



CELEBRATES SCIENCE



AUGUST 2017

TOP 5 ARTICLES

Director: Prof Debbie Bradshaw



Article:

Pillay-van Wyk V, Bradshaw D. Mortality and socioeconomic status: The vicious cycle between poverty and ill health. *Lancet Global Health*. 2017 Aug 16;5(9):e851-e2.
DOI: 10.1016/s2214-109x(17)30304-2.

Impact Factor: 17.686

Summary:

The link between mortality and socioeconomic status has echoed through the ages, and was graphically captured by the Preston curve, which showed the relation between life expectancy and income per person at the country level. The Global Burden of Disease Study, which generates global trends in mortality, uses the predictive relation between socioeconomic status and mortality to help fill information gaps in estimates at the regional and country levels.

Director: Prof Stephen Tollman



Article:

Kabudula CW, Houle B, Collinson MA, Kahn K, Gomez-Olive FX, Tollman S, Clark SJ. Socioeconomic differences in mortality in the antiretroviral therapy era in Agincourt, rural South Africa, 2001-13: A population surveillance analysis. *Lancet Global Health.* 2017 Aug 11.

DOI: 10.1016/s2214-109x(17)30297-8

Impact Factor: 17.686

Summary:

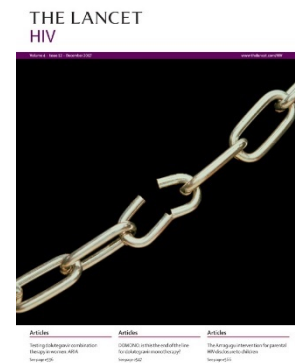
Background: Understanding the effects of socioeconomic disparities in health outcomes is important to implement specific preventive actions. We assessed socioeconomic disparities in mortality indicators in a rural South African population over the period 2001–13.

Methods: We used data from 21 villages of the Agincourt Health and Socio-Demographic Surveillance System (HDSS). We calculated the probabilities of death from birth to age 5 years and from age 15 to 60 years, life expectancy at birth, and cause-specific and age-specific mortality by sex (not in children <5 years), time period, and socioeconomic status (household wealth) quintile for HIV/AIDS and tuberculosis, other communicable diseases (excluding HIV/AIDS and tuberculosis) and maternal, perinatal, and nutritional causes, non-communicable diseases, and injury. We also quantified differences with relative risk ratios and relative and slope indices of inequality.

Findings: Between 2001 and 2013, 10 414 deaths were registered over 1 058 538 person-years of follow-up, meaning the overall crude mortality was 9·8 deaths per 1000 person-years. We found significant socioeconomic status gradients for mortality and life expectancy at birth, with outcomes improving with increasing socioeconomic status. An inverse relation was seen for HIV/AIDS and tuberculosis mortality and socioeconomic status that persisted from 2001 to 2013. Deaths from non-communicable diseases increased over time in both sexes, and injury was an important cause of death in men and boys. Neither of these causes of death, however, showed consistent significant associations with household socioeconomic status.

Interpretation: The poorest people in the population continue to bear a high burden of HIV/AIDS and tuberculosis mortality, despite free antiretroviral therapy being made available from public health facilities. Associations between socioeconomic status and increasing burden of mortality from non-communicable diseases is likely to become prominent. Integrated strategies are needed to improve access to and uptake of HIV testing, care, and treatment, and management of non-communicable diseases in the poorest populations.

Director: Prof Shane Norris



Article:

Rochat TJ, Stein A, Cortina-Borja M, Tanser F, Bland RM. The Amagugu intervention for disclosure of maternal HIV to uninfected primary school-aged children in South Africa: A randomised controlled trial. *Lancet HIV*. 2017 Aug 23.

DOI: 10.1016/s2352-3018(17)30133-9

Impact Factor: 9.842

Summary:

Background: Increasing populations of children who are HIV-exposed but uninfected will face the challenge of disclosure of parental HIV infection status. We aimed to test the efficacy of an intervention to increase maternal HIV-disclosure to primary school-aged HIV-uninfected children.

Methods: This randomised controlled trial was done at the Africa Health Research Institute in KwaZulu-Natal, South Africa. Women who had tested HIV positive at least 6 months prior, had initiated HIV treatment or been enrolled in pretreatment HIV care, and had an HIV-uninfected child (aged 6-10 years) were randomly allocated to either the Amagugu intervention or enhanced standard of care, using a computerised algorithm based on simple randomisation and equal probabilities of being assigned to each group. Lay counsellors delivered the Amagugu intervention, which included six home-based counselling sessions of 1-2 h and materials and activities to support HIV disclosure and parent-led health promotion. The enhanced standard of care included one clinic-based counselling session. Outcome measures at 3 months, 6 months, and 9 months post baseline were done by follow-up assessors who were masked to participants' group and counsellor allocation. The primary outcome was maternal HIV disclosure (full [using the word HIV], partial [using the word virus], or none) at 9 months post baseline. We did the analysis in the intention-to-treat population. This study is registered with ClinicalTrials.gov ([NCT01922882](https://www.clinicaltrials.gov/ct2/show/study/NCT01922882)).

