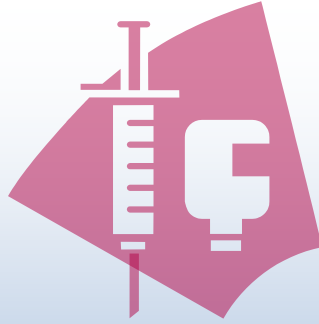




Diagnosis



Treatment



Care

Issue 11 of 2009

HIV and AIDS PMBs

This month's edition of CMScript covers prescribed minimum benefits (PMBs) and HIV/AIDS, and PMBs and medical emergencies. This is the time of year when most of us are travelling, and when most emergencies happen; 1 December is the day that the world commemorates AIDS Day.





The theme chosen to commemorate this year's World AIDS Day in South Africa was 'I am responsible'. The emphasis lay on everyone getting tested to know their status.


All care for any exposure to HIV and AIDS is covered under the prescribed minimum benefits (PMBs) enshrined in the Medical Schemes Act. CMScript asked Ronelle Smit, Clinical Analyst at the Council for Medical Schemes (CMS), to describe the extent to which PMBs cover HIV infection.


'PMBs allow for the testing, prevention, and treatment of HIV to be covered by medical schemes. The regulations also cover the treatment of complications arising from HIV infection.'


HIV is an overriding factor by law. This means that if you have HIV and another PMB condition, for example pneumonia, the entitlements guaranteed under pneumonia are overridden by the HIV entitlements.


Below is a list of the benefits that medical scheme members are entitled to when they have HIV or AIDS:


-  HIV voluntary counselling and testing;
-  antibiotic treatment (co-trimoxazole) as preventative therapy when a beneficiary is diagnosed with HIV and when their CD4 count is below 200 cells/mm³. It should also be given when ARVs are used and continued until the CD4 count is above 200 cells/mm³;
-  diagnosis and treatment of sexually transmitted infections;
-  pain management in palliative care – palliative care is the medical or comfort care that decreases the severity of a disease or slows its progress rather than providing a cure;


 screening and preventative therapy for tuberculosis (TB) – this includes immunisation for TB. TB and HIV infection tend to co-occur and anti-TB treatment is also part of the PMB provisions;

 treatment of opportunistic infections and other conditions, for example pneumonia and Kaposi Sarcoma, a type of cancer;

 prevention of mother-to-child transmission of HIV – this prevention includes ARV treatment for both mother and infant, caesarean sections instead of normal births when possible, and choosing the appropriate infant feeding options. Infant feeding options include exclusive formula feeding where it is feasible and acceptable, and alternatively exclusive breastfeeding. Mixed feeding is not recommended as it increases the risk of HIV transmission;

 post-exposure prophylaxis following occupational exposure or sexual assault – dual therapy (the use of two different types of ARVs) is indicated if a low risk of infection is present but triple therapy (the use of three different types of ARVs) is indicated if a high risk of infection is present;

 medical management and medication, including the provision of ARVs and ongoing monitoring; and

 treatment of complications.

Ronelle continued: ‘Many schemes have designated service providers or DSPs who are appointed to treat their HIV-positive members. Know who your DSP is so that you don’t incur co-payments for using a non-DSP. DSPs may include general practitioners and pharmacies or courier pharmacies. Always ensure that you have enough medication so that you don’t run out.’

Most schemes run HIV management programmes and require their members to take part in them. These programmes focus on education and ensuring that your treatment and management is effective and efficient.



AIDS HELPLINE: 0800 123 322

The Ministry of Health envisages the following amendments to the public sector guidelines with regard to the treatment of HIV and AIDS. If these changes are made in the public sector guidelines, they will immediately apply to PMBs.



All children under one year of age will get treatment if they test positive for HIV. Initiating treatment will therefore not be determined by the level of CD cells. This will contribute significantly towards the reduction of infant mortality.



All patients with both TB and HIV will get treatment with anti-retrovirals if their CD4 count is 350 or less. At present treatment is available when the CD4 count is less than 200. This will address the issue of early reported deaths arising from undetected TB infections among those who are infected with HIV.



All pregnant HIV-positive women with a CD4 count of 350 or with symptoms regardless of CD4 count will have access to treatment. At present pregnant HIV-positive women are eligible for treatment if their CD4 count is less than 200.



All other pregnant women not falling into this category, but who are HIV-positive, will be put on treatment at 14 weeks of pregnancy to protect the baby. Currently treatment is started during the last term of pregnancy.



To meet the demands of testing and treatment, all health institutions in the country, not just accredited ARV centres, will work to ensure that they are ready to assist patients. Citizens should be able to go into any health centre and ask for counselling, testing and treatment if needed.

support@medicalschemes.com

Tel: 012 431-0500 / 0861 123 267 Fax: 012 430-7644

Mail: Private Bag X34, Hatfield, 0028

Pictures: courtesy of Microsoft Clip Art online