



# Southern African HIV Clinicians Society 3rd Biennial Conference

13 - 16 April 2016  
Sandton Convention Centre  
Johannesburg

**Our Issues, Our Drugs,  
Our Patients**

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[www.sahivsoc2016.co.za](http://www.sahivsoc2016.co.za)

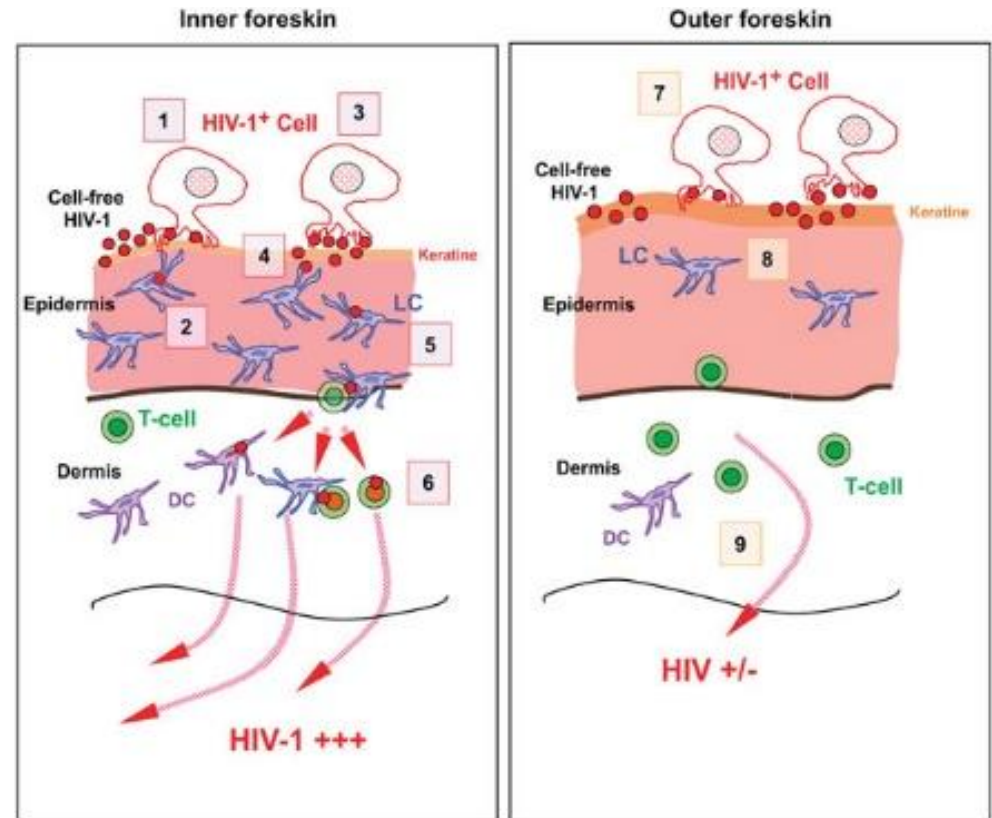
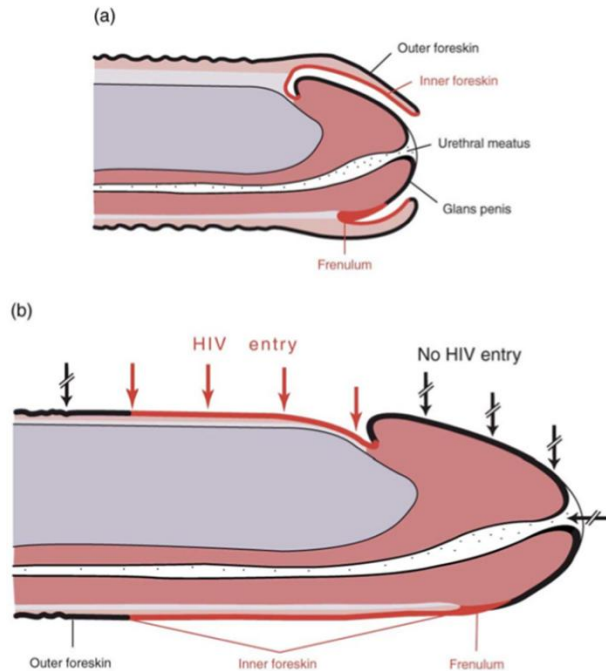
Descriptive observational cohort of  
voluntary medical male circumcision  
attendees: *A secondary review of the  
USAID MMC partners database*

Khumbulani Moyo



2016

# Background



McCoombe SG, Short RV. Potential HIV-1 target cells in the human penis., *Aids.* 2006; **20**(11): 1491-5.

