are running a combined orthopaedic/CP clinic every two months and Dr J du Toit (Orthopaedics) then refers selected children for gait analysis (subsidized) to help plan surgery and assess post-op results. A research project looking at gait abnormalities in children with HIV is presently underway.

### ***Neonatologie/Neonatology:***

- *Vier neonatalehoërsorgbeddens is in A9 geopen as 'n aansterkfasiliteit vir niegeventileerde pasgeborenes wat steeds intensiewe sorg vereis. Babas op wie geopereer is, het die grootste voordeel uit hierdie bykomende beddens getrek, aangesien hulle voorheen beddens in die intensiewesorgeenheid beset het.*
- *'n Nuwe eggo-lokaal word op die negende vloer in Tygerberg Hospitaal ingerig.*
- Four neonatal High-care beds were opened in A9 as a step-down facility for non-ventilated infants who still required intensive care. Infants who had surgery benefitted most from these additional beds as they previously blocked intensive care beds.
- A new Echo-room is being established on the ninth Floor in Tygerberg Hospital.

### ***Neurologie/Neurology:***

- *Dr Van Toorn het 'n peiler en Doppler-apparaat vir transkraniale Doppler-metings by kinders bekom. Hierdie ontwikkeling sorg vir 'n beduidende verbetering in die bestuur van verhoogde intrakraniale druk en omleidingskomplikasies by kinders met tuberkuloseuse meningitis.*
- Dr van Toorn acquired a probe and Doppler apparatus for transcranial Doppler measurements in children. This development greatly improves the management of raised intracranial pressure and shunt complications in childhood tuberculous meningitis.

**Pulmonologie/Pulmonology:**

- Twee nuwe pediatriese brongoskope is met finansiering van die Tygerberg Kinderhospitaal Trust bekom.
- Two new paediatric bronchoscopes were acquired through funding from the Tygerberg Children's Hospital Trust

**Tygerberg Kinderhospitaal Trust-bydrae tot Infrastruktuurontwikkeling/Tygerberg Children's Hospital Trust Contribution to Infrastructure**

<b>DATUM/DATE</b>	<b>VERSKAFFER/SUPPLIER</b>	<b>TOERUSTING/EQUIPMENT</b>	<b>BEDRAG/ AMOUNT</b>
2011/01/17	Genop Holdings	RETCAM Digital System for Paediatric Ophthalmology	R 1 140 000,00
2011/01/18	Siyakhanda Medical Services	4 ENT mobiles and stands for Wards GG, G7 and G10; 3 Phototherapy Units for Wards G1, G2 and G8	R 55 529,56
2011/01/18	Dinaledi Medical (Pty) Ltd	9 Pulse Oximeters for Wards GG, G1, G2, G3(2), G7, G9 and C3A	R 107 730,00
2011/02/11	SSEM Mthembu Medical (Pty) Ltd	Cardiorespiratory Monitor for NICU & PICU	R 94 449,00
2011/02/11	Smiths Medical (Pty) Ltd	4 Apnoea Monitors for G7, G2 (2) and GG	R 23 940,00
2011/02/25	GE Medical Systems	3S-RS Sector Phased Array Comfort Scan Probe for Paediatric Neurology	R 42 522,00
2011/02/25	Siyakhanda Medical Services	2 Procedure Carts for G8 and G1; 1 Phototherapy unit for G1	R 34 271,53
2011/03/28	SSEM Mthembu Medical (Pty) Ltd	4 x Oxygen Blenders Ward G8, G2, G9 & G10	R 50 456,40
2011/04/08	Tecmed	Bronchoscope	R 227 885,74
2011/04/08	Carefusion	5 Alaris GH Syringe Pumps for wards GG, G7 (2), G9 & G10	R 39 749,98
2011/08/24	Khusela Solution	Computer and Monitor for G-Ground	R 16 281,48
2011/09/27	Shonaquip CC	Shonabuggy for Monique Gabriels	R 33 755,40
2011/11/08	SSEM Mthembu Medical (Pty) Ltd	Cardiorespiratory Monitor for A9	R 94 449,00
		<b>TOTAAL/TOTAL</b>	<b>R 1 961 020,09</b>

## Deel 2/Part 2

### ***Gemeenskapsuitreikprogramme/Gemeenskapsdiens en -interaksie & Vennootskappe/Community Outreach Programmes/Community Service and Interaction & Partnerships***

#### ***Internasionaal/International***

##### ***Kundigheid/Expert Members***

- *Afrika Kontinentale President: SIOP – Prof M Kruger*
- *Voorsitter vir Voorspraak: SIOP – Prof M Kruger*
- *Voorsitter: Internasionale Dwelmfasiliteit, 'n liggaam met WGO-finansiering – Prof RP Gie*
- *NNI Adviesraad – Dr ED Nel*
  
- *SIOP Continental President for Africa – Prof M Kruger*
- *SIOP Advocacy Chairperson – Prof M Kruger*
- *Chairperson for the Global Drug Facility, a WHO-funded body – Prof RP Gie*
- *NNI Advisory Board – Dr ED Nel*

##### ***Onderrig & Opleiding/Education & Training***

- *Eksterne eksaminator, Katolieke Universiteit van Leuven, Departement Bio-etiek: Kandidaat: Wim Pinxten; Titel: "One size does not fit all" – Prof M Kruger*
- *Gasprofessor aan die Katolieke Universiteit van Leuven, Departement Pediatrie, met lesings aan nagraadse studente – Prof M Kruger*
- *Verantwoordelik vir 'n oorsig van die kindertuberkuloseprogram in die Filippyne op versoek van die Filippynse Nasionale TB-program en die WGO – Prof RP Gie*
- *Deelname as eksterne eksaminator in Zimbabwe – Prof DC Stefan*
- *Fasiliteerders van 'n bedryfsnavorsingswerksessie oor pediatriese longsiekte wat die Internasionale Unie teen Tuberkulose en Longsiekte (IUATLD) in Llongwe, Malawi, aangebied het. Die werksessie is deur pediaters uit 10 Afrikalande bygewoon. Die gewenste uitkoms was 'n vermindering in die aantal sterftes weens pediatriese longsiekte, ter verwesenliking van die Millenniumontwikkelingsdoelwitte – Prof R Gie*
  
- *External Examiner Catholic University of Leuven, Dept Bioethics: Candidate: Wim Pinxten; Title: One size does not fit all – Prof M Kruger*
- *Visiting professor to Catholic University of Leuven, Dept of Paediatrics, with lectures to postgraduate students – Prof M Kruger*
- *Responsible for a review of the childhood TB programme in the Philippines as requested by the Philippines National TB Programme and the WHO – Prof RP Gie*
- *Participation as external examiner in Zimbabwe – Prof DC Stefan*
- *Facilitors in an operational research workshop on paediatric lung disease held by IUATLD in Llongwe, Malawi, attended by paediatricians from 10 African countries. The outcome of the workshop was to reduce deaths from paediatric lung disease to achieve MDG – Prof R Gie*

##### ***Uitreik/Outreach***

- *Susterooreenkoms met die Baptiste-hospitale van Banson, Mbingo en Mutengene, Kameroen – Proff PB Hesselink & M Kruger*
- *Kliniese advies en riglyne aan kollegas van verskillende Afrikalande – Prof DC Stefan*
- *Uitnodiging deur die hematologie-onkologie-eenheid in Zambië – Prof DC Stefan*

- *Mediese koördineerder van Burkitt se limfoom in Oos-Afrika (Nasionale Kankerinstituut) – Prof DC Stefan*
- *Betrokkenheid by die Rwandese CHUC-hospitaal in Kigali – Prof DC Stefan*
- *Susterooreenkoms met die pediatriese hematologie-onkologie-eenheid in Namibië – Prof DC Stefan*
- *Bewusmaking van Wêreldasmadag deur middel van radio-onderhoude – Dr S Kling*
- *Twinning with Bango Baptist Hospital, Mbingo Baptist Hospital en Mutengene Baptist Hospital, Cameroon – Profs PB Hesseling & M Kruger*
- *Clinical advice and guidelines to colleagues from different African countries – Prof DC Stefan*
- *Invitation by the haematology oncology unit in Zambia – Prof DC Stefan*
- *Medical coordinator of Burkitt's Lymphoma in Eastern Africa (National Cancer Institute) – Prof DC Stefan*
- *Involvement with Rwanda CHUC Hospital in Kigali – Prof DC Stefan*
- *Twinning with paediatric haematology oncology unit in Namibia – Prof DC Stefan*
- *World Asthma Day promoted via radio interviews – Dr S Kling*

### **Vennootskappe/Partnerships**

- *Pulmonologie:*
  - *Konsultant oor pediatriese longsiekte vir die Internasionale Unie teen TB en Longsiekte*
  - *Konsultant vir die kindertuberkuloseprogram, Filippyne*
  - *Tegniese raadgewer vir die Internasionale Dwelmfasiliteit, WGO, Genève, Switserland*
- *Onkologie:*
  - *Samewerkingsprojek met World Child Cancer, die Gesondheidsraad van die Kameroense Baptiste-konvensie en Beryl Thyer-gedenktrust vir Afrika*
  - *Samewerkingsprojek met Windhoek Sentrale Hospitaal, Namibië*
  - *Navorsingstudie in Suid-Afrika (MIV-kwaadaardigheid) – samewerking met York-universiteit, Namibië*
- *Neurologie:*
  - *Die Eenheid Pediatriese Neurologie het 'n navorsingsooreenkoms met die Vrije Universiteit van Amsterdam, wat 'n gekombineerde Stellenbosse/Amsterdamse PhD-graad insluit. Dr Regan Solomons van die Departement Pediatrie en Kindergesondheid het vir hierdie PhD-graad ingeskryf en het ook 'n beurs vir die volgende vier jaar van die Vrije Universiteit van Amsterdam ontvang.*
- *Nefrologie:*
  - *Internasionale Vereniging vir Pediatriese Nefrologie (IPNA), Internasionale Vereniging vir Kinderkontinensie (ICCS)*
- *Gastroënterologie:*
  - *Samewerking met Europese Vereniging vir Pediatriese Gastroënterologie, Hepatologie en Voeding (ESPGHAN) om pediateres in Suid-Afrika van nagraadse opleiding in pediatriese gastroënterologie te voorsien*
- *Kardiologie:*
  - *Navorsingsvennootskap met die Wêreldhartfederasie met betrekking tot toetsing vir rumatiese hartsiekte*
- *Pulmonology:*
  - *The International Union against TB and Lung Disease, consultant in paediatric lung disease.*
  - *Consultant to the Childhood TB programme, Philippines*

- Technical advisor to the Global Drug Facility, WHO, Geneva, Switzerland.
- Oncology:
  - Twinning project with World Child Cancer, The Cameroon Baptist Convention Health Board and Beryl Thyer Memorial Africa Trust;
  - Twinning project with Windhoek Central Hospital, Namibia
  - Research study in SA (HIV malignancy) –collaboration with York University, Namibia
- Neurology:
  - The Unit of Paediatric Neurology has a research agreement with the Free University Amsterdam which includes a combined Stellenbosch/Amsterdam PhD degree. Dr Regan Solomons from the Department of Paediatrics and Child Health has registered for this PhD degree and is also the receiver of a scholarship from the Free University Amsterdam for the next 4 years.
- Nephrology:
  - IPNA, ICCS
- Gastroenterology:
  - Cooperation with ESPGHAN to provide postgraduate training in Paediatric Gastroenterology to paediatricians in southern Africa
- Cardiology:
  - Research partnership with the World Heart Federation on rheumatic heart disease screening

## **Nasionaal/National**

### **Onderrig & Opleiding/Education & Training**

- *Nasionale CHIP- en Borsvoedingsoriënteringsvergaderings – Dr E Malek*
- National CHIP & National Breast Feeding Orientation meetings – Dr E Malek

### **Vennootskappe/Partnerships**

- *Pulmonologie:*
  - *Departement Kinder- en Adollesente Geneeskunde, Mediese Opleidingskool van die Universiteit van Kaapstad. Opleiding van senior kliniese assistente in pediatriese brongoskopie.*
- *Allergie:*
  - *Kollege van Pediaters van SA: Dr Kling dien as eresekretaris van die raad.*
  - *Kolleges van Geneeskunde van SA: Dr Kling is tot senator verkies.*
  - *Allergievereniging van Suid-Afrika: Dr Kling is die voormalige voorsitter.*
  - *Redaksiekommissie: Current Allergy and Clinical Immunology*
  - *Afdelingsredakteur van die etiek-afdeling: Current Allergy and Clinical Immunology*
- *Ontwikkelingspediatrie:*
  - *Uitreik na Paarl-hospitaal, Paarl-skool vir Serebraal Verlamdes en Sivuyile-spesialesorgfasiliteit*
  - *Ons het deesdae 'n vennootskap met Outisme Wes-Kaap: 'n Sielkundige en maatskaplike werker besoek ons kliniek een maal per week.*
- *Onkologie:*
  - *Sterk samewerking met Bloemfonteinse Universitas-hospitaal (pediatriese hematologie-onkologie)*
  - *Die voorsitterskap van die SA Pediatriese Kankerregister is gesetel in die Universiteit Stellenbosch/Tygerberg Kinderhospitaal.*
- *Nefrologie:*
  - *Rooikruis-kinderhospitaal, Pretoria- akademiese hospitaal/Steve Biko-hospitaal*



- Pulmonology:
  - Department of Child and Adolescent Medicine, Cape Town University Medical School. Training of senior registrars in paediatric bronchoscopy
- Allergy:
  - College of Paediatrics SA: Dr Kling is the honorary secretary of the council.
  - Colleges of Medicine SA: Dr Kling elected as a senator
  - Allergy Society of South Africa: Dr Kling is the past chairperson.
  - Editorial Board of the Current Allergy and Clinical Immunology
  - Section editor of the ethics section: Current Allergy and Clinical Immunology
- Developmental Paediatrics:
  - Outreach to Paarl Hospital, Paarl school for cerebral palsy and Sivuyile special care
  - We now partner with Autism Western Cape: A psychologist and social worker now does outreach to our clinic once a week.
- Oncology:
  - Strong collaboration with Bloemfontein Universitas Hospital (paediatric haematology oncology)
  - The chair of the SA paediatric cancer registration is located at Stellenbosch University/Tygerberg Children's Hospital
- Nephrology:
  - Red Cross Children's Hospital, Pretoria academic Hospital/Steve Biko Hospital

## **Plaaslik/Regional**

### **Onderrig & Opleiding/Education & Training**

- *Opleiding van senior kliniese assistente van die Universiteit van Kaapstad in pediatriese brongoskopie – Eenheid Pediatriese Pulmonologie*
- *Diabetesopvoeder aktief betrokke by die onderrig en opleiding van verpleegkundiges by die St Joseph-tehuis en die onderwysers en personeel by verskeie skole en kleuterskole.*
- Training of senior registrars from the University of Cape Town in paediatric bronchoscopy - Paediatric Pulmonology Unit
- Diabetic Nurse Educator is actively involved in the education and training of the nurses at the St Joseph's Home and the teachers and nursery school at various schools and nursery schools.

### **Uitreik/Outreach**

- *Paarl-streekshospitaal – Eenheid Pediatriese Pulmonologie*
- *Telefoniese uitreik – Dr CJ du Buisson*
- *Neonatoloë behartig saalrondes by die neonatale en kangaroo-moedersorg- (KMS-)sale by Helderberg- en Eersterivier-hospitaal*
- *Tweemaandelikse subspesialis-neurologie-uitreik na Worcester- en Paarl-hospitaal. Die doel van 'n kliëntegerigte benadering is verweselik: Altesaam 311 pasiënte word nou nader aan hul huise te woord gestaan, wat hul vervoerkoste na Tygerberg Hospitaal verminder; dokters word by die sekondêre hospitale opgelei, en die druk op die tersiêre pediatriese neurologie-buitepasiëntafdeling by Tygerberg Hospitaal word dus verlig. – Drs Van Toorn en Solomons*
- *Subspesialis- en opleidingsuitreik na Worcester- en Paarl-hospitaal vir pediatrie, pediatriese hematologie en onkologie twee maal per jaar – Prof M Kruger*
- *Pediatriese neurologiekliniek by Alta du Toit-skool in Kuilsrivier twee maal per jaar – Prof J Schoeman*

- *Paarl-hospitaal, Paarl-skool vir Serebraal Verlamdes en Sivuyile-spesialesorgfasiliteit – Dr P Springer*
- *Khayelitsha-distrikshospitaal wat vanaf Tygerberg Hospitaal werk, onder leiding van die vlak 2-/algemene pediatriese hoof, dr Malek, met inbegrip van 'n kwartaallikse siekte-en-sterftevergadering. Die CHIP-sterfterapporteringstelsel is in 2011 by Khayelitsha-distrikshospitaal ingestel. – Dr R Solomons/G10*
- *Verantwoordelik vir die kindersale by Brooklyn-borshospitaal in samewerking met 'n kliniese assistent van Tygerberg Kinderhospitaal en 'n voltydse mediese beampte van Brooklyn. Saalrondtes word twee maal per week behartig, waarvan een ook 'n geleentheid is vir die opleiding van mediese beamptes en die bespreking van gevalle-aanbiedings deur dr Andre Burger van Brewelskloof. Brooklyn-borshospitaal het 65 kinderbeddens en bestuur gekompliseerde TB-gevalle – 132 nuwe gevalle toegelaat in 2011. – Prof HS Schaaf*
- *Die belang van uitreikaksies na, en steun aan, distrikshospitale en gemeenskapsgesondheidsentrums sonder enige inwonende pediater was steeds die kern van uitreik-inisiatiewe, sowel as die konsolidasie van pediatriese en neonatale dienste vir die metro-oos, onder leiding van die vlak 2-/algemene pediatriese hoof, dr Malek. 'n Verteenwoordiger het steeds die maandelikse siekte-en-sterftevergaderings by Helderberg-hospitaal, Khayelitsha-distrikshospitaal en Eersterivier-hospitaal bygewoon ten einde verdere insig in pediatriese sterftes te bekom en dit sodoende in die toekoms te help voorkom, en het boonop opvolgwerk oor enige oorplasinge sowel as die fasilitering van die CHIP-stelsel van sterfterapportering by al drie voormelde hospitale behartig. Weeklikse saalrondtes by Eersterivier het steeds kindersorg verbeter en die vaardighede en selfvertroue van die gemeenskapsdiensdokters daar versterk.*
- *Vanjaar het alle pediatriese mediese beamptes van Khayelitsha-distrikshospitaal (KDH) vir twee weke deur GGround vir indiensopleiding in nood- en ambulante pediatrie geroeteer, ter voorbereiding vir die opening van die nuwe Khayelitsha-hospitaal in 2012. Verpleegpersoneel van KDH het 'n soortgelyke proses gevolg.*
- *Die noue samewerking tussen die Wes-Kaapse Provinsiale Regering en die Stad Kaapstad is voortgesit met die veldtog teen diarree, met opvoedings- en vaardigheidssessies sowel as gereelde vergaderings wat in die oostelike, Khayelitsha- en Tygerberg-subdistrikte gehou is. Uitreik- en steunaksies vir die pediatriese saal by Brooklyn-borshospitaal is ook voortgesit. – GGround*
- *TB-diensuitreik – Daar is in twee subdistrikte uitgereik na MDR-TB- en gekompliseerde TB-gevalle: in Khayelitsha (dorp 2) op elke eerste Woensdag van die maand (302 pasiëntbesoeke), met inbegrip van indiensopleiding vir Khayelitsha-dokters om dié gevalle te bestuur, en in Kraaifontein (by Scottsdene) al om die ander maand, op die laaste Woensdag van die maand (89 pasiëntbesoeke). – GGround*
- *Drie maandelikse klinieke by Eben Dönges-hospitaal, Worcester, en ses maandelikse klinieke in Oos-Londen. Ook beskikbaar vir telefoniese konsultasies met George-hospitaal. – Pediatriese Kardiologie*
- Paarl Regional Hospital - Paediatric Pulmonology Unit
- Telephonic outreach - Dr CJ du Buisson
- Ward rounds are conducted at the Neonatal and KMC wards at Helderberg and Eerste Rivier Hospitals by neonatologists
- Subspecialist neurology outreach to Worcester and Paarl Hospitals once every 2 months. The goal was achieved of a client-centred approach with 311 patients seen closer to their homes, thus decreasing transport costs to Tygerberg Hospital, training doctors at the secondary hospitals and decreasing the load on the tertiary paediatric neurology outpatients at Tygerberg Hospital - Dr van Toorn and Dr Solomons
- Subspecialist and training outreach to Worcester and Paarl Hospitals for paediatrics, paediatric haematology and oncology twice a year – Prof M Kruger
- Paediatric neurology clinic at Alta du Toit School in Kuils River twice a year - Prof J Schoeman

