



# CAPRISA

CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA



CAPRISA IS A UNAIDS COLLABORATING CENTRE FOR HIV PREVENTION RESEARCH

June / July 2012, Volume 11, Issue 5

## In this issue...

The front page story provides an overview of three recent publications in support of PrEP

On page 2, the community plays an important role during the destruction of participants' samples

CAPRISA's study on inter-generational relationships receives mention at the KZN Health MEC's budget vote.



### CONTACT DETAILS

CAPRISA  
Doris Duke Medical Research Institute (DDMRI) (2nd Floor),  
University of KwaZulu-Natal,  
Private Bag X7, Congella 4013  
South Africa

T: +27-31-260 4555  
F: +27-31-260 4566

E-mail: [caprisa@ukzn.ac.za](mailto:caprisa@ukzn.ac.za)

[www.caprisa.org.za](http://www.caprisa.org.za)

## PrEP: One step closer to ending the HIV epidemic

In a series of three articles, published in *The Lancet*, the *New England Journal of Medicine* and *Science*, Professor Salim Abdool Karim makes a case in support of PrEP



### Antiretroviral prophylaxis for HIV prevention reaches a key milestone

**\*Salim S Abdool Karim, Quarraisha Abdool Karim**

On May 10, 2012, a US Food and Drug Administration (FDA) advisory committee voted in support of the use of tenofovir-emtricitabine for

tenofovir-emtricitabine group, are not expected until 2013.

Second, some suggest that antiretroviral drugs should be provided to HIV-negative people only when all eligible HIV-positive patients are receiving ART. Although it is a legitimate concern that eligible HIV-positive patients should be prioritised for ART for their own health and to save their lives, it is spurious to

several years' time when they might require ART. At present, there are no data to answer this question.

Finally, some claim that PrEP is unaffordable. Concern about the high cost of PrEP in the developing world (and, to some extent, even in the developed world) remains a legitimate one, given the lack of capacity in developing country health services. However, costs are not static and the



Published Online  
May 18, 2012  
DOI:10.1016/S0140-6736(12)60986-7



The NEW ENGLAND JOURNAL of MEDICINE

The NEW ENGLAND JOURNAL of MEDICINE  
CLINICAL DECISIONS  
INTERACTIVE AT NEJM.ORG

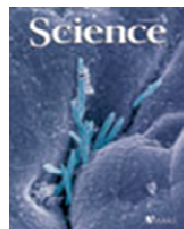
TREATMENT OPTION 1

### Recommend Initiating PrEP

Salim S. Abdool Karim, M.B., Ch.B., Ph.D.

The decision-making process for recommending PrEP begins with an assessment of the risk of HIV, followed by a determination of the combi-

the maximum protection. In the United States, men who have sex with men comprise approximately 2% of the population but account for more than 60% of new HIV infections. A history of sexually transmitted diseases and multiple partners places the man in the first vignette at high risk. Despite education and condom-pro-



Salim S. Abdool Karim

SCIENCE VOL 337 13 JULY 2012

133

EDITORIAL

## An AIDS-Free Generation?

THE HIV PANDEMIC REMAINS A GREAT GLOBAL HEALTH CHALLENGE. WITH AN ESTIMATED 33.3 million people living with HIV today, is there really hope of achieving the vision of an AIDS-free generation? Optimists argue that strong political will and generous funding are

**T**wo years since the first announcement in Vienna that antiretrovirals (ARVs) can prevent HIV infection, the first ARV, Truvada, has been approved by the FDA as pre-exposure prophylactic (PrEP). This record-speed development pathway, in conjunction with treatment for prevention, have created new hope of bringing the HIV epidemic to an end.

In recent weeks, three publications by

CAPRISA Director, Professor Salim Abdool Karim in *The Lancet*, *New England Journal of Medicine* and *Science*, have argued for and highlighted the implementation challenges in using PrEP as an essential component of the fight against AIDS.

In *The Lancet*, he argues that PrEP would be advantageous in the face of disempowerment among young women in southern



## Community representatives oversee sample destruction

In May 2012, representatives from the Community Advisory Board (CAB) of Vulindlela and eThekweni clinics visited the CAPRISA laboratories in Durban to oversee the destruction of the CAPRISA 004 trial samples.

The CAB members witnessed the disposal of nearly 10 000 samples belonging to 73 CAP 004 participants, who—during the informed consent process— had not given their consent for their samples to be used for research studies which were not related to CAP 004.

