



CELEBRATES SCIENCE



JANUARY 2017

TOP 5 ARTICLES

Director: Prof Charles Wiysonge



Article:

Wiysonge CS, Bradley HA, Volmink J, Mayosi BM, Opie LH. Beta-blockers for hypertension. Cochrane Database of Systematic Reviews. 2017 Jan 20, Issue 1. Art. No.: CD002003. [Review]

DOI: 10.1002/14651858.CD002003.pub5

Impact Factor: 6.103

Summary:

Background: Beta-blockers refer to a mixed group of drugs with diverse pharmacodynamic and pharmacokinetic properties. They have shown long-term beneficial effects on mortality and Cardiovascular Disease (CVD) when used in people with heart failure or acute myocardial infarction. Beta-blockers were thought to have similar beneficial effects when used as first-line therapy for hypertension. However, the benefit of beta-blockers as first-line therapy for hypertension without compelling indications is controversial. This review is an update of a Cochrane Review initially published in 2007 and updated in 2012.

Objectives: To assess the effects of beta-blockers on morbidity and mortality endpoints in adults with hypertension.

Search Methods: The Cochrane Hypertension Information Specialist searched the following databases for randomized controlled trials up to June 2016: the Cochrane Hypertension Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL) (2016, Issue 6), MEDLINE (from 1946), Embase (from 1974), and ClinicalTrials.gov. We checked reference lists of relevant reviews, and reference lists of studies potentially eligible for inclusion in this review, and also searched the World Health Organization International Clinical Trials Registry Platform on 06 July 2015.

Selection Criteria: Randomised controlled trials (RCTs) of at least one year of duration, which assessed the effects of beta-blockers compared to placebo or other drugs, as first-line therapy for hypertension, on mortality and morbidity in adults.

Director: Prof Kelly Chibale



Article:

Singh K, Okombo J, Brunschwig C, Ndubi F, Barnard L, Wilkinson C, Njogu PM, Njoroge M, Laing L, Machado M, Prudencio M, Reader J, Botha M, Nondaba S, Birkholtz LM, Lauterbach S, Churchyard A, Coetzer TL, Burrows JN, Yeates C, Denti P, Wiesner L, Egan TJ, Wittlin S, **Chibale K**. Antimalarial Pyrido[1,2-a]benzimidazoles: Lead optimization, parasite life cycle stage profile, mechanistic evaluation, killing kinetics, and in vivo oral efficacy in a mouse model. *Journal of Medicinal Chemistry*. 2017 Jan 17. [Original].

DOI: 10.1021/acs.jmedchem.6b01641

Impact Factor: 5.589

Summary:

Further Structure-Activity Relationship (SAR) studies on the recently identified pyrido[1,2-a]benzimidazole (PBI) antimalarials have led to the identification of potent, metabolically stable compounds with improved in vivo oral efficacy in the *P. berghei* mouse model and additional activity against parasite liver and gametocyte stages, making them potential candidates for preclinical development. Inhibition of hemozoin formation possibly contributes to the mechanism of action.

Director: Prof Shane Norris



Article:

Soepnel LM, Norris SA, Schrier VJ, Browne JL, Rijken MJ, Gray G, Klipstein-Grobusch K. The association between HIV, antiretroviral therapy, and gestational diabetes mellitus. *AIDS*. 2017 Jan 2; 31(1): 113-125. [Original]
DOI: 10.1097/QAD.0000000000001277
Impact Factor: 4.407

Summary:

Objectives: The widespread, chronic use of antiretroviral therapy raises questions concerning the metabolic consequences of HIV infection and treatment. Antiretroviral therapy, and specifically protease inhibitors, has been associated with hyperglycemia. As pregnant women are vulnerable to development of hyperglycemia, the objective of this study was to explore existing literature on the relationship between HIV infection, HIV treatment, and Gestational Diabetes Mellitus (GDM).

Methods: A systematic search was conducted in six databases for articles providing data on HIV-positivity, protease inhibitor exposure, and GDM or glucose intolerance development in pregnancy. The quality of articles was evaluated using an adapted Cochrane Collaboration bias assessment tool. Risk ratios were generated from pooled data using meta-analysis by the Mantel-Haenszel method.