Findings: Between July 1, 2013, and Dec 31, 2014, we randomly assigned 464 participants to the Amagugu intervention (n=235) or enhanced standard of care (n=229). 428 (92%) participants completed the 9 month assessment by Sept 3, 2015. Disclosure at any level was more common in the Amagugu intervention group (n=204 [87%]) than in the enhanced standard-of-care group (n=128 [56%]; adjusted odds ratio 9.88, 95% CI 5.55-17.57; p<0.0001). Full disclosure was also more common in the Amagugu intervention group (n=150 [64%]) than in the enhanced standard-of-care group (n=98 [43%]; 4.13, 2.80-6.11; p<0.0001). Treatment-unrelated adverse effects were reported for 17 participants in the Amagugu intervention group versus six in the enhanced standard-of-care group; adverse effects included domestic violence (five [2%] in the Amagugu intervention group vs one [$<1\%$] in the enhanced standard-of-care group), sexual assault (four [2%] vs one [$<1\%$]), participant illness or death (four [2%] vs four [2%]), and family member illness or death (four [2%] vs none). No treatment-related deaths occurred.

Interpretation: The lay-counsellor-driven Amagugu intervention to aid parental disclosure has potential for wide-scale implementation after further effectiveness research and could be adapted to other target populations and other diseases. Further follow-up and effectiveness research is required.

Director: Prof Shane Norris



Article:

Rochat TJ, Houle B, Stein A, Pearson RM, Newell ML, Bland RM. Cohort profile: The Siyakhula Cohort, rural South Africa. *International Journal of Epidemiology*. 2017 Aug 21.

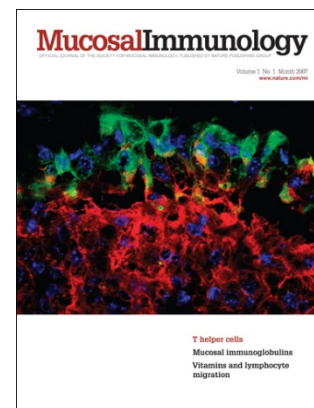
DOI: 10.1093/ije/dyx148

Impact Factor: 7.738

Summary

Each year millions of children in Low- and Middle-Income Countries (LMIC) fail to reach their developmental potential due to factors including poverty, malnutrition, poor stimulation and HIV. Although vertically-acquired HIV can now be prevented, little is known about the impact of HIV exposure in fetal and early life on the development of the many HIV-negative children. The Siyakhula Cohort was established within the Canadian Grand Challenges ‘Saving Brains’ initiative, to support re-enrolment of strategic cohorts in LMIC. This unique cohort in rural South Africa includes 1536 HIV-negative children born to HIV-infected (HIV-exposed) and HIV-uninfected (unexposed) mothers, enrolled from the Africa Health Research Institute (AHRI)–formerly the Africa Centre for Population Health (Africa Centre). The cohort includes data on HIV exposure in fetal and early life, and other early life factors (including breastfeeding) known to impact on later health outcomes. At birth, all children benefited from the early Prevention of Mother-to-Child-Transmission of HIV services in the district, and a subgroup were part of an additional early life breastfeeding intervention, the Vertical Transmission Study (VTS). This cohort pre-dated antiretroviral treatment (ART) roll-out, allowing for examination of outcomes associated with HIV exposure without ART exposure in utero and during breastfeeding. Current assessments at ages 7–11 years collected data on growth, health, cognition (including executive function), education and emotional-behavioural outcomes at primary school age.

Director: Prof Frank Brombacher



Article:

Parihar SP, Ozturk M, Marakalala MJ, Loots DT, Hurdoyal R, Beukes D, Van Reenen M, Zak DE, Mbandi SK, Darboe F, Penn-Nicholson A, Hanekom WA, Leitges M, Scriba TJ, Guler R, Brombacher F. Protein Kinase C-Delta (PKCDELTA), a marker of inflammation and tuberculosis disease progression in humans, is important for optimal macrophage killing effector functions and survival in mice. *Mucosal Immunology*. 2017 Aug 23.