- Paarl Hospital & Paarl school for cerebral palsy and Sivuyile special care – Dr P Springer
- Khayelitsha District Hospital based at Tygerberg Hospital under the leadership of Level 2/General Paediatric Head Dr Malek including a quarterly morbidity and mortality meeting. The CHIP system of death reporting was instituted at KDH in 2011 – Dr R Solomons/G10
- Responsible for the BCH Children's wards together with a TCH registrar and a full-time BCH MO. Ward rounds are done twice weekly, of which one is also an opportunity for medical officer training and case presentations by Dr Andre Burger from Brewelskloof for discussion. BCH has 65 children's beds and manages complicated TB cases – 132 new admissions for 2011 – Prof HS Schaaf
- The importance of outreach and support to district hospitals and CHCs where there are no resident paediatricians remained the focus of outreach initiatives, as well as the consolidation of paediatric and neonatal services for the eastern Metro, through the leadership of Level 2/General Paediatric Head Dr Malek. A representative continued to attend the monthly morbidity and mortality meetings at Helderberg Hospital, KDH and ERH to give further insight into the Paediatric deaths to try to assist in preventing them in the future, as well as doing follow-up on any transfers and facilitating the CHIP system of death reporting at ERH, HBH and KDH. Weekly ward rounds at ERH have continued enhancing the care of the children and strengthening the skills and confidence of the Community Service Doctors in attendance there.
- This year all paediatric medical officers from KDH rotated through G Ground for 2 weeks as onsite training in emergency and ambulatory paediatrics in preparation of the opening of the new Khayelitsha hospital in 2012. Nursing staff from KDH followed a similar process.
- There continues to be a close liaison with the PGWC and City of Cape Town during the Diarrhoeal campaign with education and skills sessions and regular meetings within the Eastern, Khayelitsha and Tygerberg sub-districts. Outreach and support to the paediatric ward at Brooklyn Chest TB Hospital has continued as in the past. – G Ground
- TB service outreach – Outreach for MDR-TB and complicated TB cases has also continued to two subdistricts – Khayelitsha (at Town Two) every first Wednesday of the month (302 patient visits), which also included inservice training of Khayelitsha doctors to manage these cases, and Kraaifontein (at Scottsdene) every second month on last Wednesday of the month (89 patient visits). – G Ground
- Three months' clinics at Eben Dönges Hospital, Worcester, and six monthly clinics in East London. They are also available for telephonic consultations with George Hospital. – Paediatric Cardiology

### **Vennootskappe in die Privaat Sektor/Partnerships in the Private Sector**

- *Onkologie:*
  - *Bied kliniese advies en tweede menings aan privaat pasiënte wat deur prof DC Stefan en dr A Dippenaar verwys word*
- *Nefrologie:*
  - *Cape Kidney, Suid-Afrikaanse Oorplantingsvereniging (SATS), Suid-Afrikaanse Niervereniging (SARS), SPRS*
- *Endokrinologie:*
  - *Novo Nordisk skenk die diabetesopvoeder se salaris.*
- **Oncology:**
  - Offer clinical advice and second opinions to private patients referred by Prof C Stefan and Dr A Dippenaar
- **Nephrology:**
  - Cape Kidney, SATS, SARS, SPRS
- **Endocrinology:**
  - Novo Nordisk donates the salary for the diabetics educator.

## **Deel 3/Part 3**

### **Onderrig & Opleiding/ Teaching & Training**

#### **Voorgraadse Studente/Undergraduate Students**

*98%-slaagsyfer/98% pass rate*

#### **Huidige PhD-studente/Existing PhD students**

Dr UD Feucht - Evaluating and improving the care of HIV-infected and HIV-affected children in the first years of the implementation of a large-scale antiretroviral therapy programme in Pretoria, South Africa

Promotors: *Proff/*Profs M Kruger, B Forsyth

Dr P Goussard - Bronchoscopic assessment and management of children presenting with clinical significant airway obstruction due to tuberculosis

Promotors: *Proff/*Profs RP Gie, C Bolliger

Dr SEV Innes – Lipoatrophy in pre-puvertal children on antiretroviral therapy in South Africa

Promotors: *Proff/*Profs MF Cotton, B Rosenkranz, Dr EWA Zöllner

Dr A Mandalakas – Development of a novel conceptual framework of childhood tuberculosis within which to study the impact of an isoniazid preventative therapy (IPT) program for childhood TB prevention in high burden communities

Promotors: *Proff/*Profs AC Hesselning & RP Gie

Dr EWA Zöllner – Adrenal suppression in asthmatic children on steroids

Promotors: *Proff/*Profs S Hough, E Irušen

#### **PhD-aansoeke Ingedien/PhD Applications Submitted**

Dr R van Toorn - Childhood tuberculous meningitis: challenging current management strategies

Promotors: *Proff/*Profs JF Schoeman, HS Schaaf

*Dr R Solomons met NSS-beurs/*Dr R Solomons with NRF bursary – Improving early diagnosis of tuberculous meningitis in children.

Promotors: *Proff/*Profs J Schoeman (*Universiteit Stellenbosch/*Stellenbosch University), M van Furth (*Vrije Universiteit van Amsterdam/*Free University Amsterdam)

Gesamentlike PhD-graad aan die Vrije Universiteit van Amsterdam – Proff J Schoeman (Stellenbosch), M van Furth (Amsterdam)

Joint PhD degree with Free University Amsterdam – Profs J Schoeman (Stellenbosch), M van Furth (Amsterdam)

Ms M Zunza - Prolonged Breastfeeding with Antiretroviral Prophylaxis or Commercial Infant Formula Milk and associated health outcomes: A comparative study of a birth cohort of HIV-exposed infants in public health care settings

Promotors: Prof MF Cotton, Dr MM Esser

#### **Suksesvolle Kandidate in die DKG(SA), KGSA/Successful Candidates in the DCH(SA), CMSA**

Dr N Maclou

Dr JR Murray

***Suksesvolle Kandidate in die GK Ped(SA) Deel I, KGSA/Successful Candidates in the FC Paed(SA) Part I, CMSA***

Dr M Bassier  
Dr IEH Webster

***Suksesvolle Kandidate in die GK Ped(SA) Deel II, KGSA/Successful Candidates in the FC Paed(SA) Part II, CMSA***

Dr Ströbele  
Dr M Morkel  
Dr J Reddy  
Dr T Wessels  
Dr M Wessels

***Suksesvolle Kandidaat in die MMed (Ped), Universiteit Stellenbosch/Successful Candidate in the MMed (Paed), Stellenbosch University***

Dr N O'Connell *onder die studieleiding van Dr H Rabie/under the supervision of Dr H Rabie*  
*Titel/Title: Presumed cytomegalovirus retinitis in human immunodeficiency virus type I-infected South African children and published in 'Ped Infect Dis J 2011; 30(6)*

***Suksesvolle Kandidaat in die MMed (Ped) Deel II, Universiteit Stellenbosch/Successful Candidate in the MMed (Paed) Part II, Stellenbosch University***

Dr OR Karangwa

***Suksesvolle Kandidaat in die Sert Infeksiesiektes (SA) Ped, KGSA/Successful Candidate in the Cert Infectious Diseases (SA) Paed, CMSA***

Dr A Dramowski

***Suksesvolle Kandidaat in die Sert Nefrologie (SA) Ped, KGSA/Successful Candidate in the Cert Nephrology (SA) Paed, CMSA***

Dr CJ du Buisson

***Suksesvolle Kandidaat in die MSc Infeksiesiektes, Londense Skool vir Higiëne en Tropiese Geneeskunde/Successful Candidate in the MSc Infectious Diseases, London School of Hygiene and Tropical Medicine***

Dr H Rabie

***Suksesvolle Kandidaat in die MPhil Gesondheidswetenskappe-opvoeding, Universiteit Stellenbosch/Successful Candidate in the MPhil Health Sciences Education, Stellenbosch University***

Dr L Heyns

## ***Suksesvolle Kandidaat in die MSc Geneeskunde, Universiteit Stellenbosch/Successful Candidate in the MSc in Medical Science, Stellenbosch University***

Mnr R Dunbar

### ***Opleidingstoekennings/Training Awards:***

*Discovery-stigting/Discovery Foundation*

*Dr L Frigati – Pediatriese infeksiesiektes/Paediatric Infectious Diseases*

*Dr ED Nel – ontvang finansiële ondersteuning van die Europese Vereniging van Pediatriese Gastroënterologie, Hepatologie en Voeding (ESPGHAN), van 'n onbeperkte toekenning van 35000 Euro per jaar vir twee jaar deur die Nestle Voeding Instituut om 'n genoot op te lei in die Pediatriese Gastroënterologie / Dr ED Nel - Received financial support from the European Society of Pediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN), from an unrestricted grant of 35000 Euro annually for two years by the Nestle Nutrition Institute (NNI) to train a fellow in paediatric gastroenterology*

### ***Onderwys-verwante Aktiwiteite/Education-related Activities***

- *Die onderwyskomitees van die Departement bestaan uit die volgende lede:*
  - *Voorgraads: Drs D Abraham, R van Toorn, R Solomons, P Springer, PA Henning/L Heyns (voorsitter), GF Kirsten*
  - *Nagraads: Drs S Kling (voorsitter), ED Nel, H Finlayson, prof DC Stefan*
  - *PhD: Proff M Kruger (voorsitter), N Beyers, JF Schoeman, HS Schaaf, AC Hesselning*
- *Alle konsultante is daaglik betrokke by voor- en nagraadse onderrig. Bykomende onderrigaktiwiteite het die volgende ingesluit:*
- *Senior kliniese assistente in opleiding:*
  - *Pediatriese Pulmonologie: Dr GA Poole, met beursfinansiering van Nycomed Farmaseutika, en dr TC Gray, met beursfinansiering van die Discovery-stigting*
  - *Ontwikkelingspediatrie: Dr HH Saunders, met finansiering van Discovery-stigting*
  - *Pediatriese Kardiologie: Dr B Rossouw*
  - *Neonatologie: Dr L van Wyk, met beursfinansiering van die Discovery-stigting, en dr SK van der Merwe*
  - *Pediatriese Infeksiesiektes: Dr A Dramowski*
- *Kolleges van Geneeskunde van Suid-Afrika (KGSA):*
  - *Sameroepers/eksterne eksaminatore:*
    - *Diploma in Kindergesondheid (DKG): Drs H Finlayson, L Heyns, E Malek, R Solomons*
    - *GK Ped (SA) Deel II: Prof M Kruger, dr S Kling*
    - *Sert Pediatriese Neurologie (SA): Prof JF Schoeman, dr R van Toorn*
    - *Sert Neonatologie (SA): Prof GF Kirsten*
    - *Sert Pediatriese Onkologie (SA): Prof M Kruger*
  - *Eksaminatorswerksessie: Prof M Kruger, en drs E Malek en S Kling*
- *Professionele Onderwysontwikkeling vir Akademici (PRONTAK), 2011, bygewoon deur drs DR Abraham en R Solomons*
- *Prof DC Stefan: Hoofstuk in boek: "Informing Curriculum development in Health Sciences – a Delphi method inquiry" (Curriculum inquiry in South African higher education: Some scholarly affirmations and challenges, SUNMedia)*
  
- *The Education Committees of the Department comprised as follows:*

- Undergraduate: Drs D Abraham, R van Toorn, R Solomons, P Springer, PA Henning/L Heyns (chairperson), GF Kirsten
- Postgraduate: Drs S Kling (chairperson), ED Nel, H Finlayson, Prof DC Stefan
- PhD: Profs M Kruger (chairperson), N Beyers, JF Schoeman, HS Schaaf, AC Hesselning
- All consultants are involved with under- and postgraduate teaching on a daily basis. Additional education activities included:
- Senior registrars in training:
  - Paediatric Pulmonology: Dr GA Poole, funded by bursary from Nycomed Pharmaceuticals, and Dr TC Gray, funded by bursary from the Discovery Foundation
  - Developmental Paediatrics: Dr HH Saunders, funded by Discovery Foundation
  - Paediatric Cardiology: Dr B Rossouw
  - Neonatology: Dr L van Wyk, funded by bursary from the Discovery Foundation, and Dr SK van der Merwe
  - Paediatric Infectious Diseases: Dr A Dramowski
- Colleges of Medicine of South Africa (CMSA):
  - Convenors/External Examiners:
    - Diploma in Child Health (DCH): Drs H Finlayson, L Heyns, E Malek, R Solomons
    - FC Paed(SA) Part II: Prof M Kruger, Dr S Kling
    - Cert Paediatric Neurology (SA): Prof JF Schoeman, Dr R van Toorn
    - Cert Neonatology (SA): Prof GF Kirsten
    - Cert Paediatric Oncology (SA): Prof M Kruger
  - Examiners Workshop: Prof M Kruger, Drs E Malek, S Kling
- Professional Educational Development for Academics (PREDAC), 2011, attended by Drs DR Abraham and R Solomons
- Prof DC Stefan: 1 Chapter in book: Informing Curriculum development in Health Sciences – a Delphi method inquiry (Curriculum inquiry in South African higher education: Some scholarly affirmations and challenges, SUNMedia)

## *Deel 4/Part 4*

### *Navorsing/Research*

#### ***Prestasies t.o.v. Navorsingsaktiwiteite en Navorsingsuitsette/*** **Achievements with regard to Research Activities and Research** **Outputs**

- *Terwyl dr Aneesa Vanker vir Pediatriese Pulmonologie gewerk het, het sy die Discovery-akademiese genootskap ontvang om pediatriese longinfeksies in 'n ontwikkelende gemeenskap te ondersoek.*
- While working for the Paediatric Pulmonology, Dr Aneesa Vanker was awarded the Discovery Academic Fellowship to investigate paediatric lung infections in a developing community.

#### ***Publikasies/Publications***

##### ***Vaktydskrifartikels (Gesubsidieer)/Journal Articles (Subsidised)***

1. Abayomi EA, Somers A, Grewal R, Sissolak G, Bassa F, Maartens D, Jacobs P, **Stefan C**, Ayers LW. Impact of the HIV epidemic and anti-retroviral treatment policy on lymphoma incidence and subtypes seen in the Western Cape of South Africa, 2002-2009: Preliminary findings of the Tygerberg lymphoma study group. *Transfusion and Apheresis Science* 2011; **44** : 161-166.
2. Abrams Al, Opiyo N, **Cotton MF**, Crowley S, Okebe J, Wiysonge S. Supporting registration of child-focused clinical trials in Africa: The Child Strategy Project. *SAMJ - South African Medical Journal* 2011; **101**(11) : 804.
3. Al-Dabbagh M, Lapphra K, Mcgloin R, Inrig K, **Schaaf HS**, **Marais BJ**, Sauve L, Kitai I, Kollmann TR. Drug-resistant Tuberculosis. *Pediatric Infectious Disease Journal* 2011; **30**(6) : 501-505.
4. Andronikou S, **Goussard PL**, **Gie RP**. Not all children with nodular interstitial lung patterns in South Africa Have TB – A rare case of Paediatric "Bird Fanciers' Disease". *Pediatric Pulmonology* 2011; **46**(11) : 1134-1136.
5. **Claassen M**, Sismanidis C, **Lawrence K**, Godfrey-Faussett P, Ayles H, Enarson DA, **Beyers N**. Tuberculosis among community-based health care researchers. *International Journal of Tuberculosis and Lung Disease* 2011; **14**(12) : 1576-1581.
6. **Cotton MF**. INH Preventive therapy (IPT) in HIV-Infected South African Children. *Southern African Journal of HIV Medicine* 2011; **40** : 27-30.
7. Davies M-A, Eley B, Moultrie H, Technau K, **Rabie H**, Van Cutsem G, Giddy J, Wood R, Egger M, Keiser O. Accuracy of immunological criteria for identifying virological failure in children on antiretroviral therapy - The IeDEA South Africa Collaboration. *Tropical Medicine & International Health* 2011; **16**(11) : 1367-1371.
8. Davies M-A, Moultrie H, Eley B, **Rabie H**, Van Cutsem G, Giddy J, Wood R, Technau K, Keiser O, Egger M, Boulle A. Virologic failure and second-line antiretroviral therapy in children in South Africa - the IeDEA South Africa collaboration. *JAIDS-Journal of Acquired Immune Deficiency Syndromes* 2011; **56**(3) : 270-278.
9. Dekker G, Andronikou S, **Van Toorn R**, Scheepers S, Brandt A, Ackermann C. MRI findings in children with tuberculous meningitis: a comparison of HIV-infected and non-infected patients. *Childs Nervous System* 2011; **27** : 1943-1949.
10. Delva W, Beauclair R, Welte A, Vansteelandt S, Hens N, Aerts M, Du Toit E, **Beyers N**, Temmerman M. Age-disparity, sexual connectedness and HIV infection in disadvantaged