In accordance with their wishes, the samples were destroyed after all study procedures relating to the CAP 004



(Back, left to right): Mr Maxwell Mncube, Rev Sithole, Dr Janet Frohlich (Head: Community Programme). (Middle): Mrs Khanyi Sibiya, Ms Londiwe Luthuli (Community Liaison Officer), Mr Mbhasobhi Mdunge, Mrs Balozile Sokhela, Mr Sinaye Ngacpu (Laboratory Technician). (Front): Ms Natasha Samsunder (Head: Laboratories), Ms Thabisile Mbatha, Prof Quarraisha Abdool Karim, Mr Eric Shange, Mrs Mavis Khumalo, Ms Nokulunga Bhengu (Community Liaison Officer).

trial (including secondary objectives of the main study protocol) were concluded.

While welcoming the CAB members, Prof Quarraisha Abdool Karim stated that this was a significant milestone, as this was the first time in the history of CAPRISA that CAB representatives were witness to the destruction of samples.

She also noted the importance of transparency and the need for members of the community, in which the studies had taken place, to be a part of the process.

The community representatives expressed their appreciation for being able to witness the sample destruction, as well as to understand the process.

The CAB members also took advantage of the rare opportunity to conduct a general tour of the laboratory, where they

asked questions about the day-to-day operation of the facility.



The samples are sealed before being placed into a plastic-lined bin.



The box containing the samples is securely sealed before incineration.

### Continued from front page

Africa who are most at risk of HIV infection. “To rely on her partner to come forward to test, to agree to take antiretroviral therapy, and to take his ART with high adherence, all for her protection, puts a woman’s risk of acquiring HIV back in the hands of men, thereby disempowering women and undermining their efforts to control their risk of HIV.”

In the *New England Journal of Medi-*

*cine*, he participates in the *Clinical Decisions* interactive feature, where, based on two patient case vignettes (a 46 year old MSM and a South African female adolescent heterosexual), he explains the clinical approach that he would adopt in assessing their HIV risk and explains why he would recommend PrEP in both instances.

As the AIDS 2012 Conference approaches, his editorial in *Science* calls

for guidelines on PrEP, as well as for support for rapid scale up for its provision in constrained health systems.

Further reading:  
**The Lancet, 18 May 2012**  
**Antiretroviral prophylaxis for HIV prevention reaches a key milestone**  
[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60786-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60786-7/fulltext)

**New England Journal of Medicine, 11 July 2012**  
**Preexposure Prophylaxis for HIV Prevention**  
[www.nejm.org/doi/full/10.1056/NEJMclde1207706](http://www.nejm.org/doi/full/10.1056/NEJMclde1207706)

**Science—13 July 2012**  
**An AIDS-Free Generation?**  
[www.sciencemag.org/content/337/6091/133.full](http://www.sciencemag.org/content/337/6091/133.full)



## New health goals for Kwa-Zulu Natal Province

In presenting the provincial health department budget, KwaZulu Natal MEC for Health, Dr Sibongiseni Dhlomo, made reference to CAPRISA's studies concerning the high risk of HIV infection amongst young women in South Africa.

Dr Dhlomo stated that the "increasing HIV prevalence among 15-29 year old females may be indicative of early sexual involvement with older men".

He went onto to comment that the results of the study had led to the Anti-Sugar Daddy billboard advertising campaign being conceived, which had been launched by the Province earlier in the year. The campaign sought to promote community leadership about the issue and to encourage stigma of older men who seek sex with young girls.

Dr Dhlomo tabled a R25.55bn budget addressing five strategic areas of delivery. These included promoting healthy lifestyles; improving mother and child services; increasing treatment, care and support for HIV/AIDS and TB patients; improving health skills and hospital infrastructure; and reducing non-communicable diseases.



*Dr Dhlomo (right) is pictured with Prof Salim Abdool Karim during a recent visit to CAPRISA's clinic in Durban.*

## SA TB Conference

CAPRISA's display of its key TB and HIV research studies attracted over 200 visitors at its stand at the 3rd SA TB Conference.

The conference was held in June 2012 at Durban's International Convention Centre.



*CAPRISA's Londiwe Luthuli and Chandra Singh are pictured with Implats Nurse Seipati Ngidi (middle), recipient of a branded memory stick following the business card draw.*

## DIFD visit to CAPRISA

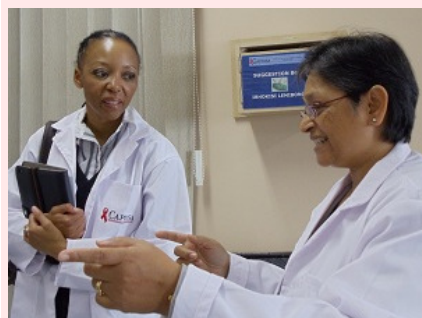
The UK Government's Department for International Development (DFID) visited CAPRISA's clinics in June 2012 as part of a fact-finding tour of HIV prevention work in Southern Africa.