Ganor Y, Zhou Z, Tudor D , et al. Within 1[hinsp]h, HIV-1 uses viral synapses to enter efficiently the inner, but not outer, foreskin mucosa and engages Langerhans-T cell conjugates., *Mucosal Immunol.* 2010; **3**(5): 506-22.

# Background

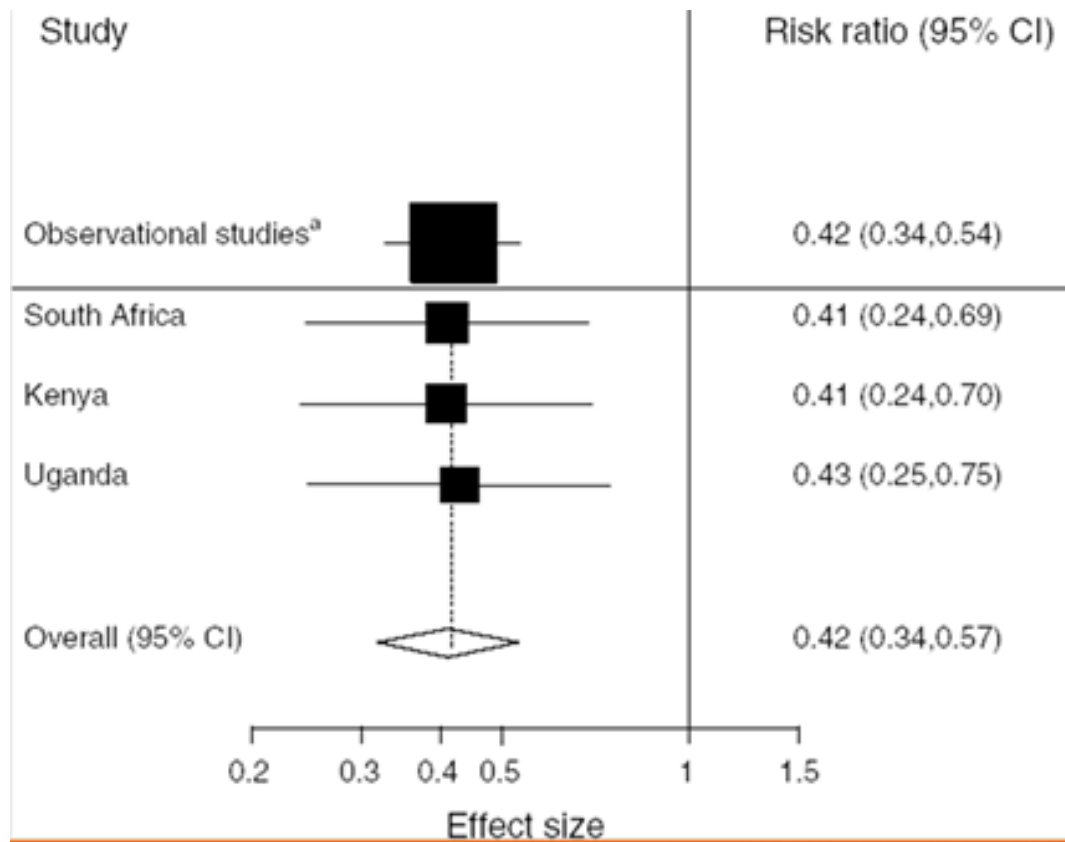
West Africa			East & Central Africa			Southern Africa		
Country	MC	HIV	Country	MC	HIV	Country	MC	HIV
Benin	84	1.8	Burundi	2	3.3	Botswana	25	24.1
Burkina Faso	89	2.0	Rwanda	9	3.1	Malawi	21	14.1
Cameroon	93	5.4	Central African Republic	67	10.7	Namibia	15	19.6
Cote d'Ivoire	93	7.1	Chad	64	3.5	Swaziland	<15	33.4
Equatorial Guinea	86	3.2	Ethiopia	76	?	Zambia	16	17.0
Gabon	93	7.9	Sudan	47	?	Zimbabwe	10	20.1
The Gambia	90	2.4	