Güney Afrika Tecrübesi

ESCMID Observership Programı
6 Haziran 2015

Uzm. Dr. Şafak GÖKTAŞ Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji

Afrika Deneyimi

- 2009 / 2010, asistanılığımın ortaları,
- Klimik Kongresi,
- Prof. Dr. Deniz Gökengin,
- G. Afrika' da bir kasaba,
- HIV (+) prevelansı,
- 1,5 ay
- Ben de böyle birşey yapmalıyım,



AFRİKA DENEYİMİ

- Asistanlığımın ilerleyen yıllarında ESCMID' in varlığı,
- ESCMID' e başvuru, üyelik,
- Yılda ı defa,
- Burs almak, yazışmalar, 3 ay,



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ECCMID

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ESCMID Observership

To facilitate international training and collaboration, we encourage our members to visit ESCMID Collaborative Centres (most often departments of infectious diseases and/or clinical microbiology) in other countries for one day to one month under the auspices of ESCMID. The Observerships should primarily focus on good clinical and laboratory practice rather than on research activities.

Funding

Intra-European Observership visits

ESCMID member from Europe visits an ECC in Europe

(* for definitions see below)

ESCMID subsidises travel costs and subsistence for outside-of-country visits to a maximum of EUR 1'200 as follows:

- EUR 500 max. for travel expenses (air ticket, train ticket, car expenses at EUR. 0.30 per km)
- EUR 70 per diem (up to a maximum of 10 days)

ESCMID only supports applications that are submitted and accepted prior to the intended visit; and payment will be made after we receive proof of effectively incurred expenses.

Intercontinental Observership visits (outgoing/incoming)

Outgoing: ESCMID member from Europe visits an ECC outside Europe

(* for definitions see below)

Incoming: ESCMID member from outside Europe visits an ECC in Europe

(* for definitions see below)

Member ID / email address: 47018 (dr.safakgoktas@gmail.com)

Membership status: Young Scientist Membership

Membership duration until: 18 June 2016

* Logout

search term



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•

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Search for Collaborative Centres & apply for Observerships

To view all ESCMID Collaborative Centres, please click on search.

* search

ESCMID Collaborative Centres and Observerships



The ESCMID Collaborative Centres (ECCs) are clinical microbiology and/orinfectious disease centres of excellence in Europe and beyond. They attract and welcome ESCMID members from abroad to learn about diagnostic and therapeutic procedures and organising services as well as to establish new contacts and foster international exchange.

Why become a Collaborative Centre?

The ECCs function as international networking centres through Observership visits of staff members. Participating institutions profit from stimulating and educational Observership visits and international exchange. Furthermore, staff from ECCs will be given priority when applying for an ESCMID Observership in another Country.









What would be an optimal Collaborative Centre?

Collaborative Centres of Infectious Diseases
We particularly invite institutions to apply
with high volumes of patients with specific
diseases, especially those which are
rarely seen in all parts of Europe but also with
non-exotica treated at a high standard.

Collaborative Centres of Clinical Microbiology
We particularly invite institutions to apply with
specific diagnostic expertise, skills and
organisational structures to apply. This includes
high throughput institutions, reference laboratories, laboratories with integrated
bacteriology, virology and molecular microbiology, and laboratories with an international
profile.

How to become a Collaborative Centre?

To apply, you need to submit a short profile online as well as two external references. Please note that one external reference should be from another country.

In a second step, you will be asked to provide more details about your institution/department for potential ESCMID Observers.

Applications can be submitted online throughout the year and are normally processed within 2 months.



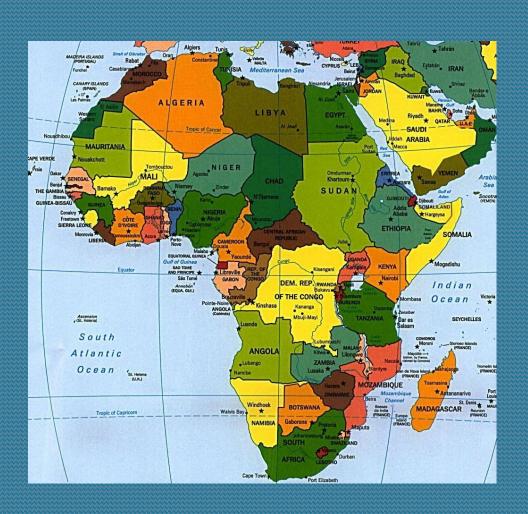
Map indicating approved ESCMID Collaborative Centres in Europe as of 1 March 2012.

Apply now!

If you are interested in becoming an ESCMID Collaborative Centre, please apply online at www.escmid.org/ecc.

