



CAPRISA IS A UNAIDS COLLABORATING CENTRE FOR HIV PREVENTION RESEARCH

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The lead story for this issue of the newsletter focuses on the World AIDS day event that was held at the Vulindlela Site.

On page 2 we feature the Medical Male Circumcision Programme that is being run at the Vulindlela Site..

On page 3 we end off the year with a trip to the Tala Game Reserve where the achievements of the year were celebrated.



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World AIDS Day remembered



Reverend Sithole, Deputy Minister Derek Hanekom, inkosi Nsikayezwe Zondi, inkosi Sondelani Zondi, and Professor Slim Abdool Karim light a candle for World AIDS day

orld AIDS Day was commemorated at the CA-PRISA Vulindlela Research Site on 1 December 2011. The event was well attended by past CA-PRISA 004 study participants and community members alike. Among those in attendance were local inkosi Sondelani Zondi, inkosi Nsikayezwe Zondi, Professor Salim Abdool Karim and Deputy Minister Derek Hanekom from the Department of Science and Technology.

The event kicked off with interactive HIV/AIDS Health Education facilitated by Fanelesibonge Ntombela, Deputy Community Programme Head, and Nelisiwe Ngcobo, Senior Research Nurse. Past CAPRISA 004 participants were briefed on HIV prevention milestones since the release of the CAPRISA 004 results and preparations for CAPRISA 008, a two-arm, open-label randomized control trial designed to assess the implementation effectiveness and safety of 1% tenofovir gel provision through family planning services in KwaZulu-Natal, South Africa.

Professor Salim Abdool Karim briefed participants about the recent Data Safety Monitoring Board findings from the VOICE study. He spoke about the unexpected halt of the tenofovir gel study arm, following the findings that a prescribed daily regimen of the microbicide did not prevent HIV transmission.

The highlight of the day was the keynote address by Deputy Minster Hanekom where he reiterated the government's commitment to supporting the work done by CAPRISA. Deputy Minister Hanekom emphasized that it is the government's and partners responsibility to fight the HIV/AIDS pandemic until a solution has been found. He said that "we are convinced that we are going to win our war against HIV and AIDS."

Reverend Sithole, inkosi Sondelani Zondi, inkosi Nsikayezwe Zondi and Deputy Minister Derek Hanekom closed the day off with a prayer and lighting of the World AIDS Day candle, remembering the 2011 World AIDS day theme of "Getting to Zero".

CAPRISA's Innovative Medical Male Circumcision model in Vulindlela

APRISA initiated it's medical male circumcision (MMC) programme iat the Vulindlela site n June 2010 under the leadership of Dr Bonginkosi Mdlulu and one enrolled nurse Cecilia Ntshingila. The goal of the MMC Programme is to increase access of MMC services for young male high school learners within a context of comprehensive HIV risk reduction and sexual reproductive health services that includes HIV counselling and testing, syndromic management of sexually transmitted infections and MMC.

In collaboration with Zimmande Zonke, a local NGO, all 42 high schools in the Vulindlela school circuit district have been included in the programme and provided with information about HIV/AIDS and the role of MMC in reducing this risk through community outreach activities. A multi-pronged community outreach strategy has been implemented that includes the distribution of materials i.e. pamphlets, meetings with relevant groups i.e. school learners, school leadership, parents, adolescents, men from the community and the training of peer MMC advocates.

By March 2011, 3496 learners had been screened and 2114 MCCs have been performed. To limit the impact on school attendance, volunteers 16 years and older are screened at the school with learners receiving group information sessions, individual risk reduction counselling and are screened for STI's and TB and referred if necessary for care. All HIV negative learners who volunteer for MMC are referred to the CAPRISA Vulindlela Clinic and provided with transport if necessary. The WHO model of Optimising Volume and Efficiency (MOVE) model which uses a ratio of 2/3 professional nurses to 1 clinician for procedures has been implemented. The forceps guided method is used for the procedure with a post-operative package being given to the learner that includes an antibiotic ointment,



Advocates of medical male circumcision



The Medical Male Circumcision team at Vulindlela

gauze dressing and painkillers. To accommodate learners MMC procedures are performed on a Friday and Saturday with an average of 90 MMC's being performed on Saturdays. All follow-up visits are conducted at the school by a professional nurse. There are four follow-up visits to monitor healing and address any adverse events at day 2/3, day 7, day 21 and at 6 months. Condoms and ongoing risk reduction counselling are provided at these visits. Certificates are provided to the learners post circumcision. In collaboration with HEARD a study to "Assess behavioural disinhibition following Male Circumcision" is planned for 2012.

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Celebrating the end of another year







CAPRISA's year









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The World Health Organisation recommends MMC as a prevention tool in high HIV prevalence communities with low prevalence of male circumcision. The Vulindlela subdistrict in KwaZulu Natal is one of three highest HIV burden districts in South Africa. Amongst antenatal clients, the overall HIV prevalence in the past three years has been >40%, with about 1 in 5 women already infected with HIV by age 18 years. HIV data from schools in the Vulindlela sub-district demonstrate very low burden of HIV infection (<1%) in young men <20 years old. However, as

young men transition to their twenties there is an 8-10 fold increase in HIV acquisition rates. Prioritisation of young male learners between 15-20 years for MMC and increasing coverage of MMC in this group will have a substantially higher impact on reducing HIV infection rates in this community through additionally impacting HIV infection rates in young women.

- Janet Frohlich

CAPRISA Scientific Publications in 2011

- Singh A, Sunpath H, Green TN, **Padayachi N**, Hiramen K, Lie Y, Anton ED, Murphy R, Reeves JD, Kuritzkes DR, **Ndung'u T**. Drug Resistance and Viral Tropism in HIV-1 Subtype C-Infected Patients in KwaZulu-Natal, South Africa: Implications for Future Treatment Options. J Acquir Immune Defic Syndr. 2011
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- Woodman W, **Mlisana K**, Treurnicht F, Abrahams M-R, Thebus R, **Abdool Karim S**, **Williamson C** for the CAPRISA Acute Infection Study Team. Decreased Incidence of Dual Infections in South African Subtype C-Infected Women Compared to a Cohort Ten Years Earlier . AIDS Research and Human Retroviruses 2011; 27(11): 1167-1172.
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*this list continues from the previous newsletter - providing all CAPRISA publications in 2011











CAPRISA is an official research institute of the University of KwaZulu-Natal.

CAPRISA was established in 2002 through a CIPRA grant from the NIH, as a multi-institutional collaboration, incorporated as an independent non-profit AIDS Research Organization

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Upcoming Conference & Workshop Reminders

		Deadlines		
Conference	dates	Abstracts	Registration	website
Microbicides	April 2012	17 Nov	15 Mar 2012	http://www.microbicides2010.org/
2012	April 2012	2011	13 Wai 2012	microbicides-2012
19 th CROI	5-8 Mar 2012	5 Oct 2011	3 Feb 2012	http://retroconference.org/
3 rd SA TB Conference	12-15 Jun 2012	20 Jan 2012	18 May 2012	http://www.tbconference.co.za/