Results: Of 891 references screened, six studies on the role of HIV-positivity, 10 on protease inhibitor use, and two on both were included. Meta-analysis showed no significant relationship between HIV infection and the development of GDM [risk ratio 0.80, 95% confidence interval (CI): 0.47-1.37, I=0%]. Meta-analysis of protease inhibitor exposure showed increased GDM in studies using first-generation protease inhibitors (risk ratio 2.29, 95% CI: 1.46-3.58) and studies using the strictest diagnosis criteria, the National Diabetes Data Group criteria for 3-h oral glucose tolerance test (risk ratio 3.81, 95% CI: 2.18-6.67).

Conclusion: Meta-analysis showed no significant association between HIV-positivity and GDM. Significance of protease inhibitor use was limited to studies using the strictest diagnostic criteria for GDM. Results are limited by high risk of bias. Well-designed prospective studies are needed to further clarify this relationship and its consequences for clinical practice.

Director: Dr Catherine Mathews



Article:

Woldesenbet SA, Jackson DJ, Lombard CJ, Dinh TH, Ramokolo V, Doherty T, Sherman GG, Pillay Y, Goga AE. Structural level differences in the mother-to-child HIV transmission rate in South Africa: A multilevel assessment of individual-, health facility-, and provincial-level predictors of infant HIV transmission. *Journal of Acquired Immune Deficiency Syndromes*. 2017 Jan 18. [Original]
DOI: 10.1097/QAI.0000000000001289
Impact Factor: 3.806

Summary

Objectives: In 2010, South Africa reported an early Mother-To-Child Transmission (MTCT) rate of 3.5% at 4-8 weeks postpartum. Provincial early MTCT rates ranged from 1.4% [95% confidence interval (CI): 0.1 to 3.4] to 5.9% (95% CI: 3.8 to 8.0). We sought to determine reasons for these geographic differences in MTCT rates.

Methods: This study used multilevel modeling using 2010 South African Prevention Of Mother-To-Child Transmission (PMTCT) evaluation (SAPMTCTE) data from 530 facilities. Interview data and blood samples of infants were collected from 3085 mother-infant pairs at 4-8 weeks postpartum. Facility-level data on human resources, referral systems, linkages to care, and record keeping were collected through facility staff interviews. Provincial level data were gathered from publicly available data (eg, health professionals per 10,000 population) or aggregated at province-level from the SAPMTCTE (PMTCT maternal-infant antiretroviral (ARV) coverage). Variance partition coefficients and odds ratios (for provincial facility- and individual-level factors influencing MTCT) from multilevel modeling are reported.

Results: The provincial- (5.0%) and facility-level (1.4%) variance partition coefficients showed no substantive geographic variation in early MTCT. In multivariable analysis accounting for the multilevel nature of the data, the following were associated with early MTCT: individual-level-low maternal-infant ARV uptake [adjusted odds ratio (AOR) = 2.5, 95% CI: 1.7 to 3.5], mixed breastfeeding (AOR = 1.9, 95% CI: 1.3 to 2.9) and maternal age <20 years (AOR 1.8, 95% CI: 1.1 to 3.0); facility-level-insufficient (≤ 2) health care-personnel for HIV-testing services (AOR = 1.8, 95% CI: 1.1 to 3.0); provincial-level PMTCT ARV (maternal-infant) coverage lower than 80% (AOR = 1.4, 95% CI: 1.1 to 1.9), and number of health professionals per 10,000 population (AOR = 0.99, 95% CI: 0.98 to 0.99).

Conclusions: There was no substantial province-/facility-level MTCT difference. This could be due to good overall performance in reducing early MTCT. Disparities in human resource allocation (including allocation of insufficient health care personnel for testing and care at facility level) and PMTCT coverage influenced overall PMTCT programme performance. These are long-standing systemic problems that impact quality of care.