Neden Afrika?

- Yıllar önce dinlediğim sunumun etkisi,
- Türkiye' de az görülen, farklı hastalıklar,
- HIV (+) hastalar,
- ESCMID' in farklı kıtalara açılımı,
- Avrupa harici yeni yerler, Afrika ve G. Amerika



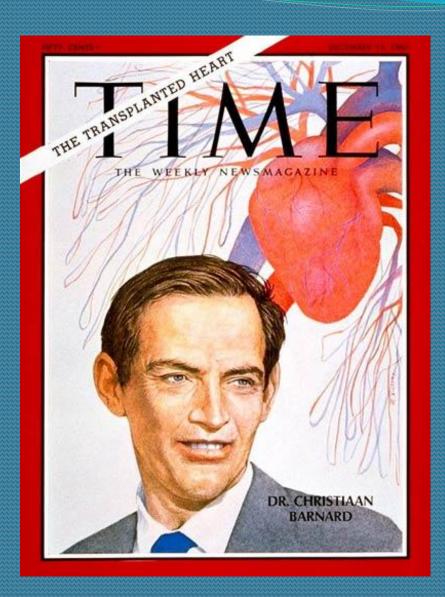


Groote Schuur Hospital









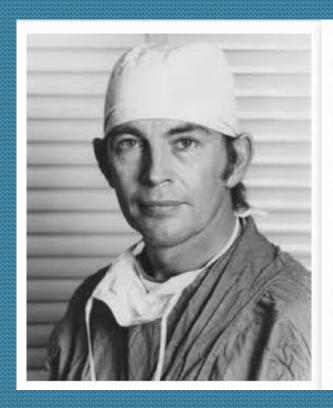


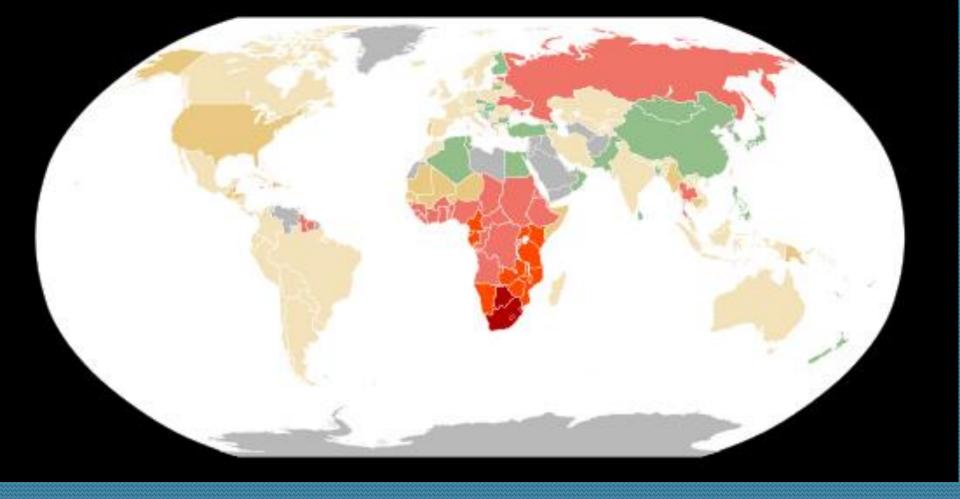




Fig. 1. Louis Washkansky, the first human-to-human heart transplant patient on 3 December 1967, seen here a few days after the operation. (Photo from the Heart of Cape Town Museum.)

G.Afrika

- 6 milyon HIV (+) hasta,
- 2+2+2
- Dünya lideri (sayı olarak),
- Oran olarak Swaizaland % 46
- % 10- 18 arasında değişiyor, , % 17.3 (2011)
- HIV + TB + 3. + 4. koinfeksyon