DOI:10.1038/mi.2017.68

Impact Factor: 7.478

Summary

We previously demonstrated that protein kinase C- δ (PKC δ) is critical for immunity against *Listeria monocytogenes*, *Leishmania major*, and *Candida albicans* infection in mice. However, the functional relevance of PKC δ during *Mycobacterium tuberculosis* (Mtb) infection is unknown. PKC δ was significantly upregulated in whole blood of patients with active tuberculosis (TB) disease. Lung proteomics further revealed that PKC δ was highly abundant in the necrotic and cavitary regions of TB granulomas in multidrug-resistant human participants. In murine Mtb infection studies, PKC $\delta^{-/-}$ mice were highly susceptible to tuberculosis with increased mortality, weight loss, exacerbated lung pathology, uncontrolled proinflammatory cytokine responses, and increased mycobacterial burdens. Moreover, these mice displayed a significant reduction in alveolar macrophages, dendritic cells, and decreased accumulation of lipid bodies (lungs and macrophages) and serum fatty acids. Furthermore, a peptide inhibitor of PKC δ in wild-type mice mirrored lung inflammation identical to infected PKC $\delta^{-/-}$ mice. Mechanistically, increased bacterial growth in macrophages from PKC $\delta^{-/-}$ mice was associated with a decline in killing effector functions independent of phagosome maturation and autophagy. Taken together, these data suggest that PKC δ is a marker of inflammation during active TB disease in humans and required for optimal macrophage killing effector functions and host protection during Mtb infection in mice.

1. INTRAMURAL RESEARCH UNITS

Biomedical Research and Innovation Platform

1. Smit SE, **Johnson R**, van Vuuren MA, **Huisamen B**. Myocardial glucose clearance by aspalathin treatment in young, mature, and obese insulin-resistant rats. *Planta Medica*. 2017 Aug 3.
DOI: 10.1055/s-0043-117415
Impact Factor: 2.342

Biostatistics

1. du Toit L, van Dyk D, Hofmeyr R, **Lombard CJ**, Dyer RA. Core temperature monitoring in obstetric spinal anesthesia using an ingestible telemetric sensor. *Anesthesia and Analgesia*. 2017 Aug 9.
DOI: 10.1213/ane.0000000000002326
Impact Factor: 4.014
2. Dyer RA, Emmanuel A, Adams SC, **Lombard CJ**, Arcache MJ, Vorster A, Wong CA, Higgins N, Reed AR, James MF, Joolay Y, Schulein S, van Dyk D. A randomised comparison of bolus phenylephrine and ephedrine for the management of spinal hypotension in patients with severe preeclampsia and fetal compromise. *International Journal of Obstetric Anesthesia*. 2017 Aug 11.
DOI: 10.1016/j.ijoa.2017.08.001
Impact Factor: 2.085
3. Schwellnus MP, Swanevelder S, **Jordaan E**, Derman W, Janse Van Rensburg DC. Underlying chronic disease, medication use, history of running injuries and being a more experienced runner are independent factors associated with exercise-associated muscle cramping: A cross-sectional study in 15778 distance runners. *Clinical Journal of Sport Medicine*. 2017 Aug 18.
DOI: 10.1097/jsm.0000000000000456
Impact Factor: 2.189
4. Reddy Y, **Balakrishna Y**, Mubaiwa L. Convulsive status epilepticus in a quaternary hospital Paediatric Intensive Care Unit (PICU) in South Africa: An 8-year review. *Seizure*. 2017 Aug 2.
DOI: 10.1016/j.seizure.2017.07.016
Impact Factor: 2.448

Burden of Disease

1. **Pillay-van Wyk V**, **Bradshaw D**. Mortality and socioeconomic status: The vicious cycle between poverty and ill health. *Lancet Global Health*. 2017 Aug 16;5(9):e851-e2.
DOI: 10.1016/s2214-109x(17)30304-2
Impact Factor: 17.686

Centre for Tuberculosis

1. **Fang Z**, Newton-Foot M, **Sampson SL**, **Gey van Pittius NC**. Two promoters in the ESX-3 gene cluster of mycobacterium smegmatis respond inversely to different iron concentrations in vitro. *BMC Research Notes*. 2017 Aug 25;10(1):426.
DOI: 10.1186/s13104-017-2752-0
Impact Factor: None
2. Deutsch EW, Orchard S, Binz PA, Bittremieux W, Eisenacher M, Hermjakob H, Kawano S, Lam H, Mayer G, Menschaert G, Perez-Riverol Y, Salek RM, **Tabb DL**, Tenzer S, Vizcaino JA, Walzer M, Jones AR. Proteomics standards initiative: Fifteen years of progress and future work. *Journal of Proteome Research*. 2017 Aug 29.
DOI: 10.1021/acs.jproteome.7b00370
Impact Factor: 4.268