- communities around Cape Town, South Africa: a study protocol. *BMC Public Health* 2011; **11** : 616-621.
11. Diacon AH , Dawson R, Hanekom M, Narunsky K, Venter A, Hittel N, Geiter LJ, Wells CD, Paccaly AJ, **Donald PR**. Early bactericidal activity of delamanid (OPC-67683) in smear-positive pulmonary tuberculosis patients. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(7) : 949-954.
  12. Diacon AH, Maritz JS, Venter A, Van Helden PD, Dawson R, **Donald PR**. Time to liquid culture positivity can substitute for colony counting on agar plates in early bactericidal activity studies of antituberculosis agents. *Clinical Microbiology and Infection* 2011; 1-7.
  13. **Donald PR**, Maritz JS, Diacon AH . The pharmacokinetics and pharmacodynamics of rifampicin in adults and children in relation to the dosage recommended for children. *Tuberculosis* 2011; **91**(3) : 196-207.
  14. **Donald PR**. The chemotherapy of osteo-articular tuberculosis with recommendations for treatment of children. *Journal of Infection* 2011; **62** : 411-439.
  15. **Donald PR**. The chemotherapy of tuberculous lymphadenopathy in children. *Tuberculosis* 2010; **90** : 213-224.
  16. **Dramowski A, Bekker A, Kirsten GF, Marais BJ, Rabie H, Cotton MF**. A case of congenital measles during the 2010 South African epidemic. *Annals of Tropical Paediatrics* 2011; **31** : 185-188.
  17. **Dramowski A**, Coovadia A, Meyers T, Goga A. Identifying missed opportunities for early intervention among HIV-infected Paediatric admissions at Chris Hani Baragwanath Hospital, Soweto, South Africa. *Southern African Journal of HIV Medicine* 2011; **12**(42) : 16-23.
  18. **Dramowski A**, Tshuma M, **Finlayson H, Cotton MF, Rabie H**. Experience with pandemic influenza A/H1N1 2009 at Tygerberg Children's Hospital, South Africa. *Southern African Journal of Epidemiology and Infection* 2011; **26**(2) : 99-102.
  19. **Du Preez K, Hesseling AC, Mandalakas AM, Marais BJ, Schaaf HS**. Opportunities for chemoprophylaxis in children with culture-confirmed tuberculosis. *Annals of Tropical Paediatrics* 2011; **31** : 301-310.
  20. **Du Preez K, Mandalakas AM**, Kirchner HL, Grewal HMS, **Schaaf HS, Van Wyk SS, Hesseling AC**. Environmental tobacco smoke exposure increases Mycobacterium tuberculosis infection risk in children. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(11) : 1490-1496.
  21. **Dunbar R, Lawrence K**, Verver S, Enarson DA, Lombard CJ, Hargrove J, Caldwell **J, Beyers N**, Barnes JM. Accuracy and completeness of recording of confirmed tuberculosis in two South African communities. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(3) : 337-343.
  22. **Dunbar R**, Van Hest R, **Lawrence K**, Verver S, Enarson DA, Lombard CJ, **Beyers N**, Barnes JM. Capture-recapture to estimate completeness of tuberculosis surveillance in two communities in South Africa. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(8) : 1038-1043.
  23. Friedrich SO, Venter A, Kayigire XA, Dawson R, **Donald PR**, Diacon AH . Suitability of Xpert MTB/ RIF and Genotype MTBDRplus for patient selection for a Tuberculosis clinical trial. *Journal of Clinical Microbiology* 2011; **49**(8) : 2827-2831.
  24. Frigati L, Kranzer K, **Cotton MF, Schaaf HS**, Lombard Cj, Zar HJ. The impact of isoniazid preventive therapy and antiretroviral therapy on tuberculosis in children infected with HIV in a high tuberculosis incidence setting. *Thorax* 2011; **66**(6) : 496-501.
  25. **Goussard PL, Gie RP, Kling S, Nel ED**, Louw M, Schubert PT, **Rhode D, Vanker A**, Andronikou S. The Diagnostic Value and Safety of Transbronchial Needle Aspiration Biopsy in Children With Mediastinal Lymphadenopathy. *Pediatric Pulmonology* 2010; **45** : 1173-1179.
  26. Green RJ, **Kling S**. The Diploma in Allergology - Levels of Competence Required and new Developments. *Current Allergy & Clinical Immunology* 2011; **24**(3) : 130-133.
  27. Guech-Ongey M, Yagi M, Palacpac NMQ, Emmanuel B, Talisuna AO, Bhatia K, **Stefan C**, Biggar Rj, Nkrumah F, Neequaye J, Tougan T, Horii T, Mbulaiteye SM. Antibodies reactive

- to Plasmodium falciparum serine repeat antigen in children with Burkitt lymphoma from Ghana. *International Journal of Cancer* 2011; **130** : 1-7.
28. Hallbauer UM, **Schaaf HS**. Ethionamide-induced hypothyroidism in children. *Southern African Journal of Epidemiology and Infection* 2011; **26**(3) : 161-163.
  29. Heidari S, Mofenson LM, **Cotton MF**, Marlink R, Cahn P, Katabira E. Antiretroviral Drugs for Preventing Mother-to-Child Transmission of HIV: A Review of Potential Effects on HIV-Exposed but Uninfected Children. *JAIDS-Journal of Acquired Immune Deficiency Syndromes* 2011; **57**(4) : 290-296.
  30. **Hesseling AC**, Graham SM, Cuevas LE. Rapid molecular detection of tuberculosis. *New England Journal of Medicine* 2011; **364**(2) : 183-184.
  31. **Holgate SL, Bekker A, Rabie H, Cotton MF**. Oseltamivir Use in Low-Birth Weight Infants During the 2009 nH1N1 Influenza A Outbreak in the Western Cape, South Africa. *Journal of Tropical Pediatrics* 2011;1-5.
  32. Hoosen EGM, Cilliers AM, Hugo-Hamman CT, Brown SC, **Lawrenson JB**, Zuhlke L, Hewitson J. Paediatric cardiac services in South Africa. *SAMJ - South African Medical Journal* 2011; **101**(2) : 106-107.
  33. **Innes S, Cotton MF**, Venter F. Why should we still care about the stavudine dose?. *Southern African Journal of HIV Medicine* 2011; **12**(42) : 14-15.
  34. **Innes S**, Norman J, Smith P, **Smuts M**, Capparelli E, Rosenkranz B, **Cotton M**. Bioequivalence of dispersed stavudine: opened versus closed capsule dosing. *Antiviral Therapy* 2011; **16** : 1131-1134.
  35. Jaspan HB, Myer L, Madhi SA, Violari A, Gibb DM, Stevens WS, Dobbels E, **Cotton MF**. Utility of clinical parameters to identify HIV infection in infants below ten weeks of age in South Africa: a prospective cohort study. *BMC PEDIATRICS* 2011; **11** : 104-110.
  36. Jones CE, Naidoo S, De Beer C, Esser M, Kampmann B, **Hesseling AC**. Maternal HIV Infection and Antibody Responses Against Vaccine-Preventable Diseases in Uninfected infants. *Jama-Journal of the American Medical Association* 2011; **305**(6) : 576-584.
  37. **Kling S, Goussard PL, Gie RP**. The treatment of acute asthma in children. *Current Allergy & Clinical Immunology* 2011; **24**(1) : 22-26.
  38. **Kling S**. Ethical Issues in Treating children. *Current Allergy & Clinical Immunology* 2011; **24**(4) : 218-220.
  39. **Kling S**. Off-label drug use in childhood asthma. *Current Allergy & Clinical Immunology* 2011; **24**(1) : 38-41.
  40. **Kling S**. Professionalism, Education and Allergy. *Current Allergy & Clinical Immunology* 2011; **24**(3) : 165-166.
  41. Le Roux DM, **Cotton MF**, Le Roux SM, Whitelaw A, Lombard CJ, Zar H. Bacteremia in Human Immunodeficiency virus-infected children in Cape Town, South Africa. *Pediatric Infectious Disease Journal* 2011; **30**(10) : 904-909.
  42. Madhi SA, Nachman S, Violari A, Kim S, **Cotton MF**, Bobat R, Jean-Philippe P, Mcsherry G, Mitchell C. Primary Isoniazid Prophylaxis against Tuberculosis in HIV-Exposed Children. *New England Journal of Medicine* 2011; **365**(1) : 21-31.
  43. Madhi SA, Violari A, Klugman K, Lin G, McIntyre JA, Von Gottberg A, **Cotton MF**, Adrian P. Inferior quantitative and qualitative immune responses to pneumococcal conjugate vaccine in infants with nasopharyngeal colonization by Streptococcus pneumoniae during the primary series of immunization. *Vaccine* 2011; **29**(40) : 6994-7001.
  44. **Mandalakas AM, Detjen AK, Hesseling AC**, Benedetti A, Menzies D. Interferon-gamma release assays and childhood tuberculosis: systematic review and meta-analysis. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(8) : 1018-1032.
  45. **Mandalakas AM, Detjen AK, Hesseling AC**. Can we Accurately Diagnose Tuberculosis Infection in Children?. *Pediatric Infectious Disease Journal* 2011; **30**(9) : 817-818.
  46. **Mandalakas AM**, Menzies D. Is screening immigrants for latent tuberculosis cost-effective?. *Lancet Infectious Diseases* 2011; **11**(6) : 418-419.
  47. **Marais BJ, Rabie H, Cotton MF**. TB and HIV in children – advances in prevention and management. *Paediatric Respiratory Reviews* 2011; **12** : 39-45.

48. **Marais BJ.** Impact of Tuberculosis on Maternal and Child Health. *Journal of Infectious Diseases* 2011; **203** : 304-305.
49. **Marais BJ.** On the Role of Chest CT Scanning in a TB Outbreak Investigation. *Chest* 2011; **139**(1) : 229.
50. **Maritz ER,** Kidd M, **Cotton MF.** Premasticating Food for Weaning African Infants: A Possible Vehicle for Transmission of HIV. *Pediatrics* 2011; **128**(3) : e579-e590.
51. Mcilleron H, Nuttal J, **Rabie H, Cotton MF,** Eley B, Meyers T, Smith PJ. Lopinavir exposure is insufficient in children given double doses of lopinavir/ritonavir during rifampicin-based treatment for tuberculosis. *Antiviral Therapy* 2011; **16**(3) : 417-421.
52. Mcilleron H, **Willemse M, Schaaf HS,** Smith PJ, **Donald PR.** Pyrazinamide plasma concentrations in young children with tuberculosis. *Pediatric Infectious Disease Journal* 2011; **30**(3) : 262-265.
53. Mugabo P , Els I, **Smith J, Rabie H,** Smith PJ, Mirochnick M, Steyn W, Hall D, Madsen R, **Cotton MF.** Nevirapine plasma concentrations in premature infants exposed to single-dose nevirapine for prevention of mother-to-child transmission of HIV-1. *SAMJ - South African Medical Journal* 2011; **101**(9) : 655-658.
54. **Nel ED, Rabie H,** Goodway J, **Cotton MF.** A Retrospective Study of Cryptosporidial Diarrhea in a Region with High HIV Prevalence. *Journal of Tropical Pediatrics* 2011; **57**(4) : 289-292.
55. **O'Connell N,** Freeman N, **Rabie H, Cotton MF.** Presumed cytomegalovirus retinitis in human immunodeficiency virus type I-infected South African children. *Pediatric Infectious Disease Journal* 2011; **30**(6) : 2.
56. Omar N, Andronikou S, **Van Toorn R,** Pienaar M. Diffusion-weighted magnetic resonance imaging of borderzone necrosis in paediatric tuberculous meningitis. *Journal of Medical Imaging and Radiation Oncology* 2011; **55** : 563-570.
57. Orth H, Salaam-Dreyer Z, **Kirsten Gf, Bekker A,** Gqada Z, Wasserman E. Emergence of reduced susceptibility to glycopeptides in a *Staphylococcus aureus* strain causing infection in a neonate. *Southern African Journal of Epidemiology and Infection* 2011; **26**(3) : 107-108.
58. Papisavvas E, Azzoni L, Foulkes A, Violari A, **Cotton MF,** Pistilli M, Reynolds G, Yin X, Glencross DK, Stevens WS, McIntyre JA, Montaner LJ. Increased Microbial Translocation in 180 Days Old Perinatally Human Immunodeficiency Virus-Positive Infants as Compared With Human Immunodeficiency Virus-exposed Uninfected Infants of Similar Age. *Pediatric Infectious Disease Journal* 2011; **30**(10) : 877-882.
59. Peprah KO, Andronikou S, **Goussard PL.** Characteristic Magnetic Resonance Imaging Low T2 Signal Intensity of Necrotic Lung Parenchyma in Children With Pulmonary Tuberculosis. *Journal of Thoracic Imaging* 2011.
60. **Rabie H, Violari A, Duong T, Madhi SA, Josipovic D, Innes S, Dobbels E,** Lazarus E, Panchia R, Babiker Ag, Gibb DM, **Cotton MF.** Early antiretroviral treatment reduces risk of bacilli Calmette-Guérin immune reconstitution adenitis. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(9) : 1194-1200.
61. Razack R, Michelow P, Leiman G, Harnekar A, Poole J, **Wessels G, Hesselning PB, Stefan C,** Louw M, Schubert PT, Clarke H, Wright C. An Interinstitutional Review of the Value of FNAB in Pediatric Oncology in Resource-Limited Countries. *Diagnostic Cytopathology* 2011; 1-7.
62. Reynders D, Omar F, **Kruger M,** Wedi O. Treatment Outcome of Osteosarcoma in a Single Institution in a Developing Country. *Pediatric Blood & Cancer* 2011; **57**(5) : 880.
63. **Rose PC, Schaaf HS, Marais BJ, Gie RP, Stefan C.** Value of bone marrow biopsy in children with suspected disseminated mycobacterial disease. . *International Journal of Tuberculosis and Lung Disease* 2011; **15**(2) : 200-204.
64. **Schaaf HS, Hesselning AC.** Induced sputum microbiology in confirming pulmonary tuberculosis in children. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(9) : 1139.

65. **Schaaf HS, Marais BJ.** Management of multidrug-resistant tuberculosis in children: a survival guide for paediatricians. *Paediatric Respiratory Reviews* 2011; **12** : 31-38.
66. **Schoeman JF, Janse Van Rensburg A,** Laubscher JA, **Springer P.** The role of aspirin in Childhood Tuberculous Meningitis. *Journal of Child Neurology* 2011; **26**(8) : 956-962.
67. Schoonees A, Lombard M, **Nel ED,** Volmink J. Ready-to-use therapeutic food for treating undernutrition in children from 6 months to 5 years of age (Protocol). *Cochrane Database of Systematic Reviews* 2011; **2** : 1.
68. Schubert PT, **Cotton MF,** Wright C. Cytomorphological Patterns of M.bovis BCG and M.tuberculosis on Fine Needle Aspiration Biopsies: Does HIV make a Difference?. *Diagnostic Cytopathology* 2011; **39**(4) : 264-269.
69. Shanuaube K, Hargreaves J, Fielding K, Schaap A, **Lawrence K,** Hensen B, Sismanidis C, Menezes A, **Beyers N,** Ayles H, Godfrey-Faussett P. Risk Factors Associated with Positive QuantiFERON-TB Gold In-Tube and Tuberculin Skin Tests Results in Zambia and South africa. *PLoS ONE* 2011; **6**(4) : e18206.
70. **Smith J,** Velaphi S, Horn A, Joolay Y, **Madide A.** Neonatal circumcision. *South African Journal of Bioethics and Law* 2011; **4**(2) : 50-51.
71. **Solomons R, Slogrove A, Schoeman JF, Marais BJ** Van Zyl GU, Maritz JS, **Van Toorn R.** Acute Extraparamidal Dysfunction in Two HIV-infected children. *Journal of Tropical Pediatrics* 2011; **57**(3) : 227-231.
72. **Stefan C,** Siemonsma F. Delay and causes of delay in the diagnosis of childhood cancer in Africa. *Pediatric Blood & Cancer* 2011; **56** : 80-85.
73. **Stefan C,** Stones DK, Newton R. Burkitt lymphoma in South African children: One or two entities?. *Transfusion and Apheresis Science* 2011; **44** : 191-194.
74. **Stefan C,** Stones DK, Wainwright L, Newton R. Kaposi Sarcoma in South African Children. *Pediatric Blood & Cancer* 2011; **56** : 392-396.
75. **Stefan C, Wessels G,** Poole J, Wainwright L, Stones DK, Johnston WT, Newton R. Infection with human immunodeficiency virus-1 (HIV) among children with cancer in South Africa. *Pediatric Blood & Cancer* 2011; **56** : 77-79.
76. Thee S, **Seddon JA, Donald PR,** Seifart HI, Werely CJ, **Hesseling AC,** Rosenkranz B, Roll S, Magdorf K, **Schaaf HS.** Pharmacokinetics of Isoniazid, Rifampin, and Pyrazinamide in children younger than two years of age with tuberculosis: Evidence for implementation of revised World Health Organization recommendations. *Antimicrobial Agents and Chemotherapy* 2011; **55**(12) : 5560-5567.
77. Thee S, Seifart Hi, Rosenkranz B, **Hesseling AC,** Magdorf K, **Donald PR, Schaaf HS.** Pharmacokinetics of ethionamide in children. *Antimicrobial Agents and Chemotherapy* 2011; **55**(10) : 4594-4600.
78. Thee S, Zöllner EW, Willemse M, **Hesseling AC,** Magdorf K, **Schaaf HS.** Abnormal thyroid function tests in children on ethionamide treatment. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(9) : 1191-1193.
79. Van Elsland SL, **Springer P,** Steenhuis IHM, **Van Toorn R, Schoeman JF,** Van Furth AM. Tuberculous Meningitis: Barriers to Adherence in Home Treatment of Children and Caretaker Perceptions. *Journal of Tropical Pediatrics* 2011; 1-5.
80. Van Ingen J, Aarnoutse RE, **Donald PR,** Diacon AH, Dawson R, Plemper Van Balen G, Gillespie Sh, Boeree MJ. Why do we use 600mg of Rifampicin in tuberculosis treatment?. *Clinical Infectious Diseases* 2011; **52**(9) : e194 - e199.
81. **Van Toorn R, Janse Van Rensburg P, Solomons R,** Ndondo AP, **Schoeman JF.** Hemiconvulsion-hemiplegia-epilepsy syndrome in South African children: Insights from a retrospective case series. *European Journal of Paediatric Neurology* 2011; 1-7.
82. Van Wyk AC, **Marais BJ,** Warren RM, **Van Wyk SS,** Wright CA. The use of light-emitting diode fluorescence to diagnose mycobacterial lymphadenitis in fine-needle aspirates from children. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(1) : 56-60.
83. **Van Wyk SS,** Enarson DA, **Beyers N,** Lombard CJ, **Hesseling AC.** Consulting private health care providers aggravates treatment delay in urban South African tuberculosis patients. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(8) : 1069-1076.

84. **Van Wyk SS**, Reid AJ, **Mandalakas AM**, Enarson DA, **Beyers N**, **Morrison J**, **Hesseling AC**. Operational challenges in managing Isoniazid Preventive Therapy in child contacts: A high-burden setting perspective. *BMC Public Health* 2011; **11** : 544-549.
85. Van Zyl GU, **Rabie H**, Nuttal J, **Cotton MF**. It is time to consider third-line options in antiretroviral-experienced paediatric patients?. *BMC Medicine* 2011; **14** : 55-62.
86. Walker KG, Brink A, **Lawrenson J**, Mathiassen W, Wilmshurst JM. Treatment of Sydeham Chorea with intravenous immunoglobulin. *Journal of Child Neurology* 2011.
87. Walker KG, Cooper M, McCabe K, Hughes J, Mathiassen W, **Lawrenson J**, Wilmshurst JM. Markers of susceptibility to acute rheumatic fever: the B-cell antigen D8/17 is not robust as a marker in South Africa. *Cardiology in the Young* 2011; **21**(3) : 328-333.
88. Wilson N, Chadha S, **Beyers N**, **Claassen M**, **Naidoo P**. Helping the poor access innovation in tuberculosis control: using evidence from implementation research. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(7) : 853.
89. **Wiseman CA**, **Schaaf HS**, **Cotton MF**, **Gie RP**, Jennings T, Whitelaw A, Roux P, **Hesseling AC**. Bacteriologically confirmed tuberculosis in HIV-infected infants: disease spectrum and survival. *International Journal of Tuberculosis and Lung Disease* 2011; **15**(6) : 770-775.
90. Zeegers I, **Rabie H**, Swanevelder S, **Edson C**, **Cotton MF**, **Van Toorn R**. Attention Deficit Hyperactivity and Oppositional Defiance Disorder in HIV-Infected South African Children. *Journal of Tropical Pediatrics* 2010; **56**(2) : 97.
91. **Zöllner EW**, Delpont S. Ambulatory care of paediatric and adolescent diabetic patients in the Western Cape. *SAMJ - South African Medical Journal* 2011; **101**(4) : 210.
92. **Zöllner EW**, Lombard CJ, Galal I, Hough FS, Irusen E, Weinberg E. Hypothalamic-pituitary-adrenal axis suppression in asthmatic children on inhaled and nasal corticosteroids - more common than expected?. *Journal of Pediatric Endocrinology & Metabolism* 2011; **24**(7-8) : 529-534.
93. **Zöllner EW**, Lombard CJ, Galal U, Hough FS, Irusen E, Weinberg E. Hypothalamic-pituitary-adrenal axis suppression in asthmatic children on inhaled and nasal corticosteroids: is the early-morning serum adrenocorticotrophic hormone (ACTH) a useful screening test?. *Pediatric Allergy and Immunology* 2011; **22** : 614-620.