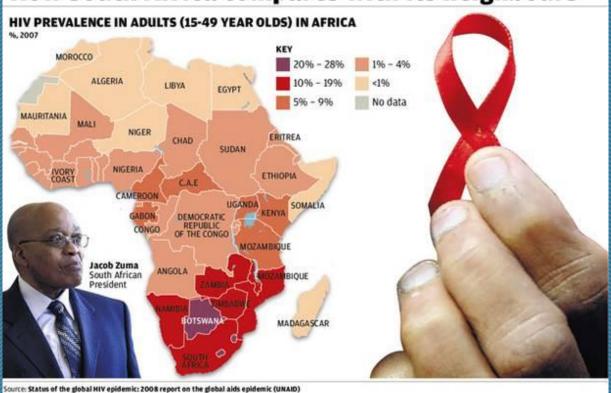


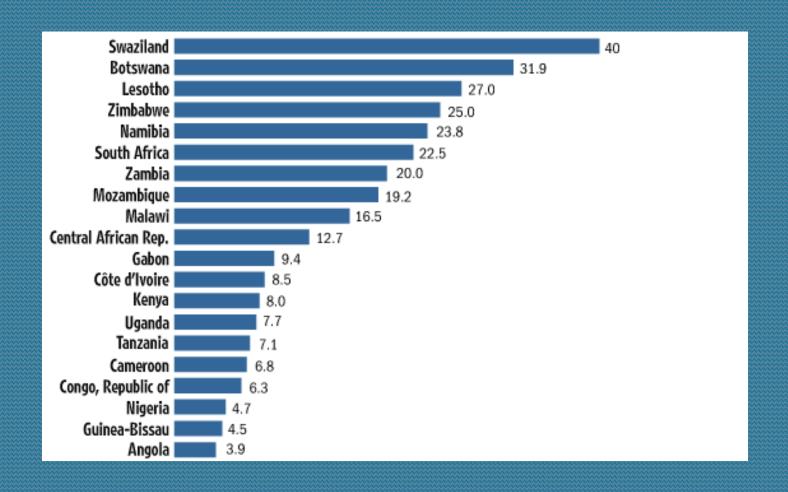
(15-49) per country at the end of 2009. <0.1%
0.1-0.5 %
0.5-1 %
1-5 %
5-15 %
15-50 %

Romania	0.1	013	2011 est.	15,000	[2]	2011 est.	350	[3]	2011 est.
Russia	1.1	013	2011 est.	980,000	[2]	2011 est.	13,000	[3]	2011 est.
Rwanda	2.9	C13	2011 est.	150,000	[2]	2011 est.	7,800	[3]	2011 est.
Saudi Arabia	<0.1	C13	2011 est. BENU	10,000	[2]	2007 est.	300	[3]	2011 est.
■•■ Senegal	0.7	[1]	2011 est.	67,000	[2]	2011 est.	1,800	[3]	2011 est.
Serbia	0.1	[1]	2011 est.	6,400	[2]	2011 est.	100	[3]	2011 est.
Sierra Leone	1.6	013	2011 est.	55,000	[2]	2011 est.	3,300	[3]	2011 est.
Singapore	0.1	[1]	2011 est.	4,200	[2]	2011 est.	200	[3]	2011 est.
Slovakia	<0.1	013	2011 est.	200	[2]	2011 est.	100	[3]	2011 est.
Slovenia	0.1	013	2011 est.	280	[2]	2011 est.	100	[3]	2011 est.
▼ Somalia	0.7	013	2011 est.	24,000	[2]	2011 est.	1,600	[3]	2011 est.
South Africa	17.3	013	2011 est.	5,600,000	[2]	2011 est.	310,000	[3]	2011 est.
South Sudan	3.1	013	2011 est.		[2]	NA		[3]	NA
Spain	0.4	013	2011 est.	140,000	[2]	2011 est.	2,300	[3]	2011 est.
Sri Lanka	<0.1	013	2011 est.	3,800	[2]	2011 est.	200	[3]	2011 est.
Sudan	0.4	013	2011 est.	260,000	[2]	2011 est.	12,000	[3]	2011 est.
Suriname	2.4	013	2011 est.	6,800	[2]	2011 est.	500	[3]	2011 est.
Svalbard	0.0	013	2011	0	[2]	2011	0	[3]	2011
Swaziland	26.0	013	2011 est.	190,000	[2]	2011 est.	10,000	[3]	2011 est.
Sweden	0.2	013	2011 est.	6,200	[2]	2011 est.	100	[3]	2011 est.
◆ Switzerland	0.4	013	2011 est.	25,000	[2]	2011 est.	500	[3]	2011 est.
Syria	<0.1	013	2012 est.	432	[2]	2012 est.	10	[3]	2012 est.
Taiwan	0.1	[10]	Aug 2014	23,492	[10]	Aug 2014	351	[10]	2013
Tajikistan	0.3	013	2011 est.	10,000	[2]	2011 est.	500	[3]	2011 est.
Tanzania	5.6	013	2011 est.	1,400,000	[2]	2011 est.	86,000	[3]	2011 est.
Thailand	1.2	[1]	2011 est.	530,000	[2]	2011 est.	28,000	[3]	2011 est.
Togo	3.4	013	2011 est.	130,000	[2]	2011 est.	9,100	[3]	2011 est.
Trinidad and Tobago	1.5	[1]	2011 est.	14,000	[2]	2011 est.	1,900	[3]	2011 est.
• Tunisia	<0.1	[1]	2011 est.	3,700	[2]	2011 est.	200	[3]	2011 est.
c- Turkey	<0.1	[1]	2011 est.	4,600	[2]	2011 est.	200	[3]	2011 est.
Turkmenistan	0.1	[1]	2011 est.	200	[2]	2011 est.	100	[3]	2011 est.
Uganda Uganda	7.2	C13	2011 est.	1,200,000	[2]	2011 est.	77,000	[3]	2011 est.
Ukraine	0.8	[1]	2011 est.	350,000	[2]	2011 est.	19,000	[3]	2011 est.
United Arab Emirates	0.2	[1]	2011 est.		[2]	NA		[3]	NA
United Kingdom	0.3	[1]	2011 est.	85,000	[2]	2011 est.	500	[3]	2011 est.
United States	0.6	[1]	2011 est.	1,148,200	[2]	2011 est.	17,000	[3]	2011 est.
Uruguay	0.6	[1]	2011 est.	10,000	[2]	2011 est.	500	[3]	2011 est.
Uzbekistan	0.1	[1]	2011 est.	16,000	[2]	2011 est.	500	[3]	2011 est.
Venezuela	0.5	[1]	2011 est.	110,000	[2]	1999 est.	4,100	[3]	2011 est.
★ Vietnam	0.5	[1]	2011 est.	280,000	[2]	2011 est.	24,000	[3]	2011 est.
Yemen	0.2	[1]	2011 est.	12,000	[2]	2011 est.		[3]	NA
Zambia	12.5	[1]	2011 est.	980,000	[2]	2011 est.	56,000	[3]	2011 est.
Zimbabwe	14.9	[1]	2011 est.	1,200,000	[2]	2011 est.	140,000	[3]	2011 est.