3. **Hoal EG, Dippenaar A, Kinnear C, van Helden PD, Moller M.** The arms race between man and mycobacterium tuberculosis: Time to regroup. *Infection, Genetics and Evolution*. 2017 Aug 23. DOI: 10.1016/j.meegid.2017.08.021
Impact Factor: 2.885
4. **Heunis T, Dippenaar A, Warren RM, van Helden PD, van der Merwe RG, Gey van Pittius NC, Pain A, Sampson SL, Tabb DL.** Proteogenomic investigation of strain variation in clinical mycobacterium tuberculosis isolates. *Journal of Proteome Research*. 2017 Aug 18. DOI: 10.1021/acs.jproteome.7b00483
Impact Factor: 4.268
5. Namuganga AR, **Chegou NN**, Mubiri P, **Walzl G**, Mayanja-Kizza H. Suitability of saliva for tuberculosis diagnosis: Comparing with serum. *BMC Infectious Diseases*. 2017 Aug 31;17(1):600. DOI: 10.1186/s12879-017-2687-z
Impact Factor: 2.768

Environment and Health

1. Sangeetha SK, Sivakumar V, Josipovic M, Gebreslasie M, **Wright CY.** SO₂ seasonal variation and assessment of Ozone Monitoring Instrument (OMI) measurements at Sharpeville (27.86°E; 26.68°S) a South African ground-based station. *International Journal of Remote Sensing*. 2017 Aug 10;38(23):6680-96. DOI: 10.1080/01431161.2017.1363433
Impact Factor: 1.724
2. Prinsloo G, Marokane CK, **Street RA.** Anti-HIV activity of southern African plants: Current developments, phytochemistry and future research. *Journal of Ethnopharmacology*. 2017 Aug 12. DOI: 10.1016/j.jep.2017.08.005
Impact Factor: 2.981
3. **Wright C**, Plessis JD, **Street R**, Forbes P, Rother H-A, **Kapwata T**, Pahwa M, Demers P, Peters C. 0050 Working towards assessing occupational carcinogenic exposures in an African lower and middle income country. *Occupational and Environmental Medicine*. 2017 Aug 21;74(Suppl 1): A13-A. DOI: 10.1136/oemed-2017-104636.35
Impact Factor: 3.912
4. **Wright C**, Peters C. 0051 Estimating worker exposure to solar UV radiation in South Africa by possible extent and occupational group. *Occupational and Environmental Medicine*. 2017 Aug 21;74(Suppl 1):A13-A4. DOI: 10.1136/oemed-2017-104636.36
Impact Factor: 3.912
5. **Kunene Z, Albers PN**, Lucas RM, Banwell C, **Mathee A, Wright CY.** 'My child did not like using sun protection': Practices and perceptions of child sun protection among rural black African mothers. *BMC Public Health*. 2017 Aug 25;17(1):677. DOI: 10.1186/s12889-017-4688-7
Impact Factor: 2.265

Gender and Health

1. Stöckl H, **Dekel B**, Morris-Gehring A, Watts C, **Abrahams N.** Child homicide perpetrators worldwide: A systematic review. *BMJ Paediatrics Open*. 2017 Aug 11;1(1):e000112. DOI: 10.1136/bmjpo-2017-000112
Impact Factor: None

2. Karmaliani R, McFarlane J, Somani R, Khuwaja HMA, Bhamani SS, Ali TS, Gulzar S, Somani Y, **Chirwa ED, Jewkes R**. Peer violence perpetration and victimization: Prevalence, associated factors and pathways among 1752 sixth grade boys and girls in schools in Pakistan. *PLoS One*. 2017 Aug 17;12(8):e0180833.
DOI: 10.1371/journal.pone.0180833
Impact Factor: 2.806