#### **Vaktydskrifartikels (Niegesubsidieer)/Journal Articles (Non-subsidised)**

1. Diacon AH , Maritz JS, **Donald PR**. Early bactericidal activity of antituberculosis agents. *Progress in Respiratory Research* 2011; **40** : 213-219.
2. **Donald PR**. Antituberculosis drug-induced hepatotoxicity in children. *Pediatric Reports* 2011; **3**(e16) : 51-64.
3. **Du Preez K**, **Schaaf HS**, **Dunbar R**, Swartz A, Bissell K, Enarson DA, **Hesseling AC**. Incomplete registration and reporting of culture-confirmed childhood tuberculosis diagnosed in hospital. *Public Health Action* 2011; **1**(1) : 19-24.
4. Hainline C, Taliep R, Sorour G, Nachman S, **Rabie H**, **Dobbels E**, **Janse Van Rensburg A**, Cornell M, Violari A, Madhi Sa, **Cotton MF**. Early Antiretroviral Therapy reduces the incidence of Otorrhea in a randomized study of early and deferred antiretroviral therapy: Evidence from the Children with HIV Early Antiretroviral Therapy (CHER) Study. *BMC Research Notes* 2011; **4** : 448-451.
5. Irving B, **Goussard PL**, **Gie RP**, Todd-Pokropek A, Taylor P. Identification of Paediatric Tuberculosis from Airway Shape Features. *Medical Image Computing and Computer-Assisted Intervention* 2011; **14**(3) : 133-140.
6. Irving B, **Goussard P**, **Gie RP**, Todd-Pokropek A, Taylor P. Segmentation of obstructed airway branches in CT using airway topology and statistical shape analysis. *Biomedical Imaging* 2011; 447-451.
7. **Marais BJ**, **Schaaf HS**, **Donald PR**. Management of Tuberculosis in Children and New Treatment Options. *Infectious Disorders - Drug Targets* 2011; **11** : 144-156.
8. **Marais BJ**. Childhood tuberculosis: epidemiology and natural history of disease. *Indian Journal of Pediatrics* 2011; **78**(3) : 321-327.

9. Müller B, **Schaaf HS**, Gey Van Pittius NC, **Donald PR**, Victor TC, Van Helden PD, Warren RM. Current standard drug regimens facilitate the evolution of extensively drug-resistant tuberculosis: Recommendations for improvements. *MRC Policy Brief* 2011.
10. Murray JR, **Stefan C**. Cost and indications of blood transfusions in Pediatric Oncology in an African Hospital. *The Open Hematology Journal* 2011; **5** : 10-13.
11. Scheepers S, Andronikou S, Mapukata A, **Donald P**. Abdominal lymphadenopathy in children with tuberculosis presenting with respiratory symptoms. *Ultrasound* 2011; **19** : 134-139.
12. **Slogrove A, Rabie H, Cotton MF**. Paediatric antiretroviral drug targets. *Infectious Disorder Drug Targets* 2011; **11**(2) : 115-123.
13. Teasdale C, **Marais BJ, Abrams E**. HIV: prevention of mother-to-child transmission. *Clinical Evidence* 2011; **1** : 909-941.

### **Verrigtinge – Internasionaal/Proceedings – International**

1. **Kruger M**, Reynders D, Omar F, Schoeman J, Wedi O. Improvement of Retinoblastoma Outcome through Public Health Care Interventions. *Pediatric Blood & Cancer* 2011; **57**(5) : 788.
2. **Kruger M**, Tchintseme F, Ngum E, Kimbi C, Tambe J, **Hesseling PB**. A Survey of Destitution in Children treated for Burkitt Lymphoma in Rural Cameroon. *Pediatric Blood & Cancer* 2011; **57**(5) : 724.
3. Chotun BN, Andersson MI, **Cotton MF**, Preiser W. *A cross-sectional study of the prevalence of Hepatitis B virus infection in HIV-exposed infants at Tygerberg Hospital, Cape Town. Virology Africa 2011*. Virology Africa 2011, V&A Waterfront, Cape Town, South Africa, 2011: 1.
4. **Innes S**, Eager R, **Edson C, Rabie H**, Hough S, Haubrich R, **Cotton MF**, Browne S. *Prevalence, DEXA differences and risk factors for lipoatrophy among pre-pubertal African children on HAART*. 3rd International Workshop on HIV Paediatrics, Rome, Italy, 2011: 36.

### **Verrigtinge – Nasionaal/Proceedings – National**

1. Pitcher R, Beningfield S, Lombard C, **Goussard P, Cotton M**, Zar HJ. *Baseline chest radiographic findings in a cohort of HIV-infected South African children. Abstract 203*. 55 Annual Academic Day, Faculty of Health Sciences, Tygerberg, South Africa, University of Stellenbosch 2011: 163-164.
2. **Van Wyk L, Smith J**, Du Plessis AM, Maritz JS, Scheepers S. *Neonatal rib width correlation with gestational age and growth status: interim analysis. Abstract 94*. 55th Annual Academic Day, Faculty of Health Sciences, Tygerberg, South Africa, University of Stellenbosch 2011: 103.

### **Boeke/Books**

1. Bolliger CT, **Donald PR**, Van Helden PD. *Antituberculosis Chemotherapy*. Karger, Basel, Switzerland 2011:252 pp.
2. **Donald PR**, Van Helden PD. *Progress in Respiratory Research: Antituberculosis Chemotherapy*. Karger, Basel, Switzerland 2011:252 pp.

### **Hoofstukke in Boeke/Chapters in Books**

1. Diacon AH, Maritz JS, **Donald PR**. Early Bactericidal Activity of Antituberculosis Agents. In *Progress in Respiratory Research: Antituberculosis Chemotherapy*, Karger, Basel, Switzerland, 2011: 213-219.
2. **Donald PR, Schaaf HS**. Isoniazid pharmacokinetics and efficacy in adults and children. In *Progress in Respiratory Research: Antituberculosis Chemotherapy*, Karger, Basel, Switzerland, 2011: 25-31.
3. **Kling S, Kruger M**. Paediatric Ethics. In *Medical Ethics*, Van Schaik, Pretoria, South Africa, 2011: 183-202.

4. **Marais BJ.** What do we know about how to treat tuberculosis?. In *Hot Topics in Infection and Immunity in Children VIII*, Springer, , 2011: 171-184.
5. Mcneeley DF, Raof A, Lin J, **Marais BJ.** The Evaluation of New Antituberculosis Drugs in Children. In *Progress in Respiratory Research: Antituberculosis Chemotherapy*, Karger, Basel, Switzerland, 2011: 235-242.
6. Moodley K, Moosa MR, **Kling S.** Justice. In *Medical Ethics, Law and Human Rights*, Van Schaik Publisher, Pretoria, South Africa, 2011: 73-84.
7. **Schaaf HS, Seddon JA.** Second-line antituberculosis drugs: Current knowledge, Recent Research Findings and Controversies. In *Progress in Respiratory Research: Antituberculosis Chemotherapy*, Karger, Basel, Switzerland, 2011: 81-95.
8. **Stefan C.** Informing curriculum development in health sciences - A Delphi method inquiry. In *Curriculum Inquiry in South African Higher Education - Some scholarly affirmations and challenges*, Sun Media, Stellenbosch, South Africa, 2011: 303-314.

## **Kongresse: Deelnemers & Bywoners/Conferences: Participants & Attendees**

### **Internasionaal/International**

- *Prof Mariana Kruger:*
  - *43<sup>ste</sup> Kongres van die Internasionale Vereniging vir Pediatriese Onkologie (SIOP): 23-31 Oktober 2011 in Auckland, Nieu-Seeland*
    - *Mondelinge aanbieding: 'n Ondersoek na tekorte by kinders wat in landelike Kameroen vir Burkitt se limfoom behandel word*
    - *Plakkaataanbieding: Verbetering van retinoblastoom-uitkoms deur openbare gesondheidsorgintervensies*
  - *Jaarvergadering van die Marokkaanse Vereniging vir Hematologie en Pediatriese Onkologie: Marrakesj, Marokko, 2-5 Maart 2011*
    - *Gasspreker: Visie vir pediatriese onkologie in Afrika*
- *Prof Cristina Stefan, in samewerking met prof M Kruger, en drs A Dippenaar en R Uys:*
  - *Behartig reëlings vir die 3<sup>de</sup> Werksessie oor Hematologie/Onkologie – 12 & 13 Mei 2011*
- *Dr Sharon Kling*
  - *Gasspreker: ALLSA-kongres, Oktober 2011*
- *Prof Johan Smith*
  - *Afgevaardigde: Surfaktant-konferensie, Istanbul, 23 Mei 2011*
- *Dr Heather Finlayson*
  - *Maselsterftes by kinders wat gedurende die uitbraak van 2010 in Tygerberg Kinderhospitaal opgeneem is, 7<sup>de</sup> Internasionale Kongres van die Wêreldvereniging vir Infeksiesiektes, Melbourne, Australië, 15-19 November 2011*
- *Dr Christelle du Buisson*
  - *Deelgeneem aan die eerste Afrikavergadering van die Internasionale Vereniging vir Kinderkontinensie*
- *Prof Gert Kirsten*
  - *Afgevaardigde by die 52<sup>ste</sup> Jaarvergadering van die Europese Vereniging vir Pediatriese Navorsing (ESPR), Newcastle, Verenigde Koninkryk, 14-17 Oktober 2011*
- *Dr ED Nel*
  - *Onlangse vooruitgang in die groei navorsing: Voeding, Molekulêre en Endokriene Perspektiewe. 71ste Nestle Voedinginstituut Werkswinkel, Oostenryk 23-26 Oktober 2011*
  - *ESPGHAN- konferensie bywoning en nagraadse kursus, Italië: 25-30 Mei 2011*
- *Dr Gugu Kali*
  - *Afgevaardigde by "Neonatal Update Imperial College", Londen (November 2011)*
- *Proff HS Schaaf en Anneke Hesseling, saam met proff RP Gie en N Beyers, sowel as drs H Rabie, L Walters, K du Preez, P Goussard, ED Nel, A Bekker, R van Toorn en J Seddon:*

- *Behartig reëlings vir die 5<sup>de</sup> Internasionale Opleidingskonferensie oor Kindertuberkulose, 28 November-2 Desember 2011*
- Prof HS Schaaf:
  - *Hoofspreker. Behandeling van tuberkulose: nuwe konsepte en middelweerstandigheid. 14<sup>de</sup> Seminaar oor Pediatrisse Infeksiesiektes. Tessalonika, Griekeland, 12 Februarie 2011.*
  - *Die demistifikasie van die diagnose van kindertuberkulose (werksessie). 42<sup>ste</sup> Wêreldkonferensie oor Longgesondheid, 26-30 Oktober 2011, Lille, Frankryk.*
  - *Diagnose en bestuur van MDR-/XDR-TB by kinders (nagraadse kursus). 42<sup>ste</sup> Wêreldkonferensie oor Longgesondheid, 26-30 Oktober 2011, Lille, Frankryk.*
  - *Vierde tweejaarlanse reeksopname oor TB-middelweerstandigheid by kinders, Wes-Kaap, Suid-Afrika. 42<sup>ste</sup> Wêreldkonferensie oor Longgesondheid, 26-30 Oktober 2011, Lille, Frankryk.*
- Prof Mariana Kruger:
  - 43rd SIOP Congress of the International Society of Paediatric Oncology (SIOP): October 23-31, 2011, in Auckland, New Zealand
    - Oral presentation: A survey of destitution in children treated for Burkitt's lymphoma in rural Cameroon
    - Poster presentation: Improvement Of Retinoblastoma Outcome Through Public Health Care Interventions
  - Moroccan Society of Haematology and Paediatric Oncology Annual Meeting: Marrakech, Morocco, 2-5 March 2011.
    - Invited speaker: Vision for paediatric oncology in Africa
- Prof Cristina Stefan, in collaboration with Prof M Kruger, Drs A Dippenaar and R Uys:
  - Organized the 3rd Paediatric Haematology/Oncology Workshop – 12 and 13 May 2011
- Dr Sharon Kling
  - Invited speaker: ALLSA congress October 2011
- Prof Johan Smith:
  - Attended: Surfactant conference, Istanbul, 23 May, 2011
- Dr Heather Finlayson:
  - Measles deaths in children admitted to Tygerberg Children's Hospital in the 2010 Outbreak, 7<sup>th</sup> World Congress of the World Society of Infectious Diseases Melbourne, Australia, November 15-19 2011
- Dr Christelle du Buisson
  - Participated in the first African International Children's Continence Society meeting.
- Prof Gert Kirsten:
  - Attended the 52<sup>nd</sup> Annual Meeting of the European Society for Paediatric Research, ESPR, Newcastle, UK, October 14-17 2011.
- Dr ED Nel
  - Recent Advances in Growth research: Nutritional, Molecular and Endocrine Perspectives. 71st Nestle Nutrition Institute Workshop, Vienna, Austria 23-26 October
  - ESPGHAN Conference attendance and post graduate course, Italy: 25-30 May 2011
- Dr Gugu Kali
  - Attended: Neonatal Update Imperial College, London (Nov 2011)
- Prof HS Schaaf & Prof Anneke Hesseling together with Profs RP Gie, N Beyers, Drs H Rabie, L Walters, K du Preez, P Goussard, ED Nel, A Bekker, R van Toorn and J Seddon:
  - Organized the 5<sup>th</sup> International Child TB Training Conference on 28 November-2 Desember 2011
- Prof HS Schaaf:
  - Keynote speaker. Treatment of tuberculosis: new concepts and drug resistance. 14<sup>th</sup> Seminar on Paediatric Infectious Diseases. Thessaloniki, Greece, 12 February 2011.



- Demystifying diagnosis of childhood tuberculosis (Workshop). 42<sup>nd</sup> Union World Lung Health Conference, 26-30 October 2011, Lille, France.
- Diagnosis and management of MDR/XDR-TB in children. (Postgraduate course). 42<sup>nd</sup> Union World Lung Health Conference, 26-30 October 2011, Lille, France.
- Fourth serial 2-year tuberculosis drug resistance survey in children, Western Cape, South Africa. 42<sup>nd</sup> Union World Lung Health Conference, 26-30 October 2011, Lille, France.

### **Nasionaal/National**

- *Prof Mariana Kruger*
  - *25<sup>ste</sup> Vergadering van die Studiegroep oor Suid-Afrikaanse Kinderkanker, Irene Country Lodge, Centurion, Pretoria, 2-4 September 2011*
    - *Gasspreker: Verbetering van retinoblastoom-uitkomst deur openbare gesondheidsorgintervensies en nasionale retinoblastoom-protokol*
  - *Opleiding vir nuwe lede van Gesondheidsnavorsingsetiëkkomitee (GNEK): Hoe om 'n kliniese proefneming te beoordeel, Universiteit Stellenbosch, Fakulteit Gesondheidswetenskappe, 12 Mei 2011*
    - *Gasspreker: Risikobeoordeling*
  - *MSD-GP-universiteitsprogram, Arabella, Hermanus, 26 & 27 Maart 2011*
    - *Gasspreker: Professionaliteit*
- *Prof Gert Kirsten*
  - *Het die volgende aangebied:*
    - *Bewysgegronde neonatologie, Universiteit van Pretoria, Pretoria, Maart 2011*
    - *Kopgroei as aanwyser van voldoende voeding by pasgeborenes met 'n baie lae geboortegewig, 30<sup>ste</sup> Konferensie oor Prioriteite in Perinatale Sorg in Suider-Afrika, The Ranch, Limpopo, Maart 2011*
    - *Seminaar oor neonatologie, George, November 2011, Is huidige borsvoedingspraktyke voldoende vir pasgeborenes met 'n uiters lae geboortegewig? en Voorspellers van oorlewing by pasgeborenes met 'n uiters lae geboortegewig*
- *Prof Johan Smith*
  - *Het die volgende konferensies gereël:*
    - *"Neonatal Update", 30 Maart-1 April 2011*
    - *IPOKRATES- kliniese seminaar: 28-30 Oktober 2011*
  - *Het die volgende werksessies aangebied:*
    - *Werk sessies oor hoëfrekwensie-ossillasie*  
A) 8-10 Junie 2011  
B) 16-18 November 2011
- *Dr Gugu Kali*
  - *Afgevaardigde by die ALLSA/PMG-konferensie (Oktober 2011)*
- *Prof Mariana Kruger:*
  - *25th South African Children's Cancer Study Group Meeting, Irene Country Lodge, Centurion, Pretoria, 2-4 September 2011*
    - *Invited speaker: Improvement of retinoblastoma outcome through public health care interventions and National retinoblastoma protocol*
  - *HREC New Member Training: How to review a clinical trial, Stellenbosch University Faculty of Health Sciences, 12 May 2011*
    - *Invited speaker: Risk assessment*
  - *MSD GP University Programme, Arabella, Hermanus, 26 & 27 March 2011*
    - *Invited speaker: Professionalism*
- *Prof Gert Kirsten:*
  - *Presented:*

- Evidence-based Neonatology. University of Pretoria, Pretoria, March 2011
  - Head growth as an indicator of adequate nutrition in very low birth weight infants. 30<sup>th</sup> Conference on Priorities in Perinatal Care in Southern Africa, The Ranch, Limpopo, March 2011
  - Neonatology Seminar, George. Nov 2011. Are current breastfeeding practices sufficient for ELBW infants? and Predictors for survival in ELBW infants
- Prof Johan Smith:
  - Conferences organized:
    - Neonatal Update, 30 March-1 April 2011
    - IPOKRATES Clinical Seminar: 28-30 October 2011
  - Workshops hosted:
    - High-frequency oscillation workshops
      - A) June 8-10, 2011
      - B) November 16-18, 2011
- Dr Gugu Kali
  - Attended ALLSA/PMG conference (Oct 2011)

### **Local/Regional**

- *Prof Mariana Kruger*
  - *Radio-/televisieonderhoude*
    - *Radiosondergrense: Gasspreker – Behandeling van kinderkanker, 29 Junie 2011*
    - *e.tv: Gasspreker – KANSA/pediatriese onkologie, 23 Junie 2011*
    - *Radio Tygerberg: Gasspreker – Bespreking oor pediatriese onkologie, 11 Februarie 2011*
    - *SAFM: Gasspreker – Bespreking oor pediatriese onkologie, 7 Februarie 2011*
    - *Voice of the Cape: Gasspreker – Bespreking oor pediatriese onkologie met die oog op Wêreldkankerdag, 4 Februarie 2011*
- *Prof Gert Kirsten*
  - *Het die volgende aangebied:*
    - *Melkbank en borsvoeding by Tygerberg Hospitaal. "Milk Matters"-werksessie: Borsvoeding en skenkersmelk in die hospitaal, Mowbray-kraamhospitaal, Maart 2011.*
    - *Tygerberg Kinderhospitaal: "Neonatal Update" 2011, Stellenbosch, 30 Maart-1 April 2011, Is huidige borsvoedingspraktyke voldoende vir pasgeborenes met 'n uiters lae geboortegewig?; nCPAP en InSurE by pasgeborenes met 'n uiters lae geboortegewig; Die gevaar van onbedoelde MIV-oordrag in kangarooe-moedersorg- (KMS-)eenhede.*
    - *Suurstofterapie – van nasale kannules en hoëvloeiëwering tot nCPAP en ventilasie. Naweekseminaar van die Pediatriese Bestuursgroep: Die bevordering van pediatrie, Arabella Western Cape-hotel, Mei 2011.*
    - *Nie-indringende ventilasie van die pasgeborene met 'n baie lae geboortegewig. Werksessie oor hoëfrekwensie-ventilasie (HFOV), Departement Pediatrie en Kindergesondheid, Fakulteit Gesondheidswetenskappe, Junie 2011.*
    - *Voedingsbehoefte van die pasgeborene met 'n baie lae geboortegewig. Werksessie van die Suid-Afrikaanse KMS-stigting, Kaapstad, November 2011.*
    - *Nie-indringende ventilasie van die pasgeborene met 'n baie lae geboortegewig. HFOV-werksessie, Departement Pediatrie en Kindergesondheid, Fakulteit Gesondheidswetenskappe, November 2011.*