An asterisk * indicates that the CIA World Factbook lists this piece of data as not having an available source.

How South Africa compares with its neighbours

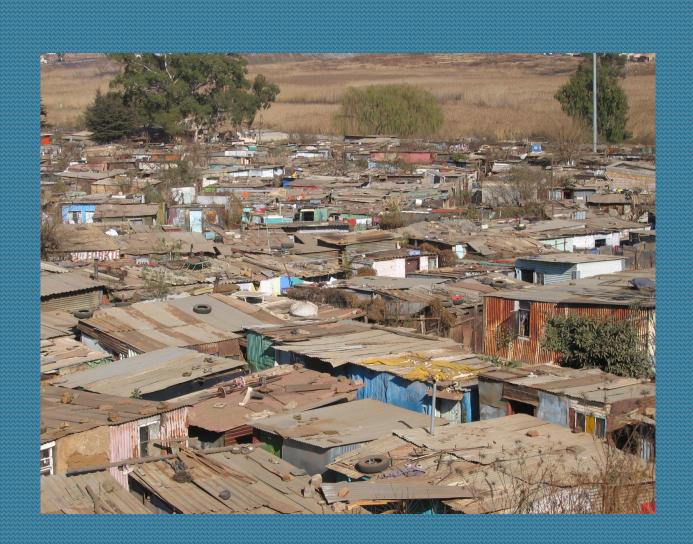


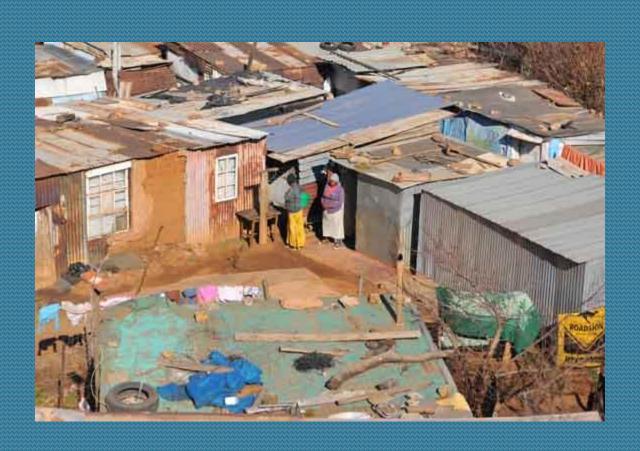


- HIV+TB' in yanına,
- Kriptokok menenjiti, Lepra, HBV, Myastania Gravis, toksoplazmoz, PML (JC virus), beyinde tüberkülom,
- CD₄₌₁



- HCV > HBV, çünkü IV ilaç kullanımı,
- HIV+TB hastalarını takip,
- Eve vizit,





• Hastalar eğitimsiz,

Büyü > Medikal Tedavi,

(**

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He is Here To Pay Attention And To Heal, Treat And Solve Whoever Has Problems Using Typical African Herbs And Arabic Herbs. He Can Tell You All Your Problems Before You Say Anything To Him. Consultation Fee Payable is 820.09 ONLY.