Director: Prof Stephen Tollman



Article:

Lippman SA, Pettifor A, Rebombo D, Julien A, Wagner RG, Kang Dufour M-S, Kabudula CW, Neilands TB, Twine R, Gottert A, Gómez-Olivé FX, Tollman SM, Sanne I, Peacock D, Kahn K. Evaluation of the Tsimba community mobilization intervention to improve engagement in HIV testing and care in South Africa: Study protocol for a cluster randomized trial. *Implementation Science*. 2017 Jan 17; 12(1): 9. [Review]
DOI: 10.1186/s13012-016-0541-0
Impact Factor: 3.201

Summary

Background: HIV transmission can be decreased substantially by reducing the burden of undiagnosed HIV infection and expanding early and consistent use of antiretroviral therapy (ART). Treatment as prevention (TasP) has been proposed as key to ending the HIV epidemic. To activate TasP in high prevalence countries, like South Africa, communities must be motivated to know their status, engage in care, and remain in care. Community mobilization (CM) has the potential to significantly increase uptake testing, linkage to and retention in care by addressing the primary social barriers to engagement with HIV care-including poor understanding of HIV care; fear and stigma associated with infection, clinic attendance and disclosure; lack of social support; and gender norms that deter men from accessing care.

Methods/Design: Using a cluster randomized trial design, we are implementing a 3-year-theory-based CM intervention and comparing gains in HIV testing, linkage, and retention in care among individuals residing in 8 intervention communities to that of individuals residing in 7 control communities. Eligible communities include 15 villages within a Health and Demographic Surveillance Site (HDSS) in rural Mpumalanga, South Africa, that were not exposed to previous CM efforts. CM activities conducted in the 8 intervention villages map onto six mobilization domains that comprise the key components for community mobilization around HIV prevention. To evaluate the intervention, we will link a clinic-based electronic clinical tracking system in all area clinics to the HDSS longitudinal census data, thus creating an open, population-based cohort with over 30,000 18-49-year-old residents. We will estimate the marginal effect of the intervention on individual outcomes using generalized estimating equations. In addition, we will evaluate CM processes by conducting baseline and endline surveys among a random sample of 1200 community residents at each time point to monitor intervention exposure and community level change using validated measures of CM.

Discussion: Given the known importance of community social factors with regard to uptake of testing and HIV care, and the lack of rigorously evaluated community-level interventions effective in improving testing uptake, linkage and retention, the proposed study will yield much needed data to understand the potential of CM to improve the prevention and care cascade. Further, our work in developing a CM framework and domain measures will permit validation of a CM conceptual framework and process, which should prove valuable for community programming in Africa.

1. INTRAMURAL RESEARCH UNITS

Alcohol, Tobacco and Other Drug

1. **Myers B, Petersen Williams P, Johnson K**, Govender R, Manderscheid R, Koch JR. Readiness to adopt a performance measurement system for substance abuse treatment: Findings from the Service Quality Measures initiative. *South African Medical Journal*. 2017 Jan 30; 107(2): 160-164. [Original]
DOI: 10.7196/SAMJ.2017.v107i2.11331
Impact Factor: 1.500
2. Foley M, **Carney T**, Harris R, Fitzpatrick E, Rapca-Veillet A, van Hout MC. Medicines containing codeine: Perspectives of medical professionals in the Republic of Ireland. *Irish Journal of Medical Science*. 2017 Jan 9: 1-9. [Original]
DOI: 10.1007/s11845-016-1546-z
Impact Factor: 1.158

Biomedical Research and Innovation Platform

1. **Dludla PV, Muller CJ**, Joubert E, **Louw J**, Essop MF, **Gabuza KB, Ghoor S, Huisamen B, Johnson R**. Aspalathin protects the heart against hyperglycemia-induced oxidative damage by up-regulating nrf2 expression. *Molecules*. 2017 Jan 14; 22(1): E129. [Original]
DOI: 10.3390/molecules22010129
Impact Factor: 2.465
2. **Johnson R, Dludla PV, Muller CJ, Huisamen B**, Essop MF, **Louw J**. The Transcription Profile Unveils the Cardioprotective Effect of Aspalathin against Lipid Toxicity in an In Vitro H9c2 Model. *Molecules*. 2017 Jan 31; 22(2). pii: E219. [Original]
DOI: 10.3390/molecules22020219
Impact Factor: 2.465
3. **Salie R**, Lochner A, Loubser DJ. The significance of the washout period in preconditioning. *Cardiovascular Therapeutics*. 2017 Jan 24. [Epub ahead of print] [Original]
DOI: 10.1111/1755-5922.12252
Impact Factor: 2.243
4. Westcott C, Genis A, Mthethwa M, Graham R, Van Vuuren D, **Huisamen B**, Strijdom H. Fenofibrate protects endothelial cells against the harmful effects of TNF-alpha. *SA Heart Journal*. 2017 Summer; 14(1): 22-34. [Original]
Impact Factor: None
5. Ayeleso A, Joseph J, Belay Y, Kinfu H, **Mazibuko S**, Oguntibeju O, Mukwevho E. Hybrid compounds from thiosemicarbazone and triazole as antidiabetic agents and their antioxidant potentials. *Biomedical Research (India)*. 2017 Jan; 28(1): 411-20. [Original]
Impact Factor: 0.226