Health Systems

1. Groenewald C, **Bhana A**. Mothers' experiences of coping with adolescent substance abuse: A phenomenological inquiry. *Contemporary Nurse*. 2017 Aug.
DOI: 10.1080/10376178.2017.1361854
Impact Factor: 0.836
2. Ames H, Njang DM, Glenton C, Fretheim A, Kaufman J, Hill S, Oku A, Cliff J, Cartier Y, Bosch-Capblanch X, Rada G, Muloliwa AM, Oyo-Ita A, Kum AP, **Lewin S**. Stakeholder perceptions of communication about vaccination in two regions of Cameroon: A qualitative case study. *PLoS One*. 2017 Aug;12(8):e0183721.
DOI: 10.1371/journal.pone.0183721
Impact Factor: 2.806
3. **Doherty T**, Oliphant N, Sanders D. Community Health Workers delivering child health interventions: Evidence-base and key considerations. *World Nutrition*. 2017 Aug 6;8(1):26-40.
DOI: 10.26596/wn.20178126-40
Impact Factor: None
4. **Ramokolo V, Goga AE, Lombard C, Doherty T, Jackson DJ, Engebretsen IMS**. In utero ART exposure and birth and early growth outcomes among HIV-Exposed uninfected infants attending immunization services: Results from national PMTCT surveillance, South Africa. *Open Forum Infectious Diseases*. 2017 Aug 30.
DOI: 10.1093/ofid/ofx187
Impact Factor: None
5. Sani AS, Abraham C, Denford S, **Mathews C**. School-Based sexual health education interventions in Sub-Saharan Africa: A multiple case study. *International Journal of Case Studies*. 2017 Aug; 6(8):33-48.
Impact Factor: None

HIV Prevention

1. Weintraub A, Mantell JE, Holt K, **Street RA, Wilkey C, Dawad S, Masvawure TB, Hoffman S**. 'These people who dig roots in the forests cannot treat HIV': Women and men in Durban, South Africa, reflect on traditional medicine and antiretroviral drugs. *Global Public Health*. 2017 Aug 10:1-13.
DOI: 10.1080/17441692.2017.1359326
Impact Factor: 1.614
2. Cobbing S, **Hanass-Hancock J**, Myezwa H. Assessing home-based rehabilitation within the development of an integrated model of care for people living with HIV in a resource-poor community. *African Journal of Primary Health Care & Family Medicine* 2017 Aug 31;9(1):e1-e8.
DOI: 10.4102/phcfm.v9i1.1374
Impact Factor: None

3. Nixon SA, Bond V, Solomon P, Cameron C, Mwamba C, **Hanass-Hancock J**, Maimbolwa MC, Menon JA, Simwaba P, Sinyinza R, Siwale M, Tattle S, Yates T. Optimism alongside new challenges: Using a rehabilitation framework to explore experiences of a qualitative longitudinal cohort of people living with HIV on antiretroviral treatment in Lusaka, Zambia. *AIDS Care*. 2017 Aug 21:1-6.
DOI: 10.1080/09540121.2017.1363365
Impact Factor: 1.824

Non-Communicable Disease

1. Mazidi M, Gao HK, Shivappa N, Wirth MD, Hebert JR, **Kengne AP**. The relationship of plasma trans fatty acids with dietary inflammatory index among us adults. *Lipids in Health and Disease*. 2017 Aug 04;16(1):147.
DOI: 10.1186/s12944-017-0527-1
Impact Factor: 2.073
2. GBD 2015 Eastern Mediterranean Region Diabetes and CKD Collaborators [Includes: **Kengne AP**, Sartorius B]. Diabetes mellitus and chronic kidney disease in the Eastern Mediterranean region: Findings from the global burden of disease 2015 study. *International Journal of Public Health*. 2017 Aug 03.
DOI: 10.1007/s00038-017-1014-1
Impact Factor: 2.327
3. GBD 2015 Eastern Mediterranean Region Adolescent Health Collaborators [Includes: **Kengne AP**, Sartorius B]. Adolescent health in the Eastern Mediterranean region: Findings from the global burden of disease 2015 study. *International Journal of Public Health*. 2017 Aug 03.
DOI: 10.1007/s00038-017-1003-4
Impact Factor: 2.327
4. Noumegni SRN, Nansseu JR, Ama VJM, Bigna JJ, Assah FK, Guewo-Fokeng M, Leumi S, Katte JC, Dehayem M, **Kengne AP**, Sobngwi E. Insulin resistance and associated factors among HIV-infected patients in Sub-Saharan Africa: A cross sectional study from Cameroon. *Lipids in Health and Disease*. 2017 Aug 10;16(1):148.
DOI: 10.1186/s12944-017-0543-1
Impact Factor: 2.073
5. Noumegni SR, Bigna JJ, Ama Moor Epse Nkegoum VJ, Nansseu JR, Assah FK, Jingi AM, Guewo-Fokeng M, Leumi S, Katte JC, Dehayem MY, Mfeukeu Kuate L, **Kengne AP**, Sobngwi E. Relationship between estimated cardiovascular disease risk and insulin resistance in a black African population living with HIV: A cross-sectional study from Cameroon. *BMJ Open*. 2017 Aug 01;7(8):e016835.
DOI: 10.1136/bmjopen-2017-016835
Impact Factor: 2.369
6. Pandian JD, William AG, Kate MP, Norrving B, Mensah GA, Davis S, Roth GA, Thrift AG, **Kengne AP**, Kissela BM, Yu C, Kim D, Rojas-Rueda D, Tirschwell DL, Abd-Allah F, Gankpe F, deVeber G, Hankey GJ, Jonas JB, Sheth KN, Dokova K, Mehndiratta MM, Geleijnse JM, Giroud M, Bejot Y, Sacco R, Sahathevan R, Hamadeh RR, Gillum R, Westerman R, Akinyemi RO, Barker-Collo S, Truelsen T, Caso V, Rajagopalan V, Venketasubramanian N, Vlassovi VV, Feigin VL. Strategies to improve stroke care services in low- and middle-income countries: A systematic review. *Neuroepidemiology*. 2017 Aug 19.
DOI: 10.1159/000479518
Impact Factor: 2.886