"Do you want to communicate with your dead relatives?"
Uma ufuna ufuna ufuna ufuna ufuna noba phanai bekumelelise?

*Are you trying to succeed in making a claim to your insurance co. Or creditors ? Uma utuna islidundia emsebenzini?

"is your woman or man unfaithful to you and you want to stop it?"
Uma utuna owangakwakho athembakale kuwe?

'Do you want to win the heart of your beloved?

Uma ufuna inhfinziyo yesithandwa sakho?

"Are you having bad luck which you want him to remove?

Uma ufuna ukususwa amabhadi nesinyama?

'is your family on drugs or alcohol which you want him or her to stop?

Uma utuna ukuyekisa owakwakho ukuphuza nesidakamizwa?

"Do you want your sickness (any) to be healed?

Uma utuna ukuqeda isifo esikuphethe?

*Are you bewitched or possessed and you want us to help you?

Uma uthakathwe nome yin/?

"Is your election weak or when you make love you release as quick as a chicken? Uma induku yakho ingasebenzi kahle isheshe iwe?

"Are you looking for more customers in your business?

Uma ufune ukubize ama -customers?

*Are you lacking self confidence or disappointed beyond endurance?
Lima ungaphumeleli kahle ezintweni zakho?

*Do you want your dream to be translated to you or want to stop you from having a nightmare?

Lima ufuna ukugada amaphupho amabi ?

"Are you interested in knowing what fate lies ahead of you?

Uma ufuna ukwazi ngabantu abakwakhela uzungu?

"Are you incapable of having children, but you want one now?" Uma ungetholi abantwana?

AND MANY MORE

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You Won't Believe How Quickly Your Problems Will Be Solved NR : If You Don't Balleve Us Because Of Your Disappointment in Other Herbalists, Then We Only Ask You To Try Us Consultation Fee is Only R20.00

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Devlet başkanı Zuma !!!





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Jacob Zuma rape trial

From Wikipedia, the free encyclopedia

Jacob Gedleyihlekisa Zuma, the President of South Africa and current president of the governing political party, the African National Congress (ANC), was charged with rape in the Johannesburg High Court on 8 December 2005. The accuser, Zuma's deceased friend's daughter, was known by Zuma to be HIV positive. On 8 May 2008, the Court dismissed the charges, agreeing that the sexual act in question was consensual. During the trial, Zuma admitted to having unprotected sex with his accuser but claimed that he took a shower afterwards to cut the risk of contracting HIV. This statement has been condemned by the judge, health experts, AIDS activists and the public in general.

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2 Trial 3 Result

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Pre-trial events [edit]

In November 2005, an investigation began into charges that he had raped a 31-year-old family friend at his home in Forest Town, Johannesburg. Even before charges were filed, the news media reported that the alleged victim was a member of a prominent ANC family and also an AIDS activist; and that Zuma had acknowledged a consensual sexual relationship with the woman in question.

On the morning of 6 December 2005, rape charges against Zuma were formally filed. Zuma vehemently denied the charges, and affirmed his political commitment to oppose sexual violence.

Even before charges were filed, as rumors about rape accusations surfaced later in November Zuma's political prospects began to appear to take a turn for the worse. Most of Zuma's higher-level political supporters could not respond to these new charges the way they had the corruption charges. These allegations seemed at first to take the steam out of Zuma's supporters, but in a hearing prior to Zuma's rape trial, a group of thousands of Zuma supporters gathered near the courthouse, as a smaller gathering of anti-rape groups demonstrated on behalf of the alleged rape survivor.

Trial [edit]

Jacob Zuma was tried in the Johannesburg High Court. As he did throughout the trial, Zuma sang Awulethu Mshini Wami (Bring my machine gun) with the crowd, and ANC Youth League and Communist Party Youth League spokesmen spoke in support of Zuma. [2] Zuma had not entirely lost his support base.

As Zuma's rape trial proceeded, reports surfaced that the South African Communist Party was severely divided over how to address the issue of Zuma and the SACP's relationship to him. Many members of the party's youth wing supported Zuma while others in the SACP were skeptical about the value of rallying behind a particular person as opposed to emphasizing principles of governance. [3]

Despite the defection of some former supporters, however Zuma stalwarts continued to rally outside the courthouse, arousing criticism by anti-rape groups for regular attacks on the integrity and moral standing of Zuma's accuser, insults yelled at a close friend of the accuser, and even stones thrown at a woman that members of the crowd mistook for the accuser. (4) Zuma's defense team introduced evidence relating to the woman's sexual past, and asserted that the sex that took place was consensual. The prosecution asserted that her lack of resistance was due to a state of shock, and that the relationship between the two was like that of a 'father-daughter' pair. (5)

The trial also generated political controversy when Zuma, who headed the National AIDS Council, admitted that he had not used a condom when having sex with the woman who now accuses him of rape, despite knowing that she was HIV-positive.