- *Bors is bo vir die premature brein – of is dit? Pediatrie: Dag van Akademiese Uitnemendheid: "Brains matter to US". Mediese kampus van die Universiteit Stellenbosch, November 2011.*
      - *Seminaar oor neonatologie deur Panorama Medi-Clinic, Kaapstad, Desember 2011. Suurstofterapie vir die pasgeborene met 'n uiters lae geboortegewig en nekrotiserende enterokolitis (NEK): Wat's nuut?*
    - *Proff M Kruger en Johan Smith*
      - *Behartig reëlins vir Pediatrie se Dag van Akademiese Uitnemendheid: "Brains matter to US", Fakulteit Gesondheidswetenskappe, 25 November 2011. Gassprekers uit die Departement: Proff Mariana Kruger en Johan Smith, drs Lizelle van Wyk en Gugu Kali, prof Gert Kirsten, drs John Lawrenson, Sharon Kling, Christelle du Buisson en Ronald van Toorn*
    - *Dr Gugu Kali*
      - *Behartig reëlins vir die Stellenbosse "Neonatal Update" (Maart 2011)*
    - *Dr ED Nel*
      - *Pediatriese refluks. "SAGES GP Update, CICC," Kaapstad. 16 April 2011.*
      - *Pediatriese refluks. "CPA / Qualicare" Opedag. Sanlam Hoofkantoor. 23 Julie 2011.*
      - *Pediatriese refluks. Clicks Apteek "Update, CICC," Kaapstad, 11 Augustus 2011.*
- **Prof Mariana Kruger:**
  - **Radio/television interviews:**
    - **Radiosondergrense: Invited speaker – Treatment of cancer in children, 29 June 2011**
    - **eTV: Invited speaker – CANSA/paediatric oncology, 23 June 2011**
    - **Radio Tygerberg: Invited speaker – Discussion about paediatric oncology, 11 February 2011**
    - **SAFM: Invited speaker – Discussion about paediatric oncology, 7 February 2011**
    - **Voice of the Cape: Invited speaker - Discussion about paediatric oncology in aid of World Cancer Day, 4 February 2011**
- **Prof Gert Kirsten:**
  - **Presented:**
    - **Milk banking and breastfeeding at Tygerberg Hospital. Milk Matters Workshop: Breastfeeding and Donor Milk in the Hospital, Mowbray Maternity Hospital, March 2011**
    - **Tygerberg Children's Hospital: Neonatal Update 2011, Stellenbosch, 30 March-1 April 2011. Are current breastfeeding practices sufficient for ELBW infants? and nCPAP and InSurE in ELBW infants and The danger of inadvertent HIV transmission in KMC Units**
    - **Oxygen therapy, from nasal cannulae, high flow delivery, nCPAP to ventilation. Paediatric Management Group Weekend Seminar: Advancing Paediatrics. Arabella Western Cape Hotel, May 2011**
    - **Non-invasive ventilation of the VLBW infant. HFOV workshop, Department of Paediatrics and Child Health, Health Sciences Faculty, June 2011**
    - **Nutritional needs of the VLBW infant. South African Kangaroo Mother Care Foundation workshop, Cape Town, November 2011**
    - **Non-invasive ventilation of the VLBW infant. HFOV workshop, Department of Paediatrics and Child Health, Health Sciences Faculty, November 2011**
    - **Breast is best for the premature brain – or is it? Paediatric Day of Academic Excellence: Brains matter to us. Stellenbosch University medical campus, November 2011**

- Panorama Medi-Clinic Neonatology Seminar, Cape Town, December 2011. Oxygen therapy in the extremely low birth weight infant and NEC: what is new?
- Prof M Kruger & Prof Johan Smith
  - Organized the Paediatric Day of Academic Excellence: Brains matter to US, Faculty of Health Sciences, 25 November 2011. Invited speakers from the Department: Prof Mariana Kruger, Prof Johan Smith, Dr Lizelle van Wyk, Dr Gugu Kali, Prof Gert Kirsten, Dr John Lawrenson, Dr Sharon Kling, Dr Christelle du Buisson and Dr Ronald van Toorn
- Dr Gugu Kali:
  - Presented at the Stellenbosch Neonatal Update (March 2011)
- *Dr ED Nel*
  - *Paediatric Reflux. SAGES GP Uptdate, CICC, Cape Town. 16 April 2011.*
  - *Paediatric Reflux. CPC/Qualicare Open Day. Sanlam Head Office. 23 July 2011.*
  - *Paediatric Reflux. Clicks Pharmacy Update, CICC, Cape Town, 11 August 2011.*

## ***Besondere Prestasies en Hoogtepunte/Special Achievements and Highlights***

- *Prof Mariana Kruger*
  - *Ontvang finansiering (€49 236) van die Vennootskap vir Kliniese Proefnemings tussen Europese en Ontwikkelende Lande (EDCTP) vir die tydperk Januarie tot Desember 2011 vir die projek "Netwerk van Suider-Afrikaanse Navorsingsetiëkkomitee- (NEK-)voorsitters en die Ontwikkeling van 'n Oorsigtelike Handboek vir lede van Afrika-NEK's ("SAREN", Suider-Afrikaanse Navorsingsetiëknetwerk)*
  - *Tesame met prof PB Hesseling: Kameroen-samewerkingsprojek. World Child Cancer, Beryl Thyer-gedenktrust vir Afrika en Universiteit Stellenbosch – £160 923*
  - *PharmHuman-stigting €4 200-toelaag: Ongelisensieerde of etiketlose middelgebruik in pediatriese praktyke – 'n opname*
- *Prof Cristina Stefan*
  - *KANSA-toelaag vir haar projek "MIV en ander infeksies by Suid-Afrikaanse kinders met kanker"*
  - *Benoem as voorsitter vir pediatriese onkologie in Afrika: AORTIC*
  - *Genootskap van Unie vir Internasionale Kankerbeheer (UICC) (kankerverspreiding in Afrika)*
  - *Personeellid van Internasionale Agentskap vir Kankernavorsing (IARC) se somerskool oor epidemiologie*
  - *Lid van Wêreldwye Taakspan oor Uitgebreide Toegang tot Kankersorg en -beheer in Ontwikkelende Lande (GTF-CCC)*
  - *Genoiede gas van Nasionale Kankerinstituut (kanker in Afrika)*
- *Dr Ronald van Toorn – toelaag van Harry Crossley-stigting*
- *Prof Peter Hesseling – SA Kankervereniging het die GA Oettle-medalje aan prof Hesseling toegeken vir sy bydrae tot die behandeling van kinderkanter. Hy is die eerste pediatriese onkoloog om hierdie gesogte medalje te ontvang.*

- *Dr Angela Dramowski – Genootskapstoelaag van die Federasie van Infeksiesiekteverenigings van Suider-Afrika (FIDSSA) (R100 000) vir haar studie oor nievertikale MIV-oordrag by kinders*
- *Dr Regan Solomons – R100 000 Vrije Universiteit-Nasionale Navorsingstigting-Desmond Tutu- doktrale beurs*
- *Dr Liz Walters – Novartis-beurs vir haar MScKlin Epi; R40 000 oor twee jaar*
- *Dr Mareli Claassens*
  - *Fakulteitsbeurs*
  - *Bekom ook die MSc-beurs van die Suider-Afrika-konsortium vir Navorsingsuitnemendheid (SACORE)*
- *Dr Steve Innes: Fogarty Internasionale Kliniese Navorsingsgenootskap: Studie – "Toetsinstrument om lipo-atrofie op te spoor by MIV-positiewe Afrika-kinders op HAART" – Mei 2011*
- *Dr Etienne Nel – samewerking met ESPGHAN aan toekomstige projekte: opleidingskursus in pediatriese gastroënterologie; ESPGHAN-borgskap vir leerling in pediatriese gastroënterologie; genooi na vergadering van Nestlé-voedingsinstituut*
- *Dr Adrie Bekker – Thrasher-navorsingstoelaag (Farmakokinetika van INH by babas met 'n lae geboortegewig in SA); Harry Crossley-stigtingstoelaag*
- *Shahra Sattar: Johns Hopkins-universiteit se somerskool (SATBAT-Fogarty-program)*
- *Dr Cath Wiseman: Magister in Openbare Gesondheid, Universiteit van Kaapstad (SATBAT-Fogarty-program)*
- *Dr Karen du Preez: Magister in Openbare Gesondheidsbestuur: Londense Skool vir Higiëne en Tropiese Geneeskunde (SATBAT-Fogarty-program )*
- *Prof Anneke Hesseling het finansiering ten bedrae van \$21 560,00 van CRDF Global vir die tydperk 1 Januarie tot 31 Desember 2011 ontvang vir die projek "Die meting van die impak van IPT-beleid en -praktyk op kinders met sowel TB as MIV in 'n hoë siektelasomgewing: 'n Ontleding van kostedoeltreffendheid".*
- **Prof Mariana Kruger:**
  - Received funding (€49 236) from the EDCTP for the period January until December 2011 for the project *Network of Southern Africa Research Ethics Committee (REC) Chairpersons and the Development of a Review Textbook for African REC members (SAREN Southern African Research Ethics Network)*
  - Together with Prof PB Hesseling: Cameroon Twinning Project. World Child Cancer, Beryl Thyer Memorial Africa Trust and Stellenbosch University - £160 923
  - PharmHuman Foundation €4 200 grant – Unlicensed or off label drug use in paediatric practice – a survey
- **Prof Cristina Stefan:**
  - CANSA grant for her project "HIV and other infections in South African Children with cancer"
  - Nominated as Chairperson for paediatric oncology in Africa: AORTIC
  - UICC fellowship (cancer distribution in Africa)
  - Faculty member of IARC epidemiology summer course

- GTF-CCC member of the task force
- Invited guest of National Cancer Institute (Cancer in Africa)
- Dr Ronald van Toorn – Harry Crossley Foundation grant
- Prof Peter Hesseling – SA Cancer Association has awarded Prof Hesseling the GA Oettle Medal for his contribution to childhood cancer treatment. He is the first paediatric oncologist to be awarded this prestigious medal.
- Dr Angela Dramowski – FIDSSA Fellowship award (R100 000) for her study regarding non-vertical HIV transmission in children
- Dr Regan Solomons – R100 000 Vrije University NRF Desmond Tutu Doctoral Scholarship
- Dr Liz Walters – Novartis bursary towards the MScClin Epi; R40 000 over two years
- Dr Mareli Claassens:
  - Faculty Bursary
  - Obtained the SACORE MSc Scholarship
- Dr Steve Innes: Fogarty International Clinical Research Fellowship: study – Screening tool to detect lipoatrophy among HIV-infected African children on HAART – May 2011
- Dr Etienne Nel – Collaboration with ESPGHAN for future projects: Paediatrics gastroenterology training course; ESPGHAN sponsorship for paediatric gastroenterology trainee; invited to Nestle Nutrition Institute Meeting
- Dr Adrie Bekker – Thrasher Research Grant (Pharmacokinetics of INH in LBW babies in SA); Harry Crossley Foundation grant
- Shahra Sattar: JHU Summer School (SATBAT Fogarty programme)
- Dr Cath Wiseman: MPH UCT (SATBAT Fogarty programme)
- Dr Karen du Preez: Master's in Public Health Management: LSHTM (SATBAT Fogarty programme)
- Prof Anneke Hesseling received funding (\$21 560,00) from the CRDF for the period 1 January until 31 December 2011 for the project: Measuring the impact of IPT policy and practice in TB-HIV co-infected children in a high burden setting: a cost-effectiveness analysis.

## ***Deel 5/Part 5***

### ***SENTRUMS/CENTRES***

#### ***DIE KLINIESE NAVORSINGSEENHEID VIR KINDERINFEKSIESIEKTES (KID-CRU)/THE CHILDREN'S INFECTIOUS DISEASES CLINICAL RESEARCH UNIT (KID-CRU) – Prof MF Cotton***

*Die Kliniese Navorsingseenheid vir Kinderinfeksiesiektes (KID-CRU) is in 2002 op die been gebring, hoofsaaklik om ondersoekende kliniese proefnemings uit te voer. Die hoofokusgebiede is MIV en tuberkulose. Die Eenheid het sterk samewerkingsbande. KID-CRU is reg langs die Gesinskliniek vir MIV, die tweede oudste gesinskliniek in Afrika (na ons beste wete). Dié kliniek bied ARV-sorg aan kinders én volwassenes./The Children's Infectious Diseases Clinical Research Unit (KID-CRU) was established in 2002, mainly for the conduct of prospective clinical trials. The main focus areas are*

HIV and tuberculosis. The Unit is strongly collaborative. KID-CRU is immediately adjacent to the Family Clinic for HIV (FCH), the second oldest family clinic in Africa (to our knowledge). FCH provides ARV care for children and adults.

### ***Aktiewe Pasiënte in Studies/On-study Active Patients***

<b><i>KID-CRU-studies/KID-CRU Studies</i></b>	<b><i>Totaal Ingeskryf/ Total Enrolled</i></b>	<b><i>Totaal Aktief in Studies/Total Active On-study</i></b>
P1060	89	71
P1066	2	2
P1070	5	5
P1073	28	26
Promise	58	54
BMS	27	22
GSK	30	14
Lipo	234	225
Cher	329	179

### ***Personeel/Personnel***

<b><i>Pos/Position</i></b>	<b><i>Aantal/Number</i></b>
<i>Direkteur/Director</i>	1
<i>Eenheidsbestuurder/Unit Manager</i>	1
<i>Administrateurs/Administrators</i>	3
<i>Hulpwerkers/Auxiliary Workers</i>	2
<i>Beraders/Counsellors</i>	11
<i>Dataklerke/Data Clerks</i>	3
<i>Databestuurders/Data Managers</i>	1
<i>Motorbestuurders/Drivers</i>	3
<i>Laboratoriumassistente/Lab Assistants</i>	2
<i>Mediese Beamptes/Medical Officers</i>	7
<i>Aptekers/Pharmacists</i>	4
<i>Projekbestuurders/Project Managers</i>	3
<i>Geregistreerde Verpleegkundiges/Registered Nurses</i>	7
<i>Maatskaplike Werkers/Social Workers</i>	1
<i>Stafverpleegkundiges/Staff Nurses</i>	8
<i>Studiekoördineerders/Study Coordinators</i>	1
<b><i>Totaal/Total</i></b>	<b>58</b>

### ***Internasionale Kongresse, Werkessies, Vergaderings/International Congresses, Workshops, Meetings***

*Prof M Cotton – Vergadering van die Tuberkuloseproefnemingskonsortium (TBTC), Denver, VSA, 13-14 Mei 2011, komiteelid/Prof M Cotton – Tuberculosis Trials Consortium (TBTC) meeting, Denver, USA, 13-14 May 2011, committee member*

*Prof M Cotton – Vergadering van Internasionale Groep vir Kliniese Proefnemings oor Vigs by Moeders, Kinders en Adollesente (IMPAACT), Washington DC, VSA, 7-10 Junie 2011: **komiteelid**/*  
Prof M Cotton – International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) Group meeting, Washington DC, USA, 7-10 June 2011: **committee member**

*Prof M Cotton – Werksessie oor TB- en MIV-diagnostiek by volwasse en pediatriese populasies, Silver Spring, VSA, 28-30 Junie 2011: **genooide deelnemer**/*Prof M Cotton – Workshop on TB and HIV Diagnostics in Adult and Pediatric Populations, Silver Spring, USA, 28-30 June 2011, **invited participant**

*Prof M Cotton – 3<sup>de</sup> Internasionale Werksessie oor MIV-pediatrie, Rome, Italië, 15-16 Julie 2011, **lid van die reëlingskomitee**/*Prof M Cotton – 3<sup>rd</sup> International Workshop on HIV paediatrics, Rome, Italy, 15-16 July 2011, **organizing committee member**

***Moderator, aanbiedings oor kliniese gevalle – moeilike gevalle in die behandeling en bestuur van MIV by kinders**/***Moderator: Clinical case presentations** – Difficult cases in the treatment and management of HIV in children

#### **Opsommings, Mondelinge Aanbiedings/Abstracts, Oral Presentations**

E Walters, K Reiccmuth, H Rabie, **M Cotton**, A Dramowski, BJ Marais – Virological outcomes in South African children co-treated with highly-active anti-retroviral therapy (HAART) and anti-tuberculosis therapy

#### **Opsommings, Plakkaataanbiedings/Abstracts, Poster Presentations**

**S Innes**, R Eagar, C Edson, H Rabie, s Hough, R Haubrich, **MF Cotton**, S Browne – Prevalence, DEXA differences and risk factors for lipoatrophy among pre-pubertal African children on HAART

AL Slogrove, H Rabie, **MF Cotton** – Non-vertical transmission of HIV in children: more evidence from the Western Cape, South Africa

**S Innes**, E Lazarus, K Otwombe, A Liberty, R Germanus, **A Janse van Rensburg**, **M Cotton**, A Violari – Significant CD4 depletion and advanced HIV disease in infants initiating HAART before 3 months of age

AL Slogrove, T Kollmann, **MF Cotton**, S Williams, J Bettinger, D Speert, M Esser – HIV exposed uninfected (HEU) infants: evidence of severe infectious morbidity of South Africa

H Hassan, H Rabie, **MF Cotton** – The clinical manifestations and outcomes of HIV infected children with Cryptococcus neoformans at Tygerberg Children's Hospital

N O'Connell, H rabie, A Dramowski, J Lawrenson, **M Cotton** – Cytomegalovirus myocarditis presenting as immune reconstitution inflammatory syndrome in an HIV-1-infected child

*Prof M Cotton – Internasionale Vigskonferensie, Rome, Italië, 17-20 Julie 2011, **lid van die reëlingskomitee**/*Prof M Cotton – International AIDS Conference, Rome, Italy, 17-20 July 2011, **organizing committee member**

*Prof M Cotton – 4<sup>de</sup> Kongres van die Federasie van Infeksiesiekteverenigings van Suider-Afrika (FIDSSA), Durban, 8-11 September 2011, **lid van die wetenskaplike komitee, genooide spanlid**/*Prof M Cotton – 4<sup>th</sup> Federation of Infectious Diseases Societies of Southern Africa (FIDSSA) Congress, Durban, 8-11 September 2011, **scientific committee member , invited faculty**

*Prof M Cotton – Wegbreeksessie vir die Leiers van die Internasionale Groep vir Kliniese Proefnemings oor Vigs by Moeders, Kinders en Adollesente (IMPAACT), Washington DC, VSA, 6-9 November 2011, **komiteelid**/*Prof M Cotton – International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT) Leadership Retreat, Washington DC, USA, 6-9 November 2011, **committee member**



*Prof M Cotton – 7<sup>de</sup> Internasionale Kongres van die Wêreldvereniging vir Pediatriese Infeksiesiektes (WSPID), 16-19 November 2011, Melbourne, Australië, lid van die reëlingskomitee/Prof M Cotton – 7<sup>TH</sup> World Congress of the World Society for Pediatric Infectious Diseases (WSPID), 16-19 November 2011, Melbourne, Australia, **organizing member***

