

TAC
TREATMENT ACTION CAMPAIGN



YEYIPHI IMIGAQO YONYANGO EMITSHA



NgoSuku lukaGawulayo lweHlabathi
ngo-2009, uMongameli Jacob
Zuma wabhengeza amanani
otshintho abalulekileyo kwimigaqo
yonyango lwamachiza athomalalisa
intsholongwana ka Gawulayo
i-antiretroviral (antiretroviral therapy)
(ART). Utshintsho olo kufuneka
luphunyezwe kwilizwe lonke ukusukela
ngo-**Aprili 2010**.

Kubalulekile ukwazi ukuba loluphi na
olu tshintsho kwaye kutheni lubalulekile
ekukhuseleni impilo yakho, impilo
yeqabane lakho kunye/okanye impilo
yomntwana wakho.

1. iimveku ezine-HIV ezingaphantsi kweenyanga ezili-12 yobudala kufuneka ziqalwe kwi-ART ngoko nangoko.



Ukuba ngaba usana lwakho lungaphantsi konyaka omnye ubudala kwaye lune-HIV kufuneka ke ngoko lunikwe i-ART ngoko nangoko. Ukuba usana lwakho lune-HIV, ukuqala unyango kwangoko kungawonyusa amathuba okuphila kosana lwakho nge-75%. Oku kwehla ekuswelekeni kweemveku kubonise kuphononongo olwenziwe eMzantsi Afrika ekuthiwa lulingo loNyango lwakwaNgoko lwe-Antiretroviral kubaNtwana abane-HIV (Children with HIV Earlier Antiretroviral Therapy) (CHER).

- *Ukwazi isimo sosana lwakho kuyimfuneko ekufikeleleni kunyango lwakwangoko. Cela ukuba usana lwakho lwenziwe uvavanyo lwe- PCR kwiiveki ezintandathu ukuze ufumanise ngesimo salo. Uvavanyo oluqhelekileyo lwe-HIV aluchaneki kwiimveku ezisanda kuzalwa, ngoko ke kuya kufuneka uvavanyo lwe- PCR, olungekafumaneki kuzo zonke iikliniki okwangoku, ngoko ke kufuneka ubuze.*

2. abaNtu abane-TB ne-HIV kufuneka banikwe i-ART xa isibalo sabo se-CD4 sithi singama-350



Ukuba ngaba une-HIV ukwanayo ne-TB, kufuneka ngoku unikwe unyango msinyane nje ukuba isibalo sakho se- CD4 sibe ngaphantsi kwe kwama-350. Ukufumana unyango kweli bakala lakwangoko kuyakunceda umzimba wakho ukuba uhlale usempilweni kwaye ulwe usulelo olungenelelayo. Ngokuqhelekileyo, umniki khathalelo lwempilo uyakuqala ii-antiretrovirals kwiiveki ezimbalwa emva kokuqala unyango lwe-TB, ukuze umzimba wakho ube nexesha lokuziqhelanisa nonyango lwe- TB kuqala.

Urhulumente ukwaceba ukuhlanganisa iinkonzo zempilo ze-HIV neze-TB. Oku kuthetha ukuba uyawukwazi ukufumana amayeza akho e-HIV nawe-TB kwikliniki enye.

- *Sazi isimo sakho se-TB/ HIV ukuze ufikelele kunyango lwakwangoko.*

3. Bonke oomama abane-HIV abakhulelweyo kufuneka banikwe i-ART kwisibalo se-CD4 esithi esingama-350

Utshintsho olubini oluchaphazela abasetyhini abakhulelweyo luza kuphunyezwa. Okokuqala, ukuba ngaba ukhulelwe kwaye unesibalo se-CD4 esingaphantsi kwama-350, kuyakufuneka ukuba unikwe unyango oluthathu lwe-ART (triple therapy ART) ngoko nangoko.

Okwesibini, ukubangabaukhulelwekwaye isibalosakhose-CD4 singaphezulu kwe-350, kufuneka unikwe unyango lwe-PMTCT ukusukela kwiveki ye-14 yokukhulelwa kunokuba ulunikwe kuphela kwithuba lesithathu (kwiiveki ezingama-24). Abasetyhini abaninzi bayajikiswa kwiikliniki zaphambi kokubeleka phambi kokuba bafike kwiiveki ezingama-28 – kufuneka ugxininise ukuba mawubonwe kwaye uvavanyelwe i-HIV phambi kweeveki ezili-14 ukuze ufikelele kunyango lwakwangoko.



