HIV Disease Progression in women who participated in CAPRISA 004

While antiretroviral pre-exposure prophylaxis prevents HIV acquisition, it is not known if it’s use alters HIV disease progression. This study by Garrett et al assessed whether tenofovir gel impacted on disease progression among 83 women who acquired HIV infection while participating in the CAPRISA 004 tenofovir gel trial.

After adjusting for clinical and behavioural characteristics and protective HLA alleles, the authors found that the mean viral loads within the first two years were higher in women assigned to the tenofovir gel arm than to the placebo gel arm (4.51 vs 4.02 log copies/ml, p=0.013).

However, among women with vaginal tenofovir measurements, mean viral loads were similar in those with detectable versus undetectable levels, and there was no significant difference in the overall mean CD4 counts in women assigned to tenofovir and placebo. Assuringly, the proportion of women who reached a CD4 count of <350, was also similar; 40.6% in the tenofovir gel arm and 37.3% in the placebo arm.

In summary, tenofovir gel had no impact on post-infection CD4 counts or the rate of CD4 decline. While seroconvertors from the tenofovir arm experienced higher viral loads, this did not result in a need for earlier antiretroviral therapy. It is possible, that the increased viral load levels were caused by a slight delay in the antibody response, which could be related to the pre-exposure prophylaxis, however this needs further investigation.

For further reading see:
Stigma and discrimination remain a challenge

At a forum to commemorate World AIDS Day, eminent HIV scientists, educators and advocates called for the acceleration of women empowerment programmes to reduce the high rate of HIV infection in adolescent females.

The multi-institutional panel discussion held on 26 November at the University of KwaZulu-Natal brought together experts from CAPRISA, MRC, HEARD, HST, UKZN and K-RITH to share insights on the current size and shape of the HIV epidemic. The panellists examined why a gender-conscious response to HIV is necessary, how to reduce the burden of HIV on women and girls, and good practice models for protecting women’s human sexual and reproductive health rights.

The panellists agreed that women and girls still bear the disproportionate burden of HIV/AIDS from an earlier age than men due to gender roles and economic dependence. The experts were unanimous that local community partnerships had to be strengthened to avert new infections.

Co-operation with Sichuan CDC

Dr Nesri Padayatchi, CAPRISA’s Deputy Director, and Dr Kogie Naidoo, Head of CAPRISA’s Treatment Programme, visited various health facilities, research projects and laboratories in Chengdu and in Botou County in Xichang as guests of the Sichuan Provincial Centre for Disease Control (CDC). During the visit Dr Padayatchi and Naidoo delivered lectures to scientists and research clinicians employed by the CDC and participated in a number of information exchange sessions. The visit symbolised the implementation of the co-operation agreement signed by the Sichuan CDC and CAPRISA earlier this year.
The establishment of the MRC-CAPRISA HIV-TB Pathogenesis and Treatment Research Unit was officially announced by Professor Glenda Gray, President of the South African Medical Research Council (MRC), on 27 November.

The Unit will address the number one cause of death in HIV infected patients, in a setting where HIV infection is the largest single contributor to South Africa’s mortality burden and is among the highest research priorities in the current MRC Strategic Plan. The overarching research theme of this unit is the interaction between HIV and TB, focusing on treatment and pathogenesis.

This unit seeks to “fill an important gap within the intramural MRC research programme by undertaking research on HIV-TB co-infection, with a strong clinical focus on treatment of HIV-infected patients with either first-episode or recurrent TB,” said Professor Salim Abdool Karim Director of CAPRISA.

The MRC-CAPRISA HIV-TB Pathogenesis and Treatment Research Unit plans to: enhance the translation of clinical trial evidence into effective integrated HIV-TB services through implementation science and thereby improve survival in HIV-TB co-infected patients; improve survival of HIV-TB co-infected patients by optimizing their treatment; generate new knowledge on the pathogenesis and biological interaction between HIV and TB, specifically focusing on identifying immunological mechanisms associated with the high risk of TB recurrence in HIV-infected patients; impact on policies and practices aimed at reducing the burden of the dual epidemics in South Africa; and build research capacity in South Africa.

The research agenda for the proposed unit includes the disciplines of clinical medicine, epidemiology, biostatistics, immunology, microbiology and public health with 5 focus areas that target HIV-TB co-infection.

A Founding Son of our Democracy

Anti-apartheid stalwart, Dr Ahmed Kathrada, fondly known as Kathy (85) shared his personal experience as a political prisoner for 26 years on Robben Island and Pollsmoor prisons and his memories of the infamous Rivonia Trial. His riveting account of life in prison, the dignity of freedom and the critical importance of education held medical students, scientists and administrators spellbound.

In welcoming Dr Kathrada, who was a close friend of the late Nelson Mandela, Director of CAPRISA, Professor Salim Abdool Karim, paid tribute to one of the “founding sons of our democracy in South Africa, an icon that made the country great.”

Prof Abdool Karim said that the “mark of true greatness lies in Kathy’s humility and his passion to always do more for society.” CAPRISA and the UKZN College of Health Sciences in collaboration with the Ahmed Kathrada Foundation hosted Dr Kathrada on the 25th anniversary of his release from prison.

The occasion held at the Nelson R Mandela School of Medicine campus on Friday 31 October was particularly significant as Dr Kathrada was instrumental in the naming of the medical school after Nelson Mandela.
AIDS Research Organization

November 2014; 13(11): page 4

# for month, *continuation from previous newsletter

73


58. Mastro TD, Sista N, Abdoom Karim Q. ARV-based HIV prevention for women where we are in 2014. JAIDS 2014; 17(Suppl 2): 19154


69. Succop SM, MacQueen KM, van Loggerenberg F, Majola N, Abdoom Karim Q, Abdoom Karim SS. Trial participation disclosure and gel use behavior in the CAPRISA 004 tenofovir gel trial. AIDS Care 2014; 26(12): 1521-5


*continuation from previous newsletter

**Scientific Reviews**

<table>
<thead>
<tr>
<th>Abstracts submitted for review</th>
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<th>Ancillary studies submitted for review</th>
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# for month, *since committee initiation

**Conference & Workshop Reminders**

<table>
<thead>
<tr>
<th>Conference</th>
<th>Dates</th>
<th>Abstracts</th>
<th>Registration</th>
<th>Website</th>
</tr>
</thead>
</table>

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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 since committee initiation.