

## MONTHLY PUBLICATIONS DIGEST – AUGUST 2014

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Mbonye M, Rutakumwa R, Weiss H, Seeley J. **Alcohol consumption and high risk sexual behaviour among female sex workers in Uganda.**

Alcohol consumption has been associated with high risk sexual behaviour among key populations such as female sex workers. We explored the drivers of alcohol consumption and its relationship to high risk sexual behaviour. Participants were drawn from a cohort of 1,027 women selected from 'hot spots' in the suburbs of Kampala city.

*African Journal of AIDS Research.* 2014; 13(2): 145-51.

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Kawuma, R., S. Bernays, G. E. Siu, T. Rhodes and J. Seeley (2014). **"Children will always be children": exploring perceptions and experiences of children living with HIV who may not take their treatment and why they may not tell."**

HIV-positive children and young people may face substantial social barriers to maintaining appropriate levels of adherence to antiretroviral therapy (ART) during childhood and adolescence. In this paper, we focus on these children's voices and the challenges they face growing up living with HIV in Uganda. Drawing on retrospective self-reports of 26 children living with HIV, taking ART and attending a clinic in central Uganda, we examine the reasons for non-adherence to ART among children and why they may not report when they miss their treatment.

*African Journal of AIDS Research*

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Adrienne K Chan, Deborah Ford, Harriet Namata, Margaret Muzambi, Misheck J Nkhata, George Abongomera, Ivan Mambule, Annabelle South, Paul Revill, Caroline Grundy, Trevor Mabugu, Levison Chiwaula, Fabian Cataldo, James Hakim, Janet Seeley, Cissy Kityo, Andrew Reid, Elly Katabira, Sumeet Sodhi, Charles F Gilks and Diana M Gibb. The Lablite project: **A cross-sectional mapping survey of decentralized HIV service provision in Malawi, Uganda and Zimbabwe.**

Most HIV-infected individuals on antiretroviral therapy (ART) in low and middle-income countries are treated following the World Health Organization (WHO) public health approach. The public sector provides one standard first-line regimen, with alternative drug substitutions for anti-tuberculosis (TB) co-therapy or first-line regimen toxicity. When first-line failure occurs, the patient switches to a standard boosted-protease inhibitor (PI)-based second-line regimen.

*BMC Health Services Research* 2014, 14:352 doi:10.1186/1472-6963-14-352

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Carr, Daniel; Chaponda, Masautso; Cornejo Castro, Elena; Jorgensen, Andrea; Khoo, Saye Khoo; van Oosterhout, Joep; Dandara, Collet; Kampira, Elizabeth; Ssali, Francis; Munderi, Paula; Laloo, David; Heyderman, Robert; Pirmohamed, Munir Cyp2b6 C.983t>C **Polymorphism Is Associated With Nevirapine Hypersensitivity In Malawian And Ugandan HIV Populations.**

Nevirapine, an NNRTI used in HIV treatment, can cause hypersensitivity reactions in 6%–10% of patients. In the most serious cases (1.3%) this can manifest as Stevens–Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN).

*Journal of Antimicrobial Chemotherapy* (2014) doi:10.1093/jac/dku315

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Mugisha JO, Baisely K, Seeley J, Kuper H. **The impact of anaemia on functioning in older people in a rural population in South West Uganda.**

Information on the impact of anaemia on functioning among older people in Africa is important in terms of identifying targets for intervention and evaluating the impact of treatment programmes for anaemia among the older people. Anaemia has been associated with a number of negative consequences in older people (Guralnik *et al*, 2004; Thein *et al*, 2009). These negative effects can occur because of the adverse effects of anaemia itself or from an underlying disease that caused the anaemia. In Africa, these underlying conditions include human immunodeficiency virus (HIV), malaria and hookworm infection and other prevalent infectious diseases (Balarajan *et al*, 2011).

*British Journal of Haematology*. 2014. DOI: 10.1111/bjh.13018

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Redd AD, Ssemwanga D, Vandepitte J, Wendel SK, Ndembu N, Bukonya J, et al. **Rates of HIV-1 superinfection and primary HIV-1 infection are similar in female sex workers in Uganda.**

In this cohort of FSWs, HIV superinfection occurred at a high rate and was similar to that of primary HIV infection. These results differ from a similar study of high-risk female bar workers in Kenya that found the rate of superinfection to be significantly lower than the rate of primary HIV infection.

*AIDS*. 2014; 500: 14-00349.

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Millard JD, Muhangi L, Sewankambo M, Ndibazza J, Elliott AM, Webb EL. **Assessing the external validity of a randomized controlled trial of anthelmintics in mothers and their children in Entebbe, Uganda.**

The 'external validity' of randomized controlled trials is an important measure of quality, but is often not formally assessed. Trials concerning mass drug administration for elminth control are likely to guide public health policy and careful interpretation of their context is needed. We aimed to determine how representative participants in one such trial were of their community. We explore implications for trial interpretation and resulting public health recommendations.

*Trials*. 2014; 15(1): 310.

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Kuteesa MO, Wright S, Seeley J, Mugisha J, Kinyanda E, Kakembo F, et al. **Experiences of HIV-related stigma among HIV-positive older persons in Uganda—a mixed methods analysis.**

There is limited data on stigma among older HIV-infected adults in sub-Saharan Africa. We describe the experiences of stigma and disclosure in a cohort of HIV-positive older people in Uganda. Using data from the Wellbeing of Older Peoples' Study of Kalungu (rural site) and Wakiso district (peri-urban site) residents, we measured self-reported stigma levels for 183 respondents (94 on antiretroviral therapy (ART); 88, not on ART) using a stigma score generated using three questions on stigma perceptions where 0 meant no stigma at all and 100 was maximum stigma. Based on two questions on disclosure, an overall score was computed. High disclosure was assigned to those who often or very often disclosed to the family and were never or seldom afraid to disclose elsewhere.

*SAHARA-J*. 2014; (ahead-of-print): 1-12.

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Ruzagira E, Abaasa A, Karita E, Mulenga J, Kilembe W, Allen S, et al. **Effect of Seasonal Variation on Adult Clinical Laboratory Parameters in Rwanda, Zambia, and Uganda: Implications for HIV Biomedical Prevention Trials.**

In summary, we found that among healthy adults in Rwanda, Zambia and Uganda, seasonality had a limited impact on haematology and biochemistry parameters. Seasonal variation may not be an important factor in the evaluation of clinical laboratory parameters in HIV biomedical prevention and other clinical trials in these countries.

*PloS One.* 2014; 9(8): e105089.

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Riha J, Karabarinde A, Ssenyomo G, Allender S, Asiki G, Kamali A, et al. **Urbanicity and Lifestyle Risk Factors for Cardiometabolic Diseases in Rural Uganda: A Cross-Sectional Study.**

Urban living is associated with unhealthy lifestyles that can increase the risk of cardiometabolic diseases. In sub-Saharan Africa (SSA), where the majority of people live in rural areas, it is still unclear if there is a corresponding increase in unhealthy lifestyles as rural areas adopt urban characteristics. This study examines the distribution of urban characteristics across rural communities in Uganda and their associations with lifestyle risk factors for chronic diseases.

*PLoS Medicine.* 2014; 11(7): e1001683.

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