Biostatistics

1. Shah NS, Auld SC, Brust JC, Mathema B, Ismail N, Moodley P, Mlisana K, Allana S, Campbell A, Mthiyane T, **Morris N**, Mpangase P, van der Meulen H, Omar SV, Brown TS, Narechania A, Shaskina E, **Kapwata T**, Kreiswirth B, Gandhi NR. Transmission of extensively drug-resistant Tuberculosis in South Africa. *New England Journal of Medicine*. 2017 Jan 19; 376(3): 243-253. [Original]
DOI: 10.1056/NEJMoal604544
Impact Factor: 59.558
2. Biggs J, Raman J, Cook J, Hlongwana K, Drakeley C, **Morris N, Serocharan I**, Agubuzo E, Kruger P, Mabuza A, Zitha A, Machaba E, Coetzee M, Kleinschmidt I. Serology reveals heterogeneity of *Plasmodium falciparum* transmission in northeastern South Africa: Implications for malaria elimination. *Malaria Journal*. 2017 Jan 26; 16(1): 48. [Original]
DOI: 10.1186/s12936-017-1701-7
Impact Factor: 3.079

3. Bhorat IE, Bagratee JS, **Reddy T**. Assessment of fetal myocardial performance in severe early onset pre-eclampsia (EO-PET) with and without intrauterine growth restriction across deteriorating stages of placental vascular resistance and links to adverse outcomes. *European Journal of Obstetrics Gynecology and Reproductive Biology*. 2017 Jan 16. [Original]
DOI: 10.1016/j.ejogrb.2017.01.014
Impact Factor: 1.662
4. Kinyoki DK, **Manda SO**, Moloney GM, Odundo EO, Berkley JA, Noor AM, Kandala NB. Modelling the ecological comorbidity of acute respiratory infection, diarrhoea and stunting among children under the age of 5 years in Somalia. *International Statistical Review*. 2017 Jan 26. [Original]
DOI: 10.1111/insr.12206
Impact Factor: 1.789