He stated in court that he took a shower to try to reduce his risk of infection, upsetting HIV educators who emphasized that this would do nothing to prevent HIV transmission. [6]



A crowd of supporters and the electric curious outside the Johannesburg High Court.

Result [edit]

On 8 May 2008, the court found Zuma not guilty of the charge of rape.

On 3 July 2007, the woman who brought the rape charges against Mr. Zuma was granted asylum in The Netherlands.[7]

See also [edif]

- · Schabir Shaik trial
- · Sexual violence in South Africa

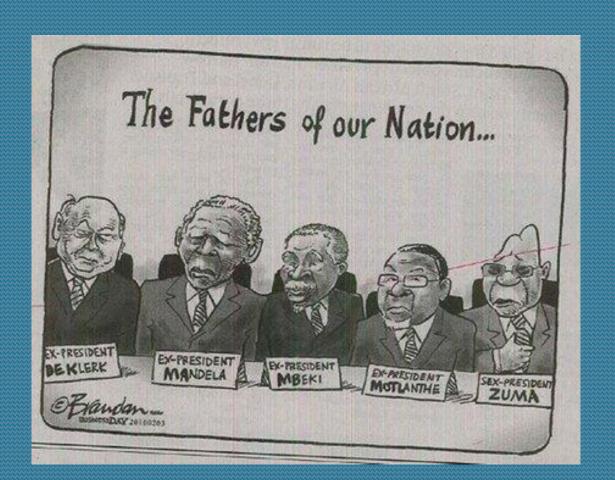
References [edit]

- 1. A "Africa | Zuma rape case judge stands down" Ø. BBC News. 2006-02-13. Retrieved 2013-06-11.
- 2. A "Zuma judge recuses himself from trial: Mail & Guardian Online" Ø. Mg.co.za. Retrieved 2013-06-11.
- 3. ^ [1] @ [2] @ SACP divided on Zuma @









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Trial [edit]

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See also [edit]

- · Schabir Shaik trial
- · Sexual violence in South Africa

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- 2. A "Zuma judge recuses himself from trial; Mail & Guardian Online" & Mg.co.za. Retrieved 2013-06-11.
- 3. ^ [1] @ [2] @ SACP divided on Zuma @
- 4. A "IOL: Accuser insulted as Zuma halled at court" #7. IOL. February 14, 2006. Retrieved 2013-06-11.
- 5. A Zuma's rape accuser questioned & S. African denies rape allegation at trial &
- 6. A "SA's Zuma 'showered to avoid HIV" #. BBC News, 2006-04-05. Retrieved 2013-06-11.
- 7. A "Asiel voor aanklaagsler Zuma" [Asylum for Zuma prosecutrix] & NOS (in Dutch). 3 July 2007. Archived from the original & on 12 September 2007.