7. Mazidi M, **Kengne AP**, Banach M. Effects of coenzyme q10 supplementation on plasma c-reactive protein concentrations: A systematic review and meta-analysis of randomized controlled trials. *Pharmacological Research*. 2017 Aug 25.
DOI: 10.1016/j.phrs.2017.08.011
Impact Factor: 4.480
8. Mazidi M, **Kengne AP**, Vatanparast H. Food security and leukocyte telomere length in adult Americans. *Oxidative Medicine and Cellular Longevity* 2017 Aug 29;2017:5427657.
DOI: 10.1155/2017/5427657
Impact Factor: 4.593
9. Balde N, Camara A, Sobngwi-Tambekou J, Balti E, Tchatchoua A, Fezeu L, Limen S, Ngamani S, Ngapout S, **Kengne AP**, Sobngwi E. Improving access to HBA1C in Sub-Saharan Africa (IA3) cohort: Cohort profile. *Pan African Medical Journal*. 2017 Aug 13;27:275.
DOI: 10.11604/pamj.2017.27.275.10270
Impact Factor: None
10. **Hill J**, Mchiza Z, Steyn N. The development of an evidenced based street-food vending model within a socio-ecological framework. *Pan African Medical Journal - Conference Proceedings*. 2017 Aug 23;2(2):1.
DOI: 0.11604/pamj.cp.2017.2.1.40
Impact Factor: None
11. Noumegni SRN, Nansseu JR, Moor VJA, Bigna JJ, Assah FK, Guewo-Fokeng M, Leumi S, Katte JC, Dehayem M, **Kengne AP**, Sobngwi E. Insulin resistance and associated factors among HIV-infected patients in Sub-Saharan Africa: A cross sectional study from Cameroon. *Pan African Medical Journal - Conference Proceedings*. 2017 Aug 29;2(2):6.
DOI: 10.11604/pamj.cp.2017.2.6.18.
Impact Factor: None

Office of Malaria

1. Izadi H, Focke WW, Asaadi E, **Maharaj R**, Pretorius J, Loots MT. A promising azeotrope-like mosquito repellent blend. *Scientific Reports*. 2017 Aug 31;7(1):10273.
DOI: 10.1038/s41598-017-10548-y
Impact Factor: 4.259

Office of Tuberculosis

1. Farley JE, Ndjeka N, Kelly AM, Whitehouse E, Lachman S, Budhathoki C, Lowensen K, Bergren E, Mabuza H, Mlandu N, **van der Walt M**. Evaluation of a nurse practitioner-physician task-sharing model for multidrug-resistant tuberculosis in South Africa. *PLoS One*. 2017 Aug 4;12(8):e0182780.
DOI: 10.1371/journal.pone.0182780
Impact Factor: 2.806

Primate

1. Young C, Ganswindt A, McFarland R, **de Villiers C**, **van Heerden J**, Ganswindt S, Barrett L, Henzi SP. Faecal glucocorticoid metabolite monitoring as a measure of physiological stress in captive and wild vervet monkeys. *General and Comparative Endocrinology*. 2017 Aug 23.
DOI: 10.1016/j.ygcen.2017.08.025
Impact Factor: 2.585

South African Cochrane Centre

1. Louw Q, Dizon JM, Grimmer K, McCaul M, **Kredo T**, **Young T**. Building capacity for development and implementation of clinical practice guidelines. *South African Medical Journal*. 2017 Aug 25;107(9):745-6.
DOI: 10.7196/SAMJ.2017.v107i9.12527.
Impact Factor: 1.731

