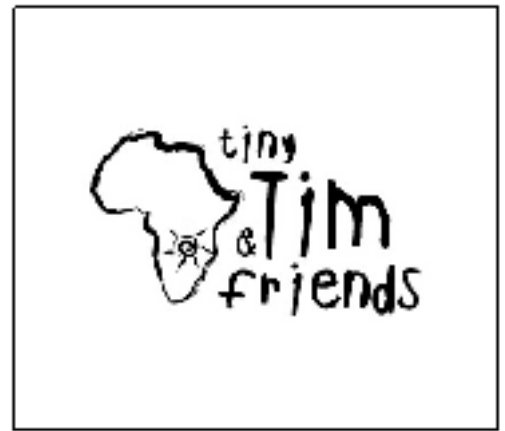


May 2005

The rhythm we have developed for starting children from Jon Hospice Day Care on ARVs is proving to be effective. We now have more than a dozen children in this daily controlled environment receiving medicine and when they go home on the weekends the caregivers are given pill boxes which

increase the chances that the child will receive the medicine at the right time. The breaking of pills in half and sometimes in quarters has proved to be the best method for us. The syrups are cumbersome and expensive. While this breaking of pills method is slightly controversial, our experience and success will be valuable information for the future and I have already introduced our method to the Zambia Faculty of General Practitioners, who felt that the “proof was in the eating.”



We are still struggling with missing the diagnosis of TB in these children. This is a concern for all low-resource settings, not just in Zambia. TB in children is hard to diagnose. It is most often not found in the lungs (as in adults) but outside the lungs, in lymph nodes or the abdomen, for example. Because these children are often late-stage HIV cases and are often malnourished, many of these symptoms can mask TB. It is important because starting ARVs on a child with TB can make them even less well and the medicines do not mix well together. So when we discover one of the children we have started on ARVs is not improving and we eventually suspect TB, we need to stop the ARVs and treat for TB for 6 months and then restart again. This was the case with Eric who has been living at my home for the past 4 months. He is doing very well on TB medicine and in August we will resume his ARVs.

WHO (World Health Organization) and Doctor's Without Borders have written some guidelines and suggestions for diagnosing TB in children from a low-resource setting, and even though these hang on the wall over my desk in the medical centre, I have only gotten it right about 50% of the time.

The picture this month shows Joshua (the smallest) who stayed with us over the last weekend because he was recently started on ARVs and we wanted to feed him up a bit. His stomach, which sticks out so much, and his skinny arms and bowed legs, show that he is not getting enough to eat, particularly protein and vitamins. Joshua is physically (and probably psychologically) abused where he lives and is passed between several



different homes in the compound. His mother died 2 months ago, leaving him with an older sister who has disappeared. We will take him again next weekend, hopefully. He said a total of about 2 words the entire weekend, but we could get a smile or two of him when he was swimming with the boys.

Eric is also pictured; we are still looking for a place for him - 13 year old boys are particularly difficult to place but we are hoping that a charitable boarding school called Lazarus project will take him during the week and he can stay with us on weekends. The older boys are Benson (right) and Emmanuel (left) both of whom have lost their fathers. They both attend the same local school and TT&F helps out (a small amount) with Emmanuel's school fees. He was kept from school the last two years because he could not afford the \$40 per semester charge, even though his father had worked at the schools for years before he died from HIV.

Dr. Tim Meade