Centre for Tuberculosis

1. **Clarke C**, Patterson SJ, Drewe JA, **van Helden PD**, **Miller MA**, **Parsons SD**. Development and evaluation of a diagnostic cytokine-release assay for *Mycobacterium suricattae* infection in meerkats (*Suricata suricatta*). *BMC Veterinary Research*. 2017 Jan 4; 13(1): 2. [Original]
DOI: 10.1186/s12917-016-0927-x
Impact Factor: 1.643
2. Dheda K, Limberis JD, Pietersen E, Phelan J, Esmail A, Lesosky M, Fennelly KP, Te Riele J, Mastrapa B, **Streicher EM**, Dolby T, Abdallah AM, Ben-Rached F, Simpson J, Smith L, Gumbo T, **van Helden P**, **Sirgel FA**, McNerney R, **Theron G**, Pain A, Clark TG, **Warren RM**. Outcomes, infectiousness, and transmission dynamics of patients with extensively drug-resistant tuberculosis and home-discharged patients with programmatically incurable tuberculosis: A prospective cohort study. *Lancet Respiratory Medicine*. 2017 Jan 18. [Original]
DOI: 10.1016/S2213-2600(16)30433-7
Impact Factor: 15.328
3. Calligaro GL, Zijenah LS, Peter JG, **Theron G**, Buser V, McNerney R, Bara W, Bandason T, Govender U, Tomasicchio M, Smith L, Mayosi BM, Dheda K. Effect of new tuberculosis diagnostic technologies on community-based intensified case finding: A multicentre randomised controlled trial. *Lancet Infectious Diseases*. 2017 Jan 04. [Original]
DOI: 10.1016/S1473-3099(16)30384-X
Impact Factor: 21.372
4. Strijdom H, De Boever P, **Walzl G**, Essop MF, Nawrot TS, Webster I, Westcott C, Mashele N, Everson F, **Malherbe ST**, **Stanley K**, Kessler HH, Stelzl E, Goswami N. Cardiovascular risk and endothelial function in people living with HIV/AIDS: Design of the multi-site, longitudinal EndoAfrica study in the Western Cape Province of South Africa. *BMC Infectious Diseases*. 2017 Jan 7; 17(1): 41. [[Review]
DOI: 10.1186/s12879-016-2158-y
Impact Factor: 2.690
5. **Sylvester TT**, Martin LE, Buss P, **Loxton AG**, **Hausler GA**, **Rossouw L**, **van Helden P**, **Parsons SD**, Olea-Popelka F, **Miller MA**. Prevalence and Risk Factors for *Mycobacterium bovis* Infection in African Lions (*Panthera leo*) in the Kruger National Park. *Journal of Wildlife Diseases*. 2017 Jan 25. [Letter]
DOI: 10.7589/2016-07-159
Impact Factor: 1.189
6. Walters E, van der Zalm MM, Palmer M, Bosch C, Demers AM, Draper H, Goussard P, Schaaf HS, **Friedrich SO**, Whitelaw A, **Warren R**, Gie RP, Hesselning AC. Xpert MTB/RIF on stool is useful for the rapid diagnosis of tuberculosis in young children with severe pulmonary disease. *Pediatric Infectious Disease Journal*. 2017 Jan 31. [Original]
DOI: 10.1097/INF.0000000000001563
Impact Factor: 2.587

Environment and Health

1. **Wright CY, Albers PN, Mathee A, Kunene Z, D'Este C, Swaminathan A, Lucas RM.** Sun protection to improve vaccine effectiveness in children in a high ambient ultraviolet radiation and rural environment: an intervention study. *BMC Public Health*. 2017 Jan 06; 17(1): 37. [Review]
DOI: 10.1186/s12889-016-3966-0
Impact Factor: 2.209
2. **Wright CY, Street RA, Cele N, Kunene Z, Balakrishna Y, Albers PN, Mathee A.** Indoor temperatures in patient waiting rooms in eight rural primary health care centers in northern South Africa and the related potential risks to human health and wellbeing. *International Journal of Environmental Research and Public Health*. 2017 Jan 06; 14(1): 43. [Original]
DOI: 10.3390/ijerph14010043
Impact Factor: 2.035
3. **Nkosi V, Wichmann J, Voyi K.** Indoor and outdoor PM10 levels at schools located near mine dumps in Gauteng and North West Provinces, South Africa. *BMC Public Health*. 2017 Jan 06; 17(1): 42. [Original]
DOI: 10.1186/s12889-016-3950-8
Impact Factor: 2.209
4. **Diffey BL, Norval M, Albers PN, Wright CY.** The influence of HIV infection on the age dependence of squamous cell carcinoma of the skin in South Africa. *South African Medical Journal*. 2017 Jan 30. [Original]
DOI: 10.7196/SAMJ.2017.v107i2.10837
Impact Factor: 1.500
5. **Wright CY, Albers PN, Reeder AI, Mathee A.** Sunbeds and skin cancer risk: quantifying a baseline estimate of sunbed facilities in South Africa prior to implementation of sunbed regulations. *Pan African Medical Journal*. 2017 Jan-Apr; 26: 188. [Original]
DOI: 10.11604/pamj.2017.26.188.10176
Impact Factor: None

Gender and Health

1. **Abrahams N, Gevers A.** A rapid appraisal of the status of mental health support in post-rape care services in the Western Cape. *South African Journal of Psychiatry*. 2017 Jan 26.
DOI: 104102/sajpsychiatryv23i1959 [Original]
Impact Factor: 0.193
2. **Gibbs A, Jewkes R, Sikweyiya Y.** "I Tried to Resist and Avoid Bad Friends". *Men and Masculinities*. 2017 Jan 1. [Original]
DOI: 10.1177/1097184X17696173
Impact Factor: 1.250
3. **Clark CJ, Spencer RA, Shrestha B, Ferguson G, Oakes JM, Gupta J.** Evaluating a multicomponent social behaviour change communication strategy to reduce intimate partner violence among married couples: study protocol for a cluster randomized trial in Nepal. *BMC Public Health*. 2017 Jan 13; 17(1): 75. [Review]
DOI: 10.1186/s12889-016-3909-9
Impact Factor: 2.209