External links redit

. State v Zuma: Judgment of the High Court

Trade unions and

V-T-E	Political history of South Africa					
	Kingdom of Mapungubwe (c. 1075-c. 1220) · Dutch Cape Colony (1652-1806) · Mthethwa Paramountry (c. 1780-1817) · Cape Colony (1795-1910) · Zulu Kingdom (1816-1897) · Natalia Republic (1839-1843) · Natal Colony (1843-1910) · Orange Free State (1854-1902) · South African Republic (1856-1902) · Griqualand East (1861-1879) · Griqualand West (1870-1873) · Goshen (1882-1883) · Stellaland (1882-1885) · Nieuwe Republic (1884-1888) · Upingtonia (1885-1887) · Kieln Vrystaat (1866-1891) · Orange River Colony (1902-1910) · Transvaal Colony (1902-1910) · Union of South Africa (1910-1961) · Transkei (1976-1994) · Bophuthatswana (1977-1994) · Venda (1979-1994) · Ciskei (1981-1994)					
	1652-1815	Dutch settlement - French Huguenot settlement - Kholikhol-Dutch Wars - Xhosa Wars - Battle of Mulzenberg - Battle of Blaauwberg - Anglo-Dutch Treaty of 1814				
	1815-1910	Mfecane - 1820 Settlers - Great Trek - Boer Republics - Mineral Revolution - Witwatersrand Gold Rush - South African Wars - South Africa Act 1909				
Events Aps	1910-1948	Maritz Rebellion - Rand Rebellion - Great Depression - 1946 African Mine Workers' Union strike - Bantustans				
	Apartheid era	1948 general election - Apartheid legislation - Internal resistance - Coloured-vote constitutional crisis - Defiance Campaign - Congress of the People (Freedom Charler) - Sharpeville massacre - 1960 republic referendum - Internal resistance - Coloured-vote constitutional crisis - Defiance Campaign - Congress of the People (Freedom Charler) - Sharpeville massacre - 1960 republic referendum - Internal resistance - Coloured-vote constitutional crisis - Defiance Campaign - Congress of the People (Freedom Charler) - Sharpeville massacre - 1960 republic referendum - Internal resistance - Coloured-vote constitutional crisis - Defiance Campaign - Congress of the People (Freedom Charler) - Sharpeville massacre - 1960 republic referendum - Internal resistance - Coloured-vote constitutional crisis - Defiance Campaign - Congress of the People (Freedom Charler) - Sharpeville massacre - 1960 republic referendum - Internal resistance - Coloured-vote constitutional crisis - Defiance Campaign - Congress of the People (Freedom Charler) - Sharpeville massacre - 1960 republic referendum - Internal resistance - Coloured-vote constitutional crisis - Defiance Campaign - Congress of the People (Freedom Charler) - Sharpeville massacre - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Internal resistance - 1960 republic referendum - Int				
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Groote Schuur Hospital

- Enfeksiyon Hastalıkları en önemli branş,
- HIV

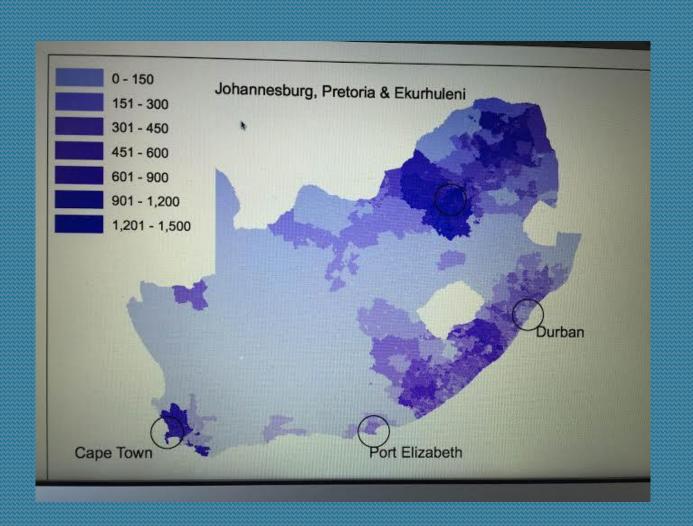
Infectious Diseases & HIV Medicine
Principal specialist & Head

Prof Marc Mendelson

- HIV (+) olanlarda TB > %60,
- Dünyadaki en yüksek oran, TB insidansı,
- TB' nin çoğu MDR,
- Bu hastaneye kayıtlı 4000 MDR TB,
- Konsültan,
- Yatakları 2-3,
- Zorunda kalmadıkça hasta yatırmıyorlar,

- Dünyanın her yerinden çeşitli mesleklerde insanlar, HIV (+) çalışması, (Ge., Sc., Eng., USA)
- Tıp fak. öğrencisi, epidemiyolog, halk sağlığı, göğüs hast., istatistik uzmanı, ekonomist,
- Ekonomistin çalışması; HIV, TB ve fakirlik arasındaki ilişki,
- Fakirlik yüzünden mi TB, TB yüzünden mi fakirlik?
- Hangisini düzeltmek maliyet etkin olacaktır?

- Halk sağlığı uzmanının çalışması, burada TB neden bu kadar yüksek,
- HIV (+)' liğinin yanında ki sebepler ne olabilir?
- Sigara içimi, fakirlik, hava soğuk, camlar kapalı, tek gözlü odada çok insan beraber,



- 2004 yılına kadar devlet HIV tedavisini ödemiyor,
- Swaizaland' a gidip alıyorlar, daha ucuz,



Yemek yemeye para (?)