2. **Mbeye NM, Adetokunboh O, Negussie E, Kredo T, Wiysonge CS.** Shifting tasks from pharmacy to non-pharmacy personnel for providing antiretroviral therapy to people living with HIV: A systematic review and meta-analysis. *BMJ Open*. 2017 Aug;7(8):e015072.
DOI: 10.1136/bmjopen-2016-015072
Impact Factor: 2.369
3. **Kredo T, Abrams A, Young T, Louw Q, Volmink J, Daniels K.** Primary care clinical practice guidelines in South Africa: Qualitative study exploring perspectives of national stakeholders. *BMC Health Services Research*. 2017 Aug;17(1):608.
DOI: 10.1186/s12913-017-2546-z
Impact Factor: 1.827
4. **Zunza M, Gray DM, Young T, Cotton M, Zar HJ.** Isoniazid for preventing tuberculosis in HIV-infected children. *Cochrane Database of Systematic Reviews*. 2017 Aug 29;8:CD006418.
DOI: 10.1002/14651858.CD006418.pub3
Impact Factor: 6.264

Violence, Injury and Peace

1. **Buthelezi S, Swart LA, Seedat M.** The incidence and epidemiology of eldercide in the city of Johannesburg, South Africa. *Journal of Forensic and Legal Medicine*. 2017 Aug 24.
DOI: 10.1016/j.jflm.2017.08.018
Impact Factor: 1.135
2. **Van Niekerk A, Govender R, Hornsby N, Swart L.** Response to Letter to the Editor: 'Household and caregiver characteristics and behaviors as predictors of unsafe exposure of children to paraffin appliances: Methodological issues'. *Burns*. 2017 Aug 1.
DOI: 10.1016/j.burns.2017.05.018
Impact Factor: 2.056

2. EXTRAMURAL RESEARCH UNITS

Antiviral Gene Therapy

1. **Scott T, Moyo B, Nicholson S, Maepa MB, Watashi K, Ely A, Weinberg MS, Arbuthnot P.** ssAAVs containing cassettes encoding SaCas9 and guides targeting hepatitis B virus inactivate replication of the virus in cultured cells. *Scientific Reports*. 2017 Aug 7;7(1):7401.
DOI: 10.1038/s41598-017-07642-6
Impact Factor: 4.259

Bioinformatics Capacity Development

1. **Wanet A, Caruso M, Domelevo Entfellner JB, Najar M, Fattaccioli A, Demazy C, Evraerts J, El-Kehdy H, Pourcher G, Sokal E, Arnould T, Tiffin N, Najimi M, Renard P.** The transcription factor 7-like 2-peroxisome proliferator-activated receptor gamma coactivator-1 alpha axis connects mitochondrial biogenesis and metabolic shift with stem cell commitment to hepatic differentiation. *Stem Cells*. 2017 Aug 27.
DOI: 10.1002/stem.2688
Impact Factor: 5.599

Child and Adolescent Lung Health

1. **Budree S, Stein DJ, Brittain K, Goddard E, Koen N, Barnett W, Myer L, Zar HJ.** Maternal and infant factors had a significant impact on birthweight and longitudinal growth in a South African birth cohort. *Acta Paediatrica*. 2017 Aug 10.
DOI: 10.1111/apa.14015
Impact Factor: 2.043

2. George A, Andronikou S, **Pillay T**, Goussard P, **Zar HJ**. Intrathoracic tuberculous lymphadenopathy in children: A guide to chest radiography. *Pediatric Radiology*. 2017 Aug 29.
DOI: 10.1007/s00247-017-3890-1
Impact Factor: 1.465
3. Pool K-L, **Heuvelings CC**, **Bélard S**, Grobusch MP, **Zar HJ**, Bulas D, Garra B, **Andronikou S**. Technical aspects of mediastinal ultrasound for pediatric pulmonary tuberculosis. *Pediatric Radiology*. 2017 Aug 29.
DOI: 10.1007/s00247-017-3954-2
Impact Factor: 1.465
4. Karron RA, **Zar HJ**. Determining the outcomes of interventions to prevent respiratory syncytial virus disease in children: What to measure? *Lancet Respiratory Medicine*. 2017 Aug 30.
DOI: 10.1016/s2213-2600(17)30303-x
Impact Factor: 19.287