*Opsommings is beskikbaar by <http://www.sajcn.co.za/index.php/SAJCN>./Abstracts can be viewed at <http://www.sajcn.co.za/index.php/SAJCN>.*

*Prof M Cotton – 4<sup>de</sup> Jaarlikse Pediatriese Wêreldgesondheidsimposium, 16 September 2011, Philadelphia, VSA – Praatjie: Voorkoming en vroeë opsporing by kinders: Perspektiewe uit die Wes-Kaap, Suid-Afrika/Prof M Cotton – Fourth Annual Paediatric Global Health symposium, 16 September 2011, Philadelphia, USA – Talk: Prevention and early detection in children: perspectives from the Western Cape, South Africa*

*Prof M Cotton – 42<sup>ste</sup> Wêreldkonferensie oor Longgesondheid, Lille, Frankryk, 26-30 Oktober 2011/Prof M Cotton – 42<sup>nd</sup> Union World Conference on Lung Health, Lille, France, 26-30 October 2011:*

- *Het 'n praatjie aangebied oor die risiko van TB by kinders wat aan MIV blootgestel is dog nie geïnfecteer is nie (kinders met MIV-positiewe moeders), en bewyse aangevoer van 'n algemene verhoogde siekerisiko. Die TB-voorkomsyfer is drie keer hoër as in die algemene populasie van kinders onder tweejarige ouderdom./Presented a talk on the risk of TB in HIV-exposed uninfected children (born to HIV+ mothers) and presented evidence of increased risk for many diseases. The incidence of TB is three times higher than the general population of children below two years of age.*
- *Het 'n plakkaat aangebied oor tabakverslaafdes wat buite ingang 1 en 2 van Tygerberg Hospitaal rook. Die meeste ly aan matige verslawing, is bewus van die gevare, en sou graag hulp wou hê om op te hou./Presented a poster on tobacco addicts who smoke outside entrances 1 and 2 of TBH. Most have moderate addiction, are aware of the dangers and would appreciate assistance in quitting.*

### ***Nasionale & Plaaslike Vergaderings/National & Local Meetings***

*Prof M Cotton – Behandeling, sorg en steun – lid van tegniese taakspan, 9 Maart 2011, Pretoria/Prof M Cotton – Treatment, care & support – **member of technical task team**, 9 March 2011, Pretoria*

*Prof M Cotton – Dosering van antiretrovirale middels by kinders en adolessente – **voorsitter van vergadering**, Johannesburg, 2 Desember 2011/Prof M Cotton – **meeting chairperson**, Antiretroviral Drug Dosing in Children & Adolescents, Johannesburg, 2 December 2011*

### ***Lesings/Aanbiedings/Seminare/Lectures/Presentations/Seminars***

*Prof M Cotton – Stellenbosch Forum-lesing, 17 Maart 2011, JS Gericke Biblioteek-ouditorium, Stellenbosch – bied seminaar aan: Voorkoming en behandeling van MIV by kinders/Prof M Cotton – Stellenbosch Forum Lecture, 17 March 2011, JS Gericke Library Auditorium, Stellenbosch – presented seminar: Preventing and treating HIV in children*

*Prof M Cotton – Werksessie oor NIAID-toelaagbeleid en -bestuursopleiding, Kaapstad, 28 Maart 2011 – Die uitdagings verbonde aan navorsing tesame met die nakoming van Amerikaanse toelaagvereistes/Prof M Cotton – NIAID Grants Policy and Management Training workshop, Cape Town, 28 March 2011 – The Challenges of conducting research while complying with USA grant funding requirements*

*Prof M Cotton – US/MNR Sentrum vir Molekulêre en Sellulêre Biologie, 25 Julie 2011, MIV- en navorsingsnuus/Prof M Cotton – US/MRC Centre for Molecular and Cellular Biology, 25 July 2011, HIV and research update*

## **Pryse/Awards**

*Dr Steve Innes – Fogarty Internasionale Kliniese Navorsingsgenootskap: Studie – "Toetsinstrument om lipo-atrofie op te spoor by MIV-positiewe Afrika-kindere op HAART" – Mei 2011/Dr Steve Innes: Fogarty International Clinical Research Fellowship: Study – Screening tool to detect lipoatrophy among HIV-infected African children on HAART – May 2011*

- *Dr S Innes – groep studies oor lipo-atrofie/stavudien/Dr S Innes - Lipoatrophy/stavudine group of studies*

Farmakokinetika-studie oor stavudien het in *Antiviral Therapy Journal* verskyn./Stavudine pharmacokinetic study has been published in Antiviral Therapy Journal.

*Gedeelte van studie oor lipo-atrofie is ook vir publikasie in die Antiviral Therapy Journal voorgelê./Section of lipoatrophy study has been submitted for publication in Antiviral Therapy Journal.*

*Jaarlikse opvolgbesoeke van lipo-atrofie-kohort tans aan die gang (sal na verwagting in Mei 2012 voltooi wees)/Annual follow-up visits of lipoatrophy cohort are underway (due to be completed in May 2012)*

*Data van die toetsinstrument vir lipo-atrofie is ontleed en 'n manuskrip vir publikasie opgestel/Lipoatrophy screening tool data has been analyzed and manuscript drafted for publication*

## **Opleiding/Onderrig/Training/Teaching**

Daar is weeklikse lesings en aanbiedings oor verskeie werksverwante aspekte, en gassprekers word genooi. Dr A Riddick bestuur hierdie inisiatief. Sien G:\Personeel\Paediat\KIDCRU\Training\Library

Weekly teachings and presentations are being held on different work-related aspects. Guest speakers are invited and Dr A Riddick drives this initiative. See G:\Personeel\Paediat\KIDCRU\Training\Library

## **Hoogtepunte/Highlights**

- *Dr E Maritz – Jaarvergadering oor tropiese pediatrie, Hamburg, Duitsland, 29 Januarie 2011 – Praatjie: Die invloed van premastikasie op bloedvirusoordrag/Dr E Maritz – Annual meeting of tropical paediatrics, Hamburg, Germany, 29 January 2011 – Talk: The influence of pre-mastication on blood borne virus transmission*
- *Prof M Cotton – Radio 786, Onderwerp: Moeder-na-kind-oordrag van MIV en verwante kwessies, uitgesaai op 21 Maart 2011/Prof M Cotton – Radio 786, Topic: Mother-to-child HIV Transmission and related issues, broadcasted 21 March 2011*
- *Prof M Cotton – Radio Tygerberg, Moeder-na-kind-oordrag van MIV en verwante kwessies, uitgesaai op 21 Maart 2011, ontvang uitstekende terugvoer van albei radiostasies/Prof M Cotton – Radio Tygerberg, Mother-to-child HIV Transmission and related issues, broadcasted 21 March 2011, received excellent feedback from both radio stations.*

- *Prof M Cotton – gesels met dr Michael Mol op SABC3, 26 Julie 2011, as mediese kundige en lid van die Vereniging vir SA MIV-klinici – Onderwerp: Voorkoming van moeder-na-kind-oordrag van MIV/Prof M Cotton – Interviewed by Dr Michael Mol on SABC3, 26 July 2011, as medical expert and member of the SA HIV Clinicians Society – Prevention of mother-to-child-transmission of HIV*
- *Prof M Cotton – Kongres van Retroviruse en Opportunistiese Infeksies, 5-8 Maart 2012, Seattle, VSA – bied finale data van CHER-proefneming aan/Prof M Cotton – Congress of Retroviruses and Opportunistic Infections, 5-8 March 2012, Seattle, USA – presenting final data from CHER trial*
- *Prof M Cotton – 4<sup>de</sup> Werksessie oor Pediatriese MIV, 20-21 Julie 2012, Washington DC, tree op as medevoorsitter van werksessie en neem deel aan debat oor relevansie van INH-voorkoming/Prof M Cotton – 4<sup>th</sup> HIV Paediatric Workshop, 20-21 July 2012, Washington DC, co-chairing workshop and participating in debate on the relevance of INH prevention*
- *Prof M Cotton – 19<sup>de</sup> Internasionale Vigskonferensie, 22-27 Julie 2012, Washington DC, neem deel aan ARV-werksessies vir kinders/Prof M Cotton – 19<sup>th</sup> International AIDS Conference, 22-27 July 2012, Washington DC, participating in ARV workshops for children*

## ***SOUTH2SOUTH-PROGRAM VIR OMVATTENDE MIV-SORG EN -BEHANDELING VIR DIE GESIN – Dr K van der Walt/SOUTH2SOUTH PROGRAMME FOR COMPREHENSIVE FAMILY HIV CARE & TREATMENT – Dr K van der Walt***

*In die loop van 2011 het South2South 1 346 gesondheidsorgwerkers opgelei en 386 gesondheidsorgwerkers van mentorskap voorsien oor pediatriese MIV-behandeling, die voorkoming van moeder-na-kind-oordrag, en psigo-sosiale steun. South2South het boonop 4 174 instrumentstelle en opleidingshulpbronne versprei, en in die vorm van verskeie tegniese werkskomitees tegniese bystand aan die Nasionale Gesondheidsdepartement verleen, onder meer oor pediatriese MIV, voorkoming van moeder-na-kind-oordrag, borsvoeding en gehalteverbetering./During 2011, South2South trained 1 346 health care workers en mentored 386 health care workers in Paediatric HIV treatment, PMTCT, and psychosocial support. During 2011, South2South distributed 4 174 toolkits and training resources. South2South provided technical assistance to the National Department of Health in various technical working committees, including paediatric HIV, PMTCT, breastfeeding, and quality improvement.*

*South2South se klem val op vermoëbou en die versterking van die gesondheidstelsel deur opleiding en die ontwikkeling van opleidingsmateriaal, mentorskap, gehalteverbetering, en tegniese bystand aan die Suid-Afrikaanse Nasionale Gesondheidsdepartement./South2South's focus is on capacity building and health system strengthening through training and training-material development, mentoring, quality improvement, and technical assistance to the South African Department of Health.*

### ***Poste/Poste***

<b><i>(voltyds)/(full-time)</i></b>	<b><i>Aantal/Number</i></b>	<b><i>Gevul/Filled</i></b>
<i>Direkteure/Directors</i>	2	2
<i>Adjunkdirekteure/Deputy Directors</i>	2	1
<i>Kliniese Adviseurs/Clinical Advisors</i>	5	4
<i>Verpleegadviseurs/Nursing Advisors</i>	5	4

<i>Sielkundiges/Psychologists</i>	1	1
<i>Maatskaplike Werkers/Social Workers</i>	3	2
<i>Arbeidsterapeute/Occupational Therapists</i>	1	0
<i>Administratiewe/Administrative</i>	5	5

**Poste (deelyds – hoeveel ure per week)/Posts (sessional – how many hours per week)**

<i>Dieetkundiges/Dieticians</i> (vyf ure per week)/(5 hours per week)	1	1
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***Gemeenskapsuitreikprogramme/Gemeenskapsdiens en -interaksie/*  
**Community Outreach Programmes/Community Service and Interaction****

*South2South bied opleiding aan gesondheidswerkers deur die volgende kursusse:  
Kursus in pediatriese MIV-behandeling by Tygerberg Hospitaal (weeklange kursus)  
Die rol van die rehabilitasiespan in die identifikasie en bestuur van pediatriese MIV  
Oriëntering met betrekking tot die pediatriese MIV-instrumentstel  
Pediatriese NIMART  
Kursus in basiese pediatriese MIV-behandeling vir dokters  
Oriëntering met betrekking tot instrumentstel vir voorkoming van moeder-na-kind-oordrag  
Opleiding in behandelingsgetrouheid vir versorgers, kinders en adolessente*

*South2South bied ook mentorskap met betrekking tot kliniese stelsels en gehalteverbetering aan gesondheidswerkers in die Moretele-subdistrik, Noordwes-provinsie.*

South2South provides training to health workers through the following courses:  
Tygerberg Hospital Paediatric HIV Treatment Course (one-week course)  
The Role of the Rehabilitation Team in the Identification and Management of Paediatric HIV  
Paediatric HIV Toolkit Orientation  
Paediatric NIMART  
Basic Paediatric HIV Treatment Course for doctors  
PMTCT Toolkit Orientation Course  
Adherence training for Caregivers, Children, and Adolescents

South2South also provides mentoring to health workers through clinical systems mentoring and quality improvement mentoring in the Moretele sub-district, North West Province.

***Vennootskappe/Partnerships***

**Nasionaal/National**

*Nasionale Gesondheidsdepartement/National Department of Health  
Stigting vir Professionele Ontwikkeling/Foundation for Professional Development  
Zoe Life  
Right to Care  
Keth'Impilo  
Anova-gesondheidsinstituut/Anova Health Institute*

**Internasionaal/International**

*PEPFAR/USAID  
Instituut vir Gesondheidsorgverbetering/Institute for Healthcare Improvement  
PATA ("Paediatric AIDS Treatment for Africa")  
Association Francois-Xavier Bagnoud*

***Prestasie met betrekking tot Navorsingsaktiwiteite en -uitsette/Achievements*  
**with regard to Research Activities and Research Outputs****

Clayton, JA (2011, Augustus). "Paediatric Disclosure: Legal and Ethical Implications for Nurses and Healthcare Workers". *HIV Nursing Matters*, 2(3), 26–29.

Smit, L (2011, Augustus). "Are Children Small Adults?" *HIV Nursing Matters*, 2(3), 22–24.

Smit, LD (2011, Augustus). "Nurses, HIV and Paediatrics." *HIV Nursing Matters*, 2(3), 10–13.

Clayton, JA (2011, August). Paediatric Disclosure: Legal and Ethical Implications for Nurses and Healthcare Workers. *HIV Nursing Matters*, 2(3), 26–29.

Smit, L (2011, August). Are Children Small Adults? *HIV Nursing Matters*, 2(3), 22–24.

Smit, LD (2011, August). Nurses, HIV and Paediatrics. *HIV Nursing Matters*, 2(3), 10–13.

### ***Onderrig en Opleiding (Voorgraads, Nagraads en Elektiewe Studente)/Teaching and Training (Under-, Postgraduate and Elective Students)***

*Aantal gesondheidswerkers opgelei*/Number of health workers trained 1 346

*Aantal gesondheidswerkers van mentorskap voorsien*

Number of health workers mentored 386

*Hoeveelheid opleidingsmateriaal versprei*

Number of training material distributed 4 174

### **Spesiale Prestasies en Ander Hoogtepunte wat nie in hierdie Templaat gedek word nie/Special Achievements and Other Highlights not covered by this Template**

*South2South het die Departement Pediatrie en Kindergesondheid in verskeie tegniese advieskomitees van die Nasionale Gesondheidsdepartement verteenwoordig, onder meer:*

*Voorkoming van moeder-na-kind-oordrag*

*Gehalteverbetering*

*Data-invorderingsinstrumente*

*Openbaarmaking*

*Bors- en babavoeding*

*Pediatriese MIV*

South2South represented the Department of Paediatrics and Childhealth on various National Department of Health technical advising committees, including:

PMTCT

Quality Improvement

Data Collection Tools

Disclosure

Breastfeeding and Infant Feeding

Paediatric HIV

### ***DESMOND TUTU TB-SENTRUM (DTTS) – Prof N Beyers/DESMOND TUTU TB CENTRE (DTTC) – Prof N Beyers***

*Die Desmond Tutu TB Sentrum vereenselwig homself met die domeine van die Universiteit, naamlik:*

• *Navorsing*

• *Onderrig en Opleiding*

• *Gemeenskapsdiens*

*Ons het egter 'n addisionele domein bygevoeg, naamlik dié van*

- *Invloed op die beleid en praktyk*

The Desmond Tutu TB Centre aligns itself with the domains of the University, namely:

- Research
- Teaching and Training
- Community Service

However, we have added an additional domain, namely that of

- Influence on Policy and Practice

### ***Infrastruktuurontwikkeling***

1. *Sewe veldkantore van die ZAMSTAR-studie (in Kuyasa, Delft-Suid, Wallacedene, Mzamomhle, Nyanga, Kayamandi en Mbekweni) is aan die Departement van Gesondheid geskenk.*
2. *Die terreinkantoor in Site C in Khayelitsha is aan die span vir pediatriese TB geskenk om studies oor TB onder kinders te doen.*
3. *'n Nuwe lokaal is by die Brooklyn-borshospitaal aangebou vir die bestudering van MDR-TB onder kinders.*
4. *Die laboratorium is na prof Paul van Helden oorgedra.*
5. *Die twee veldkantore in Ravensmead en Uitsig word in stand gehou.*
6. *Die pediatriese lokale in die veldkantore in Ravensmead, Uitsig en Site C in Khayelitsha word 'kindervriendelik' in stand gehou om studies oor TB onder kinders te doen.*
7. *Die e-nose-studie (met 'elektroniese neuse') gaan voort, en kantore word in Adriaanse en Elsie-rivier in stand gehou.*
8. *Die DTTS is besig om die gemeenskapsentrums vir vrywillige berading en toetsing (VCT) na nieregeringsorganisasies (NRO's) oor te dra, en die hele projek sal gedurende 2012 volledig afsluit.*
9. *Die voertuigvloot is in stand gehou en nuwe voertuie is aangekoop.*
10. *Die nuwe kantore (waar die ou sekuriteitsafdeling was, by die westelike ingang op die onderste vlak van die grondverdieping) is nou volledig in gebruik nadat opknappingswerk aanvanklik vertraag is.*
11. *Daar word tans gewerk aan fasiliteite om toegang vir mnr Dunbar se dienshond te verleen (tuin, gras).*
12. *Die kombuis is opgeknop om vir mnr Dunbar rolstoeltoegang tot die tuin te gee.*
13. *Die webblad ([www.sun.ac.za/tb](http://www.sun.ac.za/tb)) is in stand gehou.*

### **Infrastructure development**

1. Seven field offices of the ZAMSTAR study (Kuyasa, Delft-South, Wallacedene, Mzamomhle, Nyanga, Kayamandi and Mbekweni) have been donated back to the Department of Health.
2. The site office in Site C Khayelitsha has been donated to the Paediatrics TB team for childhood TB studies.
3. A new room has been built at Brooklyn Chest Hospital for Childhood MDR TB studies.
4. The laboratory has been transferred to Prof Paul van Helden.
5. The two field offices in Ravensmead and Uitsig are being maintained.
6. The paediatric rooms in the field offices of Ravensmead, Uitsig and Site C are maintained as "Child-friendly" for the childhood TB studies.
7. The e-nose study ongoing and maintaining offices in Adriaanse and Elsie River.
8. We are in the process of transferring the community VCT Centres to NGOs and the whole project will finally exit during 2012.
9. The fleet of vehicles has been maintained and new vehicles purchased.

10. The new offices (where the old security was at the Western entrance of Lower Ground floor) are now in full use after initial delays in refurbishment.
11. Facilities to allow access for Mr Dunbar's service dog are in the process of being developed (garden, grass).
12. Kitchen refurbished to allow wheelchair access to garden for Mr Dunbar.
13. The website ([www.sun.ac.za/tb](http://www.sun.ac.za/tb)) has been maintained.