HIV tedavisini almaya başlayınca kilo almaları gerekir,

Bu hastalar kilo veriyor, yemek bulamıyorlar,

- Hastalara yemek yiyor musun diye sormayın,
- Evet diyeceklerdir,
- Bu sabah, dün akşam ne yedin diye sorun
- Aldığınız cevaplara inanamayacaksınız,
- Hastalığın evrelemesini de bozuyor (WHO), kilo önemli,

WHO Clinical Staging of HIV

	^^^^^^^^^^^^^^^^^^^^^^	^^^^^^^^^^^^^^^^	^^^^^^^^^^^^^^^^^	
Stages	Stage I	Stage II	Stage III	Stage IV
Sign and symptoms	Asymptomatic Persistent generalized lymphadenopathy (PGL)	Moderate unexplained weight loss (<10% of presumed or measured body weight) Recurrent respiratory tract infections (RTIs, sinusitis, bronchitis, otitis media, pharyngitis) Herpes zoster Angular cheilitis Recurrent oral ulcerations Papular pruritic eruptions Seborrhoeic dermatitis Fungal nail infections of fingers	Severe weight loss (>10% of presumed or measured body weight) Unexplained chronic diarrhoea for longer than one month Unexplained persistent fever (intermittent or constant for longer than one month) Oral candidiasis Oral hairy leukoplakia Pulmonary tuberculosis (TB) diagnosed in last two years Severe presumed bacterial infections (e.g. pneumonia, empyema, pyomyositis, bone or joint infection, meningitis, bacteraemia) Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis	Conditions where a presumptive diagnosis can be made on the basis of clinical signs or simple investigations HIV wasting syndrome Pneumocystis pneumonia Recurrent severe or radiological bacterial pneumonia Chronic herpes simplex infection (orolabial, genital or anorectal of more than one month's duration) Oesophageal candidiasis Extrapulmonary TB Kaposi's sarcoma Central nervous system (CNS) toxoplasmosis HIV encephalopathy

- Tedavi başlama sınırları hala CD4 <350,
- Dünya CD4 <500 ü kabul etmesine rağmen,
- Maliyet etkin olmadığını düşünüyorlar,
- Hükümete büyük yük,

Bir Hasta

- 42 yaş, erkek,
- Ateş,
- Gece terlemesi, tişört 2 defa değiştiriyor,
- Hafif ALT, AST yüksekliği,
- Halsizlik,
- Hafif eklem ağrısı,
- Müslüman, bir müslüman yardım derneği için çalışıyor,

- Sık seyahat hikayesi,
- 1 yıl içinde Afganistan, Pakistan, Somali, Mozambik, Zimbabwe, en son da Yemen,
- El Kaide (?)
- Yemen' de Mayıs Temmuz arası,
- WBC: 10,600, CRP; 234
- Respiratuar semptom yok,
- Ne düşünürsünüz?

Onların Düşündükleri

- Q ateşi,
- TB, Malaria,
- HIV, Hepatit,
- MERS,
- Endokardit,
- Leptospiroz,
- F.Hepatica,
- Rift Valley Ateşi

- Hasta koyun kırpıyor, (çıplak elle)
- Kuzu, koyun, keçi,
- Bunların etini yiyor,
- Sütünü içiyor,
- Yapılan peyniri yiyor,
- Sen ne düşünüyorsun dediler?

Bruselloz

- Mikrobiyoloji ile uyum içinde çalışıyorlar,
- Haftada 3 kan kültürü toplantıları oluyor,
- Enfeksiyon bölümünden 1 doktor katılıyor,
- Mikrobiyoloji, klinikleri arayıp deeskalasyon yapın diyor, klinikler de buna uyuyor,
- Mikrobiyoloji haftada bir enfeksiyoncular ile mikroskop günü yapıyor,
- Patojene bakılıyor ve fikir yürütülüyor,







Rhodotorula sp.

- Mantar,
- 115 adet,
- Patojen olabiliyor,

Bir Yayın

- Johannesburg, French Hopital d' Ambroise Pare hastanesinde bedava sünnet duyurusu,
- 1.5 sene süren kampanya, 3724 erkek,
- Cinsel hayatları ile ilgili detaylı anket,
- Prezervatif, partner, sıklık, sosyal konum,
- İki eşit gruba ayrıldı,

- Bir grup sünnet oldu, diğeri olmadı,
- Düzenli kontrole çağrıldılar,
- Belli bir süre sonra iki grup arasındaki fark ne oldu dersiniz?

- Sünnet olmayanlarda %49 HIV oranı,
- Sünnet olanlarda %20,
- Kenya ve Uganda' da benzer sonuçlar,
- Araştırmaya, sünnet olmayanlarında olması için son verildi,

Sünnet HIV virusune karşı neden koruyor?

 Tartışma; Muhtemelen virus, sünnet derisinin altındaki nemli bölgede daha uzun süre hayatta kalıp kendini çoğaltıyor,

- Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial, Bertran Auvert et al
- Published: October 25, 2005





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