Common Epithelial Cancer

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3. GRANT FUNDED RESEARCH

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14. Oderinde OM, **du Plessis FCP**. Technical note: A new wedge-shaped ionization chamber component module for beamnrc to model the integral quality monitoring system[®]. *Radiation Physics and Chemistry*. 2017 Aug 12.
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16. Malan-Muller S, Valles-Colomer M, Raes J, Lowry CA, **Seedat S**, Hemmings SMJ. The gut microbiome and mental health: Implications for anxiety- and trauma-related disorders. *OMICS*. 2017 Aug 02.
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17. **Weiss SFT**. Bad boy with a twist: Targeting the 37 kDa/67 kDa laminin receptor for treatment of cancer and neurodegenerative diseases and for changing telomere dynamics. *Cell & Cellular Life Sciences Journal*. 2017 Aug 03;2(2):000114.
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4. RESEARCH CENTRES

Advancing Care and Treatment (ACT) For TB/HIV

1. Hanifa Y, Fielding KL, Chihota VN, Adonis L, Charalambous S, Foster N, Karstaedt A, McCarthy K, Nicol MP, Ndlovu NT, Sinanovic E, Sahid F, Stevens W, Vassall A, **Churchyard GJ**, Grant AD. A clinical scoring system to prioritise investigation for tuberculosis among adults attending HIV clinics in South Africa. *PLoS One*. 2017 Aug 03;12(8):e0181519.
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Soweto Matlosana SAMRC Collaborating Centre for HIV/AIDS and TB

1. Walaza S, Tempia S, Dreyer A, Dawood H, **Variava E**, **Martinson NA**, Moyes J, Cohen AL, Wolter N, von Mollendorf C, von Gottberg A, Haffejee S, Treurnicht F, Hellferscee O, Ismail N, Cohen C. The burden and clinical presentation of pulmonary tuberculosis in adults with severe respiratory illness in a high human immunodeficiency virus prevalence setting, 2012-2014. *Open Forum Infectious Diseases*. 2017 Aug 07;4(3):ofx116.
DOI: 10.1093/ofid/ofx116
Impact Factor: None

Tygerberg SAMRC Collaborating centre for HIV Laboratory Research

1. **van Zyl GU**, Grobbelaar CJ, Claassen M, Bock P, **Preiser W**. Moderate levels of Pre-Therapy Drug Resistance (PDR) in a generalised epidemic: Time for better first-line art? *AIDS*. 2017 Aug 28.
DOI: 10.1097/qad.0000000000001629
Impact Factor: 5.019

5. RESEARCH UNITS WITH NO QUALIFYING PUBLICATIONS

Intramural

- Alcohol, Tobacco and Other Drug
- Office of AIDS
- Office of Cancer

Extramural

- Diarrhoeal Pathogens
- Drug Discovery and Development
- Gynaecological Cancer
- Health Services to Systems
- Herbal Drugs
- Human Genetics
- Maternal and Infant Health Care Strategies
- Medical Imaging
- Molecular Mycobacteriology
- Receptor Biology
- Respiratory and Meningeal Pathogens
- Stem Cell Research and Therapy

Research Centre

- Centre for Basic and Translational Human TB Research
- Centre for Tuberculosis Biomarker-Targeted Intervention
- Clinical and Community HIV-Tuberculosis Research Collaborating Centre
- TB Free through Research and Innovation
- Tuberculosis Collaborating Centre for Child Health (TB-CHILD)
- UCT Collaborating Centre for Optimising Antimalarial Therapy in South Africa
- UP Centre for Sustainable Malaria Control
- Wits Clinical HIV/TB Research Unit, WITS Health Consortium
- Wits Collaborating Centre for Multi-Disciplinary Research on Malaria
- Wits RHI Collaborating Centre for HIV/AIDS

6. GRANTS AWARDED

SAMRC LIST OF NEW CONTRACTS FOR AUGUST 2017					
SAMRC Unit	Funder	Main Funder	Project Title/Description	Contract Value	
				Rand	Foreign Currency
Biostatistics	NRF	NRF	Knowledge Interchange & Collaboration – Visiting Foreign Researcher	19,000	-
Cochrane Cochrane Centre	GIZ	Federal Republic of Germany	Collaboration for Evidence-Based Healthcare & Public Health in Africa	4,530,138	\$289,927
	Liverpool School of Tropical Medicine	DFID	Evidence Building & Synthesis Research	1,062,195	£63,250
Environment & Health Research Unit	NRF	NRF	Global Change Grand Challenge – ACCESS	140,000	-
HSRU	NRF	NRF	Knowledge Interchange & Collaboration – Visiting Foreign Researcher	25,000	-
Tuberculosis	NRF	NRF	Knowledge Interchange & Collaboration – Travel Grant	17,000	-
Violence, Injury and Peace	Lifesaving SA	Lifesaving SA	Provincial Drowning Prevention & Water Safety Strategy for the Western Cape	212,280	-

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