Health Systems

1. **de Vries PJ, Davids EL, Mathews C, Aarø LE.** Measuring adolescent mental health around the globe: Psychometric properties of the self-report strengths and difficulties questionnaire in South Africa, and comparison with UK, Australian and Chinese data. *Epidemiology and Psychiatric Sciences*. 2017 Jan 23. [Original]
DOI: 10.1017/S2045796016001207
Impact Factor: 2.847

2. Perry H, Crigler L, **Lewin S**, Glenton C, LeBan K, Hodgins S. A new resource for developing and strengthening large-scale community health worker programs. *Human Resources for Health*. 2017 Jan 12; 15(1): 13. [Letter]
DOI: 10.1186/s12960-016-0178-8
Impact Factor: 2.416
3. **Woldesenbet SA**, Jackson DJ, Lombard CJ, Dinh TH, Ramokolo V, Doherty T, Sherman GG, Pillay Y, **Goga AE**. Structural level differences in the mother-to-child HIV transmission rate in South Africa: A multilevel assessment of individual-, health facility-, and provincial-level predictors of infant HIV transmission. *Journal of Acquired Immune Deficiency Syndromes*. 2017 Jan 18. [Original]
DOI: 10.1097/QAI.0000000000001289
Impact Factor: 3.806

HIV Prevention

1. De Beaudrap P, Beninguisse G, Pasquier E, Tchoumkeu A, Touko A, Essomba F, Brus A, Aderemi TJ, **Hanass-Hancock J**, Eide AH, Mac-Seing M, Mont D. Prevalence of HIV infection among people with disabilities: A population-based observational study in Yaoundé, Cameroon (HandiVIH). *Lancet HIV*. 2017 Jan 24. [Original]
DOI: 10.1016/S2352-3018(16)30209-0
Impact Factor: 8.364
2. Musara P, Montgomery ET, Mgodini NM, **Woeber K**, Akello CA, Hartmann M, Cheng H, Levy L, Katz A, Grossman CI, Chirenje ZM, van der Straten A, Mensch B, On behalf of the Microbicide Trials Network DST. How presentation of drug detection results changed reports of product adherence in South Africa, Uganda and Zimbabwe. *AIDS and Behavior*. 2017 Jan 21: 1-10.
DOI: 10.1007/s10461-017-1685-x
Impact Factor: 3.063

MRC Office of Tuberculosis

1. Manson AL, Cohen KA, Abeel T, Desjardins CA, Armstrong DT, Barry CE 3rd, **Brand J**; TBResist Global Genome Consortium., Chapman SB, Cho SN, Gabrielian A, Gomez J, Jodals AM, Joloba M, Jureen P, Lee JS, **Malinga L**, Maiga M, Nordenberg D, Noroc E, Romancenco E, Salazar A, Ssenooba W, Velayati AA, Winglee K, Zalutskaya A, Via LE, Cassell GH, Dorman SE, Ellner J, Farnia P, Galagan JE, Rosenthal A, Crudu V, Homorodean D, Hsueh PR, Narayanan S, Pym AS, Skrahina A, Swaminathan S, **van der Walt M**, Alland D, Bishai WR, Cohen T, Hoffner S, Birren BW, Earl AM. Genomic analysis of globally diverse Mycobacterium tuberculosis strains provides insights into the emergence and spread of multidrug resistance. *Nature Genetics*. 2017 Jan 16. [Original]
DOI: 10.1038/ng.3767
Impact Factor: 31.616