### **Gemeenskap-uitreikprogramme/Gemeenskapsdiens en -interaksie**

1. Die **ZAMSTAR**-studie is uiteindelik afgehandel, en bedrywighede in die agt gemeenskappe is afgesluit.
2. Befondsing vir 'n **nuwe ewekansige proefneming met antiretrovirale behandeling in gemeenskapsklusters (Population ART to Reduce Transmission – PopART)** is verkry, en die DTTS is besig om nege veldterreine vir hierdie proefnemings te reël.
3. Die **PMTCT-program** (om moeder-na-kind-oordrag te voorkom) gaan voort om opleiers oral in die provinsie op te lei ter voorbereiding op die DTTS se uitgang.
4. Die **TB-vrye Kinders-projek** is as vlagskipprojek van die US in stand gehou. Talle bedrywighede is in die gemeenskap onderneem. Me Erica Jacobs doen tans 'n uitreestudie in Ravensmead en Uitsig.
5. **Pediatriese studies** by die DTTS is op die volgende navorsingsterreine gerig:
  - a. Gemeenskapsgebaseerde studies oor die diagnoseer, voorkoming en biomerkers van huishoudelike kontak met TB.
    - i. Hierdie voorgenome gemeenskapsgebaseerde studie gebruik die ontwerp van 'n huishoudelike-kontak-studie om die diagnostiese nut van nuwe TB-toetse wat op bloed gebaseer is, naamlik interferongamma-loslatingsessais (IGRA's), te bepaal. Die DTTS het tot dusver 550 kinders by drie studiegemeenskappe ingeskryf. Opvolgwerk wat inskrywings en longitudinale vlak betref, sal gedoen word. Hierdie groot kohortstudie het ook gedien as platform vir verskeie ondergeskikte studies (kyk hieronder), studenteprojekte, en kapasiteitsbou- en opleidingsgeleenthede.
  - b. Daar is ook 'n studie wat die invloed van omgewingsrook op kinders ondersoek. Altesaam 196 kinders uit drie studiegemeenskappe (Uitsig, Ravensmead en Site C in Khayelitsha) is betrek, waarvan 65,3% aan omgewingstabakrook blootgestel is.
  - c. 'n Studie wat privaat gesondheidsorg ondersoek, het 210 pasiënte uit Site C betrek.
  - d. Studies word in Khayelitsha gedoen oor TB-infeksie en -blootstelling onder kinders wat nie aan MIV blootgestel is nie, wat wel aan MIV blootgestel is, wat nie met MIV geïnfekteer is nie en wat wel met MIV geïnfekteer is. Studies word ook daar gedoen oor Helminth-ko-infeksie en hoe dit kinders se gevaar om TB op te doen, beïnvloed.
  - e. Navorsing oor gesondheidstelsels met die oog daarop om die instel van voorkomende behandeling met isoniasied (IPT-behandeling) onder hoë-risiko-kinders in die gemeenskap te versterk is in Ravensmead en by die Nolungile-kliniek in Khayelitsha gedoen.
  - f. 'n Gedesentraliseerde kliniek vir die bestuur van kinders wat met MDR-TB in aanraking kom of daarmee geïnfekteer is, is in Site B in Khayelitsha ingerig, en meer as 150 kinders is daar hanteer.
  - g. Die verskaffing van voorkomende behandeling met isoniasied (IPT) aan pasgebore babas wat aan TB blootgestel is, is by Tygerberg Hospitaal geassesseer.
  - h. Die INH-farmakokinetika in Suid-Afrikaanse babas met 'n lae geboortegewig in die MIV-era is by Tygerberg Hospitaal ondersoek.
  - i. Die uitdagings waarvoor veldwerkers te staan kom wanneer hulle kliniese navorsing doen, is ondersoek in 'n studie wat deur die veldwerkers self geloods is.
  - j. Die farmakokinetika en toksisiteit van tweedelinie-antituberkulosemiddels is by die Brooklyn-borshospitaal ondersoek in kinders wat met MIV geïnfekteer is sowel as wat nie geïnfekteer is nie.

6. Die studie oor die **evaluering van nuwe diagnostiek** fokus op die aard en omvang van die insette wat nodig is om LPA's by die diagnostiese algoritmes in roetine-gesondheidsdienste in te sluit, die omvang en verskeidenheid van voordele vir pasiënte en hulle kliniese bestuur, en die mate waartoe hierdie voordele en bestuur na gelang van die konteks – wat epidemiologie en die gesondheidstelsel betref – wissel. Die Nasionale Gesondheidslaboratoriumdienste (NHLS) stuur elke dag TB-data wat vanaf alle Stadsgesondheid- en provinsiale fasiliteite ontvang word, en MDR-TB-data word onttrek. Dit is 'n ingewikkelde studie wat die aanvang van MDR-TB-behandeling evalueer, asook gesondheidstelsels en -prosesse, pasiënte se gesigspunte en ekonomiese faktore.
7. Dr Mareli Claassens het, in samewerking met die nasionale Departement van Gesondheid, haar studie oor **aanvanklike versuiming in TB-gevalle** na vyf ander provinsies (Noordwes, KZN, Oos-Kaap, Limpopo en Mpumalanga) uitgebrei om te bepaal hoekom basiese versuim plaasvind en om huisbesoeke te doen ten einde sulke primêre versuimers na te spoor. 'n Nuwe studie oor aanvanklike versuim is in die Wes-Kaap begin.
8. Befondsing is verkry om 'n kliniek vir **volhoubare primêre gesondheidsorg** in samewerking met die Wes-Kaapse provinsiale Departement van Gesondheid te ontwerp en op te rig.
9. Die Women in Networks(WIN)-projek gaan voort in Site C in Khayelitsha. In hierdie projek is die DTTS se doelwit om, in vennootskap met die Philani-voedingsentrum, te verseker dat kinders toegang tot die kindersorgtoelaag het. Virgin Unite het bykomende befondsing geskenk.
10. 'n Huis vir mama Maphosela
  - a. Die DTTS is al 'n hele aantal jare betrokke by mev Maphosela, wat weeskinders en kwesbare kinders versorg. Die Sentrum wag steeds dat die Stad Kaapstad die plan vir die nuwe huis goedkeur.
11. Die **TB-MIV-integrasieprojek**, wat tans in die laaste jaar van sy beplande vyf jaar is, het die tweeledige mikpunt om die TB-las te verlig deur die opsporing van TB-gevalle te verbeter en gepaste TB-behandeling te verseker, en om MIV-oordrag in gemeenskappe te verminder en die impak van MIV op individue te verklein. Daar is drie mikpunte:
  - a. Die projek se eerste mikpunt – om toegang tot dienste vir MIV-berading en -toetsing (MBT) te verhoog – is bereik deurdat sewe MBT-gemeenskapsentrums in samewerking met NRO's opgerig en onderhou is. In 2011 het hierdie sentrums 29 950 kliënte getoets, ewe veel mans en vroue.
  - b. Die projek se tweede mikpunt is om gesondheidstelsels te versterk, en om toegang tot en die gehalte van TB- en MIV-dienste te verbeter, asook samewerking tussen sodanige dienste.
    - Talle bedrywighede ter versterking van die gesondheidstelsel, onder meer opleiding en mentorswerk, is reeds vroeër in die projek in al 101 TB-klinieke in Kaapstad onderneem en gaan steeds voort.
    - Die DTTS het in al 101 klinieke sowel as op subdistriktvlak in Kaapstad 'n wye verskeidenheid intervensies gedoen om TB-gevalle beter op te spoor, die TB-genesingskoers te verhoog deur infeksiebeheer te verbeter, en vatbaarheid vir TB en MIV te verlaag.
    - Kapasiteitsontwikkeling het voortgegaan: 81 kliniekpersoneellede het opleiding oor die geïntegreerde ouditinstrument vir HAST (MIV/vigs, SOI's en TB) ontvang. Altesaam 39 algemene praktisyns is opgelei, en 59 beraders en kliniekpersoneellede het opleiding oor TB-behandelingsverbondenheid ontvang.
    - Die DTTS het, in vennootskap met die Departement van Gesondheid, 'n databestuurstelsel vir uitslae vanaf die NHLS se sentrale laboratoriums ingestel met die oogmerk om diagnosering van TB-gevalle te verbeter.
    - 'n Loodsintervensie is in die Tygerberg-subdistrik gedoen om die aantal pasiënte te verminder wat versuim om hulle TB-medikasie neem. Hierdie loodsprojek sal nou na alle klinieke in Kaapstad uitgebrei word.



- c. *Die projek se derde mikpunt is om toegang tot PMTCT-dienste te verbeter en omvattende sorg vir swanger vroue in die hand te werk, voordat én nadat hulle geboorte geskenk het.*
- *Alle gesondheidssubdistrikte in die Kaapstadgebied het ondersteuning ontvang (aanvanklik is net een subdistrik ondersteun).*
  - *Generiese programsteun is verskaf in die vorm van opleiding oor die hersiene PMTCT-protokol en die implikasies daarvan vir babavoeding:*
  - *Steun is verskaf vir die ontwikkeling van materiaal vir inligting, opvoeding en kommunikasie oor swangerskap en oor PMTCT.*

## **Community Outreach Programmes/Community Service and Interaction**

1. The **ZAMSTAR** study has finally been completed and activities in the eight communities has been concluded.
2. A **new community cluster randomized trial (Population ART to Reduce Transmission - PopART)** has been funded and we are in the process of obtaining nine field sites for this trial.
3. The **PMTCT** programme is continuing with training of trainers in the whole province in preparation for exit.
4. The **TB-free Kids Project** has been maintained as a "Flagship project" of the University. Many activities have been done in the community. Ms Erica Jacobs is now doing an *Exit Study* in Ravensmead and Uitsig.
5. The **paediatric studies** at DTTC focuses on the following areas of research:
  - a. Community-based household contact tracing diagnostic, prevention and biomarker studies;
    - i. This prospective community -based study utilizes a household-contact study design to assess the diagnostic utility of new blood-based tests for TB infection; interferon-gamma release assays (IGRAs). To date, we have enrolled 550 children in three study communities; enrolment and longitudinal follow-up are ongoing. This large cohort study has also served as a platform for several sub studies (see below), student projects, capacity building and training.
  - b. There is also a study investigating environmental smoke and its effect on children. A total of 196 children were included from three study communities (Uitsig, Ravensmead and Site C, Khayelitsha), of which 65,3% were exposed to ETS in the household.
  - c. A study investigating private health care enrolled 210 patients from Site C.
  - d. Studies on TB Infection and Exposure among HIV-unexposed, HIV-exposed, uninfected and HIV-infected children as well as studies investigating Helminth co-infection and the effect on TB infection risk in children are taking place in Khayelitsha.
  - e. Health systems research to strengthen IPT implementation in at-risk children in the community took place in Ravensmead and Nolungile clinic (Khayelitsha).
  - f. A decentralized clinic for the management of children in contact with MDR-TB and with MDR-TB has been established in Site B Khayelitsha and more than 150 children have been managed in this clinic.
  - g. Assessment of Isoniazid preventative therapy (IPT) delivery to Tuberculosis exposed newborns was done in Tygerberg Hospital.
  - h. The INH Pharmacokinetics in low birth-weight South African infants in the era of HIV was investigated in Tygerberg Hospital.
  - i. Exploring the challenges faced by field workers in conducting clinical research – this is a study initiated by the field workers.
  - j. Pharmacokinetics and toxicity of second-line antituberculosis drugs in HIV-infected and uninfected children was investigated in Brooklyn Chest Hospital.

6. The study on **Evaluation of New Diagnostics** and focuses on the magnitude and nature of the inputs required to implement LPA as part of diagnostic algorithms in routine health services, the magnitude and range of benefits for patients and their clinical management and the extent to which these differ according to the epidemiological and health system context. TB data is being received from NHLS on a daily basis for all City Health and Provincial facilities, and MDR TB data extracted. This is a complex study evaluating MDR TB Treatment Initiation, Health Systems and Processes, Patients' Perspectives and Economic Factors.
7. In the study on **Initial default in TB cases** together with the Department of Health, Dr Mareli Claassens expanded her studies in five other provinces ( Northwest, KZN, Eastern Cape, Limpopo, Mpumalanga) to evaluate reasons for primary default and to do home visits to trace these primary defaulters. A new study on initial default has started in the Western Cape Province.
8. Funding has been procured to design and construct a **Sustainable Primary Health Care Clinic** in collaboration with the Western Cape Provincial Health Department.
9. The **Women in Networks (WIN)** project is continuing in Site C, Khayelitsha. In this project we partner with the Philani Nutrition Centre with the aim of ensuring that children have access to the child care grant. Additional funding has been awarded by Virgin Unite.
10. **House for Mama Maphosela**
  - a. DTTC has for a number of years been involved with Mrs Maphosela, who takes care of orphans and vulnerable children. The plans for the new house are still awaiting approval by City of Cape Town.
11. The **TB-HIV Integration project**, currently in year 5 of its five-year lifespan has the dual goals of reducing the TB burden by increasing TB case finding and ensuring appropriate TB care and of reducing HIV transmission in communities and minimizing the impact of HIV on individuals. There are three objectives:
  - a. The project's first objective, to increase access to HIV counselling and testing services, has been achieved through the establishment and maintenance of seven Community HCT Centres in partnership with NGOs. These centres tested 29 950 clients during 2011, half of whom were males.
  - b. The project's second objective is to strengthen health systems and improve access, quality and collaboration between HIV and TB services.
    - i. Many health system strengthening activities, including training and mentoring, that were implemented earlier in the project have continued in all 101 TB clinics in Cape Town
    - ii. A wide range of interventions to improve TB case finding, TB cure rates infection control and to reduce susceptibility to TB and HIV have continued during 2011. These activities happen in all the 101 clinics as well as on sub-district level in Cape Town
    - iii. Capacity development has continued: 81 clinic staff members were trained on the HIV/AIDS/STI/TB (HAST) integrated audit tool, 39 GPs were trained, 50 counsellors and clinic staff members were trained on TB adherence.
    - iv. DTTC has partnered with Department of Health to establish a data management system for managing the results from the centralised laboratories of the NHLS in an attempt to increase the number of TB cases diagnosed.
    - v. A pilot intervention was initiated in the Tygerberg sub-district to reduce the number of TB defaulters. This pilot project will now be rolled out to all the clinics in Cape Town.
  - c. The final objective is to improve access to PMTCT services and address comprehensive antenatal and postnatal care.
    - i. Support has been extended to all health sub districts around Cape Town (initially supported one sub district).
    - ii. Generic programme support has been provided in the form of training on the revised PMTCT protocol and its implications for infant feeding.

- iii. Support was provided for the development of PMTCT and pregnancy IEC materials.

### **Die Voorsiening van Infrastruktuur aan die Gesondheidsdepartement**

1. *Sewe veldkantore van die ZAMSTAR-studie (in Kuyasa, Delft-Suid, Wallacedene, Mzamomhle, Nyanga, Kayamandi en Mbekweni) is aan die Gesondheidsdepartement teruggeskenk. ZAMSTAR-aktiwiteite in gemeenskappe het tot 'n einde gekom, maar die kantore word nou vir nuwe studies gebruik.*
2. *'n Nuwe lokaal word by Brooklyn-borshospitaal aangebou vir MDR-TB-studies onder kinders.*
3. *Die twee veldkantore in Ravensmead en Uitsig word steeds bedryf.*
4. *Die pediatriese lokale in die veldkantore van Ravensmead, Uitsig en Site C word as 'kindervriendelik' bedryf met die oog op TB-studies onder kinders.*
5. *Die e-neusstudie duur voort en bedryf kantore in Adriaanse en Elsiesrivier.*
6. *Die gemeenskapsentrums vir vrywillige berading en toetsing wat in die TB-MIV-integrasieprojek gebruik is, word nou aan nieregeringsorganisasies (NRO's) oorgedra, en die hele projek sal in die loop van 2012 finaal ten einde loop. Gemeenskapsvermoë is gebou en die onttrekkingsplan is bespreek met die Gesondheidsdepartement, wat steeds met hierdie NRO's sal saamwerk.*

### **Infrastructure Supply to Department of Health**

1. Seven field offices of the ZAMSTAR study (in Kuyasa, Delft-South, Wallacedene, Mzamomhle, Nyanga, Kayamandi and Mbekweni) have been donated back to the Department of Health. ZAMSTAR activities in communities have stopped, but the offices are now used for new studies.
2. A new room has been built at Brooklyn Chest Hospital for Childhood MDR TB studies.
3. The two field offices in Ravensmead and Uitsig are being maintained.
4. The paediatric rooms in the field offices of Ravensmead, Uitsig and Site C are maintained as "Child-friendly" for the childhood TB studies.
5. The e-nose study ongoing and maintaining offices in Adriaanse and Elsies River.
6. The community VCT Centres used in the TB-HIV integration project are being transferred to NGOs and the whole project will finally exit during 2012. Capacity has been built in communities and the exit plan has been discussed with the Department of Health, who will continue working with these NGOs

### **Projekte en Studies met Komponente van Gemeenskapsinteraksie en -uitreik**

1. *Maandelikse vergaderings met die Stad Kaapstad en Wes-Kaapse Provinsiale Regering om gesamentlik op aktiwiteite te besluit.*
2. *MIV-berading-en-toetsing: Het sewe gemeenskapsentrums vir MIV-berading-en-toetsing in vennootskap met NRO's op die been gebring. Dié sentrums het 29 950 kliënte gedurende 2011 getoets, van wie die helfte mans was.*
3. *Versterking van gesondheidstelsels en verbetering van toegang, gehalte en samewerking tussen MIV- en TB-dienste. Baie aktiwiteite ter versterking van gesondheidstelsels in al 101 TB-klinieke in Kaapstad, onder meer opleiding en mentorskap.*
4. *'n Wye verskeidenheid intervensies ter verbetering van TB-gevalleopsoring, die TB-genesingskoers en TB-infeksiebeheer sowel as om vatbaarheid vir TB en MIV te verminder, is aan die gang in al 101 klinieke sowel as op subdistriksvlak in Kaapstad.*
5. *Opleiding op versoek van die Direkoraat Gesondheid van die Stad Kaapstad:*
  - a. *81 kliniekpersoneel het opleiding ontvang oor die MIV/vigs/SOI/TB- (HAST-) geïntegreerde ouditinstrument.*
  - b. *39 huisartse het TB-opleiding ontvang.*

- c. 50 beraders en kliniekpersoneel het opleiding oor TB-behandelingsgetrouheid ontvang.
6. DTTS het met die Gesondheidsdepartement saamgewerk om 'n databestuurstelsel op die been te bring vir die bestuur van resultate uit die gesentraliseerde laboratoria van die Nasionale Gesondheidslaboratoriumdienste, ten einde die aantal gediagnoseerde TB-gevalle te verminder. 'n Proefintervensie is in die Tygerberg-subdistrik aangevoer om die aantal TB-behandelingsversuimers te verminder. Hierdie proefprojek sal nou na al die klinieke in Kaapstad uitgebrei word.
  7. Dienste ter voorkoming van moeder-na-kind-oordrag:
    - a. Steun aan alle gesondheidssubdistrikte oor Kaapstad heen
  8. Die ZAMSTAR-studie is uiteindelik voltooi en aktiwiteite in die agt gemeenskappe is beëindig. Die model vir huishoudelike berading op grond van hierdie studie is bespreek met die Stad Kaapstad se Direktoraat Gesondheid, standaardbedryfsprosedures is uitgeruil, en opleiding is aangebied.
  9. Gemeenskapsgesondheidswerkers sit die TB-vrye Kinders-projek in Ravensmead en Uitsig voort. Hulle lê huisbesoek af en spoor TB-pasiënte op om hulle weer met hul behandeling te laat begin.
  10. Die gemeenskapspediatriestudies by DTTS vind hoofsaaklik in Ravensmead, Uitsig en op perseel C, Khayelitsha, plaas. Hoewel dit navorsingstudies is, val die klem op die verbetering van gesondheidstelsels. Deur huishoudelike kontakstudies te onderneem en IPT-registers in te stel, word kinders wat met TB-gevalle in aanraking kom, beter versorg.
  11. Studies oor die bestuur van kinders met MDR-TB of wat met MDR-TB in aanraking is, is op perseel B, Khayelitsha, aangevoer en meer as 150 kinders word hier versorg.
  12. Die studie oor die evaluering van nuwe diagnostiek konsentreer op die versterking van gesondheidsdienste, en verbeter die koppeling tussen gesondheidsdienste en die Nasionale Gesondheidslaboratoriumdienste. 'n Databasis word tans ontwikkel wat met TB-toetsuitslae sal kan tred hou.
  13. 'n Studie oor 'eerste behandelingsversuim' onder TB-gevalle word saam met die Nasionale Gesondheidsdepartement in vyf ander provinsies (Noordwes, KZN, Oos-Kaap, Limpopo en Mpumalanga) onderneem om die redes vir versuim te bepaal en om huisbesoek af te lê om hierdie versuimers op te spoor. 'n Nuwe studie oor eerste behandelingsversuim en die redes daarvoor is ook in die Wes-Kaap in samewerking met die Stad Kaapstad van stapel gestuur.
  14. Finansiering is bekom om 'n volhoubare primêregesondheidsorgkliniek in samewerking met die Wes-Kaapse Gesondheidsdepartement te ontwerp en te bou.
  15. Die Women in Networks- (WIN-)projek gaan voort op perseel C, Khayelitsha. Hiervoor werk ons saam met die Philani-voedingsentrum ten einde te verseker dat kinders toegang tot kindertoelaes bekom. Virgin Unite het bykomende finansiering beskikbaar gestel.
  16. DTTS werk ten nouste saam met die nasionale, provinsiale en plaaslike gesondheidsdepartemente, en verleen op alle vlakke bystand met die ontwikkeling van riglyne, handleidings en opleidingsmateriaal.
  17. DTTS het 'n jaarlikse vergadering met die Nasionale TB-program om nuwe prioriteite vir TB-navorsing in Suid-Afrika te bepaal.
  18. Op versoek van, en in vennootskap met, die Gesondheidsdirektoraat van die Stad Kaapstad, bied DTTS maandeliks 'n TB- kliniese forum vir klinici in die Stad se klinieke aan. In 2011 was daar tien TB- kliniese forums wat deur 534 gesondheidsorgwerkers bygewoon is.
  19. 'n Vyf dae lange werksessie oor die ontwikkeling van bedryfsnavorsingsprotokolle is in 2011 vir kollegas van die Gesondheidsdepartement in elk van die nege provinsies sowel as hul verbonde akademiese instellings aangebied. Altesaam 23 mense van die nege provinsies het die geleentheid bygewoon, en 13 voorstelle is opgestel.
  20. 'n Werksessie oor die skryf van manuskripte is in Junie vir kollegas van die Gesondheidsdepartement aangebied, en 11 manuskripte word tans afgerond vir voorlegging.