- ***Vavanyelwa i-HIV ukuze ufikelele kunyango lwakwangoko kwaye ukhusele impilo yakho kunye nempilo yomntwana wakho.***

I-TAC iyakuqhuba ixhasa bonke abantu abaphila ne- HIV ukuba baqalwe kunyango kwisibalo se- CD4 esingama-350. Unyango lwakwangoko luyakwehlisa ukusweleka, usulelo olungenelelayo kunye nezifo ezinxulumene ne- AIDS ngokunjalo nosulelo olutsha.

Imigaqo yokuCetyiselwa nokuVavanyelwa i-HIV ehlaziyiweyo

Phantsi kwemigaqo emitsha yokuCetyiselwa nokuVavanyelwa i-HIV (HIV Counselling and Testing) (HCT), kufuneka ngesiqhelo wenziwe uvavanyo lwe-HIV xa ungena kwisibonelelo sempilo sikarhulumente. Ngexa ukwenziwa kovavanyo lwe-HIV kufuneka kwenziwe ngesiqhelo, ngeke walelwe ukufikelela kwiinkonzo zokhathalelo lwempilo ukuba ngaba uyalwala uvavanyo. Koko, ukwala uvavanyo kukuthintela ekubeni ufikelele kunyango lwe- antiretroviral, uthintela lwe-TB, kwaye akukukhuseli kwiingozi ezingeyomfuneko zosulelo, umhlaza, okanye ezinye izigulo, okukhona ulinda ixesha elide.

- ***Ukwazi isimo sakho kubalulekile ekukhuseleni impilo yakho kunye nempilo yamaqabane akho owabelana nawo ngesondo.***

UFIKELELO KWIPHULO LAMAYEZA

I-Tenofovir (TDF)

I-TAC iye yakhankasela ukuba kuqukwe i-tenofovir kwiirejimeni zoluhlu loku-1 (1st line regimens) kuba eli chiza lineziphumo ebezingalindelekanga ezimbalwa kwaye lifuna utshintsho lonyango olumbalwa kune- stavudine (d4T). Oku ngoku kuye kwayinyani!

Phantsi kwemigaqo emitsha, abantu abadala kunye nabantwana abafikisayo abaqala unyango ngoku baza kunikwa iirejimeni ezisekelwe kwi-tenofovir. Zonke izigulane ezehlelwa ziziphumo ebezingalindelekanga kwiirejimeni ezisekelwe kwi-d4T ne-zidovudine (AZT) kufuneka zitshintshele kwi-tenofovir ngoko nangoko.

Iziphumo ebezingalindelekanga ezimandundu ezinxulunyaniswa ne-d4T ziquka i-lactic acidosis, lipodystrophy ne-peripheral neuropathy. Izigulane ezimbalwa ezikwi-tenofovir zehlelwe ngumonakalo kwizintso ekufuneka zihlolwe, kodwa ke esi sisiphumo ebesingalindelekanga esinqabileyo.

Xela nasiphi na isiphumo ebesingalindelekanga esikwehlelayo kumsebenzi ngokhathalelo lwempilo wakho.

Indibaniselwano yedosi-emiselweyo kunye neepakethe ezihamba nazo

Iindibaniselwano zedosi-emiselweyo zidibanisa onke amachiza akwiirejimeni ibe yipilisi enye – okuthetha ukuba kuyakufuneka ukuba uthathe ipilisi enye ngosuku. Iindibaniselwano zedosi-emiselweyo ziyakwenza lula iirejimeni kwizigulane kunye nakubasebenzi bokhathalelo lwempilo. Kwithenda ka-2010, urhulumente kufuneka athenge iindibaniselwano zedosi emiselweyo apho kwenzekayo. Xa iindibaniselwano zedosi-emiselweyo zingafumanekiyo, urhulumente kufuneka athenge iirejimeni ezihamba kunye zibe yiblista enye.

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