Non-Communicable Disease

1. Aminde LN, Atem JA, **Kengne AP**, Dzudie A, Veerman JL. Body mass index-measured adiposity and population attributability of associated factors: A population-based study from Buea, Cameroon. *BMC Obesity*. 2017 Jan 07; 4(1): 1. [Original]
DOI: 10.1186/s40608-016-0139-8
Impact Factor: None
2. Davison GM, Nkambule BB, Mkandla Z, Hon GM, **Kengne AP**, Erasmus RT, Matsha TE. Platelet, monocyte and neutrophil activation and glucose tolerance in South African mixed ancestry individuals. *Scientific Reports*. 2017 Jan 16; 7. [Original]
DOI: 10.1038/srep40329
Impact Factor: 5.228
3. Adom T, Puoane T, **de Villiers A**, **Kengne AP**. Prevalence of obesity and overweight in African learners: a protocol for systematic review and meta-analysis. *BMJ Open*. 2017 Jan 13; 7(1): e013538. [Review]
DOI: 10.1136/bmjopen-2016-013538
Impact Factor: 2.562

4. Hamer M, Bruwer EJ, de Ridder JH, Swanepoel M, **Kengne AP**, Cockeran M, Malan L. The association between seven-day objectively measured habitual physical activity and 24 h ambulatory blood pressure: The SABPA study. *Journal of Human Hypertension*. 2017 Jan 26. [Original]
DOI: 10.1038/jhh.2016.93
Impact Factor: 2.833
5. **Kengne AP**, Erasmus RT, Levitt NS, Matsha TE. Alternative indices of glucose homeostasis as biochemical diagnostic tests for abnormal glucose tolerance in an African setting. *Primary Care Diabetes*. 2017 Jan 26. [Original]
DOI: 10.1016/j.pcd.2017.01.004
Impact Factor: 1.570
6. Nortje N, **Faber M**, de Villiers A. School tuck shops in South Africa – An ethical appraisal. *South African Journal of Clinical Nutrition*. 2017 Jan 30. [Original]
DOI: 10.1080/16070658.2017.1267401
Impact Factor: None
7. Nkoke C, Balti E, Menanga A, Dzudie A, Lekoubou A, Kingue S, **Kengne AP**. Trends in pediatric echocardiography and the yield for congenital heart disease in a major cardiac referral hospital in Cameroon. *Translational Pediatrics*. 2017 Jan; 6(1): 40-5. [Original]
DOI: 10.21037/tp.2016.11.01
Impact Factor: None
8. Mazidi M, Heidari-Bakavoli A, Rezaie P, Azarpazhooh MR, Nematy M, Safarian M, Esmaeili H, Parizadeh SMR, Ghayour-Mobarhan M, **Kengne AP**, Ferns GA. Distribution of obesity phenotypes and in a population-based sample of Iranian adults. *Mediterranean Journal of Nutrition and Metabolism*. 2017 Jan 19; 9(3): 203-212.
Impact Factor: None

South African Cochrane Centre

1. Ncube NB, Solanki GC, **Kredo T**, Lalloo R. Antibiotic prescription patterns of South African general medical practitioners for treatment of acute bronchitis. *South African Medical Journal*. 2017 Jan 30; 107(2): 119-122. [Original]
DOI: 10.7196/SAMJ.2017.v107i2.11276
Impact Factor: 1.500
2. **Wiysonge CS**, Bradley HA, **Volmink J**, Mayosi BM, Opie LH. Beta-blockers for hypertension. *Cochrane Database of Systematic Reviews*. 2017 Jan 20, Issue 1. Art. No.: CD002003. [Review]
DOI: 10.1002/14651858.CD002003.pub5
Impact Factor: 6.103

Violence, Injury and Peace

1. **Bangdiwala SI**. Multiple hypotheses testing. *International Journal of Injury Control and Safety Promotion*. 2017 Jan 08; 24(1): 140-2. [Letter]
DOI: 10.1080/17457300.2016.1270401
Impact Factor: 0.888