## **Projects and Studies with Components of Community Interaction and Outreach**

1. Monthly meetings with City of Cape Town and Western Cape Province to jointly decide on activities.
2. HIV counselling and testing: established seven Community HCT Centres in partnership with NGOs. These centres tested 29 950 clients during 2011, half of whom were males.
3. Strengthening of health systems and improving access, quality and collaboration between HIV and TB services. Many health system-strengthening activities, including training and mentoring, in all 101 TB clinics in Cape Town.
4. A wide range of interventions to improve TB case finding, TB cure rates infection control and to reduce susceptibility to TB and HIV happen in all the 101 clinics as well as on sub-district level in Cape Town.
5. Training on request of Cape Town Health Directorate:
  - a. 81 clinic staff members were trained on the HIV/AIDS/STI/TB (HAST) integrated audit tool
  - b. 39 GPs were trained on TB
  - c. 50 counsellors and clinic staff members were trained on TB adherence.
6. DTTC has partnered with Department of Health to establish a data management system for managing the results from the centralised laboratories of the NHLS in an attempt to increase the number of TB cases diagnosed. A pilot intervention was initiated in the Tygerberg sub-district to reduce the number of TB defaulters. This pilot project will now be rolled out to all the clinics in Cape Town.
7. PMTCT services:
  - a. Support to all health sub districts around Cape Town.
8. The ZAMSTAR study has finally been completed and activities in the eight communities have been concluded. The model for household counselling use this study has been discussed with Cape Town City Health Directorate and SOPs have been shared and we offered training.
9. The TB-free Kids Project in Ravensmead and Uitsig is continuing in the community by the Community Health Advocates who do home visits and trace TB patients and get them back on treatment.
10. The community paediatric studies at DTTC are done mainly in Ravensmead, Uitsig and Site C, Khayelitsha. Although these are research studies, the focus is on improving the health systems and by doing household contact studies and piloting IPT registers, the care of children in contact with TB cases is improved.
11. Studies on the management of children in contact with MDR-TB and with MDR-TB have been established in Site B, Khayelitsha, and more than 150 children have been managed in this clinic.
12. The study on Evaluation of New Diagnostics focus on strengthening health services and the link between health services and NHLS is improved. A database is being developed to track the results of TB tests.
13. In the study on Initial default in TB cases together with National Department of Health is being done in five other provinces (Northwest, KZN, Eastern Cape, Limpopo, Mpumalanga) to evaluate reasons for primary default and to do home visits to trace these primary defaulters. A new study on initial default and the reasons for initial default has started in the Western Cape Province in collaboration with City of Cape Town.
14. Funding has been procured to design and construct a Sustainable Primary Health Care Clinic in collaboration with the Western Cape Provincial Health Department.
15. The Women in Networks (WIN) project is continuing in Site C, Khayelitsha. In this project we partner with the Philani Nutrition Centre with the aim of ensuring that children have access to the child care grant. Additional funding has been awarded by Virgin Unite.
16. DTTC is closely aligned with the National, Provincial and Local health departments and assist on all levels in the development of guidelines, manuals and training material.
17. DTTC hosts an annual meeting with the National TB Programme to establish new priorities for TB Research in SA.

18. On request of and in partnership with the health Directorate of City of Cape Town, DTTC presents a TB Clinical Forum once a month which is attended by clinicians working in the City clinics. In 2011 there were 10 TB Clinical Forums and 534 health care workers attended
19. A five-day Operational Research Protocol development Workshop for colleagues from the Department of Health in each of the nine provinces and their associated academic institutions was held in 2011 – 23 people from the nine provinces attended and 13 proposals were developed.
20. A workshop on manuscript writing for colleagues from the Department of Health was conducted in June and 11 manuscripts are in the process of being finalized for submission.

## **Vennootskappe**

### ***Nasionaal***

1. *Die DTTS het stewige bande met die nasionale, provinsiale en plaaslike gesondheidsdepartemente, en help op alle vlakke om riglyne, handleidings en opleidingsmateriaal te ontwikkel.*
2. *Die nasionale TB-program het die DTTS versoek om navorsingsdata by hulle kwartaallikse nasionale vergaderings voor te lê.*
3. *Die DTTS vergader elke jaar met lede van die nasionale TB-beheerprogram om nuwe prioriteite vir TB-navorsing in Suid-Afrika te stel.*
4. *Alle bedrywighede word in noue samewerking met die onderskeie vlakke van die Departement van Gesondheid beplan. Die DTTS vergader elke maand met regeringsvennote.*
5. *Alle bedrywighede word met die ondersteuning van die plaaslike gemeenskapsadviesrade beplan en uitgevoer.*

### ***Internasionaal***

1. *Die DTTS is steeds 'n samewerkingsentrum van die International Union Against TB and Lung Disease.*
2. *Die DTTS werk steeds saam met verskeie partye:*
  - a. *London School of Hygiene and Tropical Medicine*
  - b. *Universiteit van Zambië*
  - c. *KNCV*
  - d. *Universiteit van Amsterdam*
  - e. *Universiteit van Oslo*
  - f. *Case Western-universiteit*
  - g. *KIT*
  - h. *CDC: Tuberculosis Trials Consortium (TBTC), by meer as 20 internasionale terreine*
  - i. *Universiteit van Bergen, Noorweë*
  - j. *Case Western Reserve-universiteit, VSA*
  - k. *Columbia-universiteit, VSA*
  - l. *Imperial College, Londen*
  - m. *All India Institute of Medical Sciences*
  - n. *St John Medical College, Indië*
  - o. *Bernard Nocht Institute of Tropical Medicine, Hamburg, Duitsland*
  - p. *Max Plank Institute for TB Research, Berlyn, Duitsland*
  - q. *Charite Hospital, Berlyn, Duitsland*
  - r. *McGill-universiteit, Kanada*
  - s. *South African TB Vaccine Initiative (SATVI)*
  - t. *Universiteit van Kaapstad: Afdeling vir kliniese farmakologie*
  - u. *Universiteit van Kaapstad: Eenheid vir gesondheidseconomie*
  - v. *Universiteit van Wes-Kaapland: Afdeling vir menslike voeding*
  - w. *Suid-Afrikaanse Mediese Navorsingsraad se sentrum vir biostatistiek*

x. *South African Centre for Epidemiological Modelling and Analysis (SACEMA)*

## **Partnerships**

### National

1. DTTC is closely aligned with the National, Provincial and Local health departments and assist on all levels in the development of guidelines, manuals and training material.
2. National TB Programme has requested that DTTC presents research data at the quarterly National meetings
3. DTTC hosts an annual meeting with the National TB Programme to establish new priorities for TB Research in SA.
4. All activities are planned in close collaboration with the various levels of the Department of Health. A monthly meeting is held with Government Partners.
5. All activities are planned and implemented with the support of the local Community Advisory Boards (CABs).

### International

1. DTTC remains a Collaborating Centre of the International Union Against TB and Lung Disease.
2. DTTC has numerous ongoing collaborations with the following:
  - a. London School of Hygiene and Tropical Medicine
  - b. University of Zambia
  - c. KNCV
  - d. University of Amsterdam
  - e. Oslo University
  - f. Case Western University
  - g. KIT
  - h. CDC Tuberculosis Clinical Trials Consortium (TBTC): with >20 international sites
  - i. Bergen University, Norway
  - j. Case Western Reserve University, USA
  - k. Columbia University, USA
  - l. Imperial College, London
  - m. All Indian Institute of Medicine
  - n. St John Medical College, India
  - o. Bernard Nocht Institute of Tropical Medicine, Hamburg, Germany
  - p. Max Plank Institute for TB Research, Berlin, Germany
  - q. Charite Hospital, Berlin, Germany
  - r. McGill University, Canada
  - s. South African TB Vaccine Initiative (SATVI)
  - t. Division of Clinical Pharmacology, University of Cape Town
  - u. Health Economics Unit: University of Cape Town
  - v. University of Western Cape: Human Nutrition Division
  - w. South African MRC: Centre for Biostatistics
  - x. South African Centre for Epidemiological Modelling and Analysis (SACEMA)

## ***Prestasies wat Navorsingsaktiwiteite en Navorsingsuitsette betref/Achievements with regard to Research Activities and Research Outputs***

*Die DTTC het 27 eweknie-geëvalueerde ariels gepubliseer./The DTTC published 27 peer review articles.*

## ***Onderrig en Opleiding (Voorgraads, Nagraads en Elektiewe Studente)***

1. *Die DTTS bied, op versoek van en in vennootskap met die Kaapstadse Direkoraat van Gesondheid, een keer 'n maand 'n kliniese forum oor TB aan vir klinici wat in die Stad se klinieke werk. Daar is in 2011 tien kliniese forums oor TB gehou, en 534 gesondheidsorgwerkers het dit bygewoon.*
2. *'n Vyfdaglange werksessie oor bedryfsnavorsingsprotokol-ontwikkeling vir kollegas in die departemente van gesondheid van al nege provinsies, sowel as die akademiese instellings wat aan hulle verbonde is, is in 2011 aangebied; 23 persone uit nege provinsies het dit bygewoon, en 13 voorstelle is uitgewerk.*
3. *Prof Donald Enarson het die DTTS twee keer besoek om die personeel te onderrig en as mentor vir hulle op te tree.*
4. *TB-opleiding is aan 50 algemene praktisyne verskaf.*
5. *'n Werksessie oor manuskripskryfvaardighede is in Junie aangebied, en elf manuskripte word tans afgerond vir voorlegging.*
6. *Minstens 21 nagraadse studente (4 PhD's, 15 meestersgrade en 2 baccalaureusgrade) het studieleiding ontvang.*
7. *Prof Hesseling en Beyers gee onderrig in the magisterprogram oor kliniese epidemiologie.*
8. *Prof Beyers gee onderrig in verskeie programme van die US se Fakulteit Gesondheidswetenskappe, waaronder die NIH se etiekprogram en die magisterklasse vir navorsers.*
9. *Die jaarlikse kursus oor TB onder kinders is in Desember 2011 weer by Goudini gehou, en deelnemers uit meer as 20 lande het dit bygewoon. Die kursus sal in 2012 herhaal word.*

### **Teaching and Training (Under-, Postgraduate and Elective Students)**

1. On request of and in partnership with the Health Directorate of City of Cape Town, DTTC presents a TB Clinical Forum once a month which is attended by clinicians working in the City clinics. In 2011 there were 10 TB Clinical Forums and 534 health care workers attended
2. A five-day Operational Research Protocol Development Workshop for colleagues from the Department of Health in each of the nine provinces and their associated academic institutions was held in 2011 – 23 people from the nine provinces attended and 13 proposals were developed.
3. Prof Donald Enarson visited DTTC twice to teach and mentor the staff of DTTC.
4. 50 GPs were trained on a TB workshop.
5. A workshop on manuscript writing was conducted in June and 11 manuscripts are in the process of being finalized for submission.
6. Supervision was provided to at least 21 postgraduate students (4 PhD, 15 master's, 2 Bachelor's).
7. Prof Hesseling and Prof Beyers teach in the M Clin Epidemiology course.
8. Prof Beyers teaches in various Faculty courses including the NIH Ethics course and the master's classes for researchers.
9. The Annual Childhood TB Course was again held at Goudini in December 2011 and participants from more than 20 countries attended. The course will be repeated in 2012.

### ***Besondere Prestasies en Ander Hoogtepunte wat nie in hierdie Templaar gedek is nie***

1. *Prof Beyers het drie werksterreine gedurende haar verloftyd afgehandel:*
  - a. *Sy het 'n verslag oor die TB-situasie in Suid-Afrika geskryf oor die uitdagings wat TB stel, met spesifieke verwysing na die lesse wat by die DTTS geleer is uit navorsing wat in die Wes-Kaap onderneem is. Hierdie verslag is saam met ander aan die Minister van Gesondheid, mnr Motsoaledi, voorgelê.*
  - b. *Sy het 'n handleiding oor die onderneming van operasionele navorsing afgehandel en gepubliseer.*
  - c. *Sy het modules vir 'n transdissiplinêre PhD in gesondheid ontwikkel.*
2. *Die DTTS is vir die US se HOOP Projek aanvaar.*



3. *Strategiese-bestuursvergaderings is gehou en Strategie 2020 is ontwikkel vir die rigtings wat die DTTS die volgende paar jaar behoort in te slaan.*
4. *Kongreswerk:*
  - a. *verskeie voordragte*
  - b. *'n simposium oor operasionele navorsing by die 42ste Union World Conference on Lung Health, Lille, Frankryk*
  - c. *'n simposium oor ZAMSTAR-uitslae by die 42ste Union World Conference on Lung Health, Lille, Frankryk.*
5. *Mnr Rory Dunbar het nou 'n dienshond wat hom met sy take kan help.*
6. *Me Wena Moelich is steeds die DTTS se gesekondeerde verteenwoordiger by die nasionale Departement van Gesondheid om die nasionale Kick TB-veldtog van stapel te stuur.*
7. *Daar was talle mediaberigte oor verskeie studies.*
8. *Voorsitter: die Paediatric TB Interest Group (TB-PIG) van die CDC se TBTC, 2010 tot datum (Hesseling)*
9. *Voorsitter: die Childhood TB Subgroup van die Wêreldgesondheidsorganisasie (WGO) se New Diagnostics Working Group, 2009 tot datum (Hesseling)*
10. *Sekretaris: die Lung Health Section van die International Union against Tuberculosis and Lung Diseases, 2009 tot datum (Hesseling)*
11. *Voorsitter: IUTALD International se werksgroep oor BCG, 2006–2010 (Hesseling)*
12. *Lid en voorsitter: die WGO se Dots Expansion Working Group on Childhood Tuberculosis, 2005–2011 (voorsitter: Gie, lid: Hesseling)*
13. *Mederedakteur: International Union against Tuberculosis and Lung Diseases (Hesseling)*
14. *Mederedakteur: Public Health Action (Beyers)*
15. *Lede: die Paediatric TB/HIV Provincial Steering Committee van die Wes-Kaap, 2007 tot datum (Schaaf, Hesseling)*
16. *WGO-konsultant: Stop TB Global Plan – bywerk van navorsing, instrumente (2009–2011, Hesseling)*
17. *Lid: die US se Institusionele Forum (Beyers)*
18. *Lid: die Provincial Health Research Committee (Beyers)*
19. *Lid: die US se eregradekomitee (Beyers)*
20. *Lid: die Navorsingsetiëkkomitee van die US Senaat (Beyers)*
21. *Lid: die Provincial Health TB Task Team (Beyers)*

### **Special Achievements and Other Highlights not covered by this Template**

1. During her sabbatical Prof Beyers completed three domains of work:
  - a. She wrote a report on the TB situation in South Africa *The challenge of tuberculosis – Lessons from research undertaken by the Desmond Tutu TB Centre for the Western Cape Province of South Africa* – this report was submitted amongst others to the Minister of Health Mr Motsoaledi.
  - b. She completed and published a manual for conducting operational research.
  - c. She developed modules for a Transdisciplinary PhD in Health.
2. The Desmond Tutu TB Centre was accepted as a HOPE Project for Stellenbosch University.
3. Strategic management meetings were conducted and Strategy 2020 was developed with the directions DTTC should take in the next years.
4. Conference achievements:
  - a. Numerous presentations
  - b. Symposium on operational Research at the 42nd Union World Conference on Lung Health, Lille, France
  - c. Symposium on results from ZAMSTAR at the 42nd Union World Conference on Lung Health, Lille, France.
5. Mr Rory Dunbar now has a service dog to assist him with tasks.
6. Ms Wena Moelich is still seconded to National Department of Health to roll out the "Kick TB" national campaign.

7. Numerous media reports on various studies was done.
8. Chairperson: CDC Tuberculosis Trial Consortium (TBTC) Paediatric TB Interest Group TB-PIG; 2010-present (Hesseling).
9. Chairperson: World Health Organization New Diagnostics Working Group, Childhood TB Subgroup 2009-present (Hesseling).
10. Secretary: International Union against Tuberculosis and Lung Diseases Lung Health Section 2009-present (Hesseling).
11. Chairperson: IUTALD International working on BCG 2006-2010 (Hesseling).
12. Member and Chairperson: World Health Organization Dots Expansion Working Group on Childhood Tuberculosis 2005-2011 (Gie, Chairperson, Hesseling, Member).
13. Associate Editor: International Journal against Tuberculosis and Lung Diseases (Hesseling).
14. Associate Editor: Public Health Action (Beyers).
15. Member: Paediatric TB/HIV Provincial Steering Committee, Western Cape Province 2007-present (Schaaf, Hesseling).
16. WHO Consultant: Stop TB Global Plan – Research update; tools (2009-2011; Hesseling).
17. Member: University Institutional Forum (Beyers).
18. Member: Provincial Health Research Committee (Beyers).
19. Member: University Honorary Degrees committee (Beyers).
20. Member: University Senate Research Ethics Committee (Beyers).
21. Member: Provincial Health TB Task Team (Be Health TB Task Team (Beyers)).