*Left to right: Dr Nesri Padayatchi, Ms Hilary Nkulu (DFID Programme Manager), Prof Salim Abdool Karim, Dr Dirk Mueller (DFID Regional Health Adviser), Prof Larry Gelmon (DFID consultant), Dr Kogie Naidoo*

## Dr Sibongile Gumbi visits CAPRISA clinic

Newly appointed Group Executive: Biotechnology for Technology Innovation Agency (TIA), Dr Sibongile Gumbi, was hosted by CAPRISA in June 2012 for discussions about matters of mutual interest.



*TIA's Dr Sibongile Gumbi (left) is pictured with Prof Quarraisha Abdool Karim during her visit to CAPRISA's eThekweni Clinic, which was followed by a site tour of the new building at the Doris Duke Medical Research Institute.*

An initiative of the South African Department of Science and Technology, TIA is mandated to support and enable technology innovation across all sectors of the economy in order to achieve socioeconomic benefits for South Africa, thereby enhancing its global competitiveness. It aims to do this by enhancing South Africa's capacity to translate local research and development into commercial technology products and services.

TIA is a donor partner of the CAPRISA 008 study.



## Research papers published in 2012



- 20# Chigutsa E, Meredith E, Wiesner L, **Padayatchi N**, Harding J, Moodley P, Mac Kenzie W, Weiner M, McIleron H, Kirkpatrick C. Population Pharmacokinetics and Pharmacodynamics of Ofloxacin in South African Patients With Multi-Drug Resistant Tuberculosis. *Antimicrobial Agents and Chemotherapy* 2012; Published ahead of print 7 May 2012, doi: 10.1128/AAC.00048-12
- 21 **Singh JA**, Bhan A and Upshur R. TB management in India: public health, ethics, social considerations, and human rights. *Bioethical Inquiry* 2012 DOI 10.1007/s11673-012-9370-2.
- 22 **Singh JA**. Why human health and health ethics must be central to climate change deliberations. *PLoS Medicine* 2012 9(6): e1001229. doi:10.1371/journal.pmed.1001229.
- 29 **Perumal R, Padayatchi N**. A community officers' perspective of a rural hospital in KwaZulu-Natal. *South African Medical Journal* 2012; 102(6): 355
- 23 **Abdool Karim Q**. Empowering Women in HIV prevention. *Best Practice & Research Clinical Obstetrics & Gynaecology* 2012; 26: 487-493
- 24 **Gengiah T, Abdool Karim Q**. Implementation of findings of microbicide trials in resource-constrained countries. *Best Practice & Research Clinical Obstetrics & Gynaecology* 2012; 26: 495-501 (in press)
- 25 **Sibeko S, Moodley J, Cohen G**. Contraception and pregnancy. *Best Practice & Research Clinical Obstetrics & Gynaecology* 2012; 26(4): 473-486
- 26 **Abdool Karim SS, Baxter C**. Overview of microbicides. *Best Practice & Research Clinical Obstetrics & Gynaecology* 2012; 26: 427-439.
- 27 **Grobler A, Abdool Karim S**. Declining adherence is a more likely explanation than frailty of the apparent decline in efficacy in the CAPRISA 004 trial: response to O'Hagan et al. *AIDS* 2012; 26: DOI:10.1097/QAD.0b013e328355ce08

# continued from previous issue

## Scientific Reviews

Abstracts submitted for review		Manuscripts submitted for review		Ancillary studies submitted for review	
Total#	Cumulative <sup>^</sup>	Total#	Cumulative <sup>^</sup>	Total#	Cumulative <sup>^</sup>
0	279	2	217	1	35

# for month, <sup>^</sup> since committee initiation

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

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

Registration Number: 2002/024027/08

[www.caprissa.org](http://www.caprissa.org)

## Conference & Workshop Reminders

Conference	Deadlines			Website
	Dates	Abstracts	Registration	
<b>AIDS Vaccine 2012</b> Boston, USA	9-12 Sept 2012	8 July 2012	31 Aug 2012	<a href="http://www.vaccinenterprise.org/conference/2012/">www.vaccinenterprise.org/conference/2012/</a>
<b>Tuberculosis 2012</b> Paris, France	11-15 Sept 2012	15 June 2012	15 June 2012	<a href="http://www.pasteur.fr/infosci/conf/sb/tuberculosis2012/index.html">www.pasteur.fr/infosci/conf/sb/tuberculosis2012/index.html</a>
<b>International Union against Sexually Transmitted Infections World Congress 2012</b> Melbourne, Australia	15-17 Oct 2012	8 June 2012	4 Oct 2012	<a href="http://Www.iusti2012.com">Www.iusti2012.com</a>