2. EXTRAMURAL RESEARCH UNITS

Anxiety and Stress Disorders

1. Ganief T, Gqamana P, Garnett S, Hoare J, **Stein DJ**, Joska J, Soares N, Blackburn JM. Quantitative proteomic analysis of HIV-1 Tat-induced dysregulation in SH-SY5Y neuroblastoma cells. *Proteomics*. 2017 Jan 19. [Original]
DOI: 10.1002/pmic.201600236
Impact Factor: 4.079
2. Campbell MM, Sibeko G, Mall S, Baldinger A, Nagdee M, Susser E, **Stein DJ**. The content of delusions in a sample of South African Xhosa people with schizophrenia. *BMC Psychiatry*. 2017 Jan 24; 17(1): 41. [Original]
DOI: 10.1186/s12888-017-1196-3
Impact Factor: 2.576
3. Choi KW, Sikkema KJ, Vythilingum B, Geerts L, **Faure SC**, Watt MH, **Roos A**, **Stein DJ**. Maternal childhood trauma, postpartum depression, and infant outcomes: Avoidant affective processing as a potential mechanism. *Journal of Affective Disorders*. 2017 Jan 08. [Original]
DOI: 10.1016/j.jad.2017.01.004
Impact Factor: 3.570
4. Baker LM, Cooley SA, Cabeen RP, Laidlaw DH, Joska JA, Hoare J, **Stein DJ**, Heaps-Woodruff JM, Salminen LE, Paul RH. Topological organization of whole-brain white matter in HIV infection. *Brain Connectivity*. 2017 Jan 11. [Original]
DOI: 10.1089/brain.2016.0457
Impact Factor: None
5. Rutrick D, **Stein DJ**, Subramanian G, Smith B, Fava M, Hasler G, Cha JH, Gasparini F, Donchev T, Ocwieja M, Johns D, Gomez-Mancilla B. Mavoglurant augmentation in OCD patients resistant to selective serotonin reuptake inhibitors: A proof-of-concept, randomized, placebo-controlled, phase 2 study. *Advances in Therapy*. 2017 Jan 2. [Original]
DOI: 10.1007/s12325-016-0468-5
Impact Factor: 2.503
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4. RESEARCH CENTRES

Soweto Matlosana SAMRC Collaborating Centre for HIV/AIDS and TB

1. Paximadis M, Ngqobe RN, Chaisson RE, **Martinson NA**, Tiemessen CT. RICH2 is implicated in viraemic control of HIV-1 in black South African individuals. *Infection, Genetics and Evolution*. 2017 Jan 06. [Original]
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5. RESEARCH UNITS WITH NO QUALIFYING PUBLICATIONS

Intramural

- Burden of Disease
- MRC Office of AIDS
- MRC Office of Cancer
- MRC Office of Malaria
- Primate

Extramural

- Antiviral Gene Therapy
- Bioinformatics Capacity Development
- Child and Adolescent Lung Health
- Common Epithelial Cancer
- Diarrhoeal Pathogens
- Gynaecological Cancer
- Health Services to Systems
- Herbal Drugs
- HIV/TB Pathogenesis and Treatment
- Human Genetics
- Immunology of Infectious Disease
- Medical Imaging
- Microbial Water Quality Monitoring
- Molecular Mycobacteriology
- Receptor Biology

6. GRANTS AWARDED

SAMRC LIST OF NEW CONTRACTS FOR JANUARY 2017					
SAMRC Unit	Funder	Main Funder	Project Title/Description	Contract Value	
				Rand	Foreign Currency
Health Systems	The University of Kwazulu-Natal	University of Washington (CDC)	Task sharing mental services within HIV care in South Africa	88 771	\$6 565
	University Of Witwatersrand	National Research Foundation	University of Witwatersrand	150 000	-
HIV Prevention	Fred Hutchinson Cancer Research	Belinda & Melinda Gates	HIV Vaccine Trials Network P5 Program Protocol Funding	1 060 455	\$78 425
	Fred Hutchinson Cancer Research	National Institute of Health	HVTN 702 Protocol Funding PF:Verulam Protocol	8 493 984	\$628 165
			HVTN 702 Protocol Funding PF:Isipingo Clinical Research Site	8 105 108	\$599 406
	Fred Hutchinson Cancer Research	National Institute of Allergy and Infectious Disease	HTVN 703/HPTN 081 Protocol Funding: Chatsworth Protocol Specific Site	6 278 069	\$464 289
			HTVN 703/HPTN 081 Protocol Funding: Botha's Hill Protocol Specific Site	5 665 325	\$418 974
			HTVN 703/HPTN 081 Protocol Funding: Tongaat Protocol Specific Site	4 325 656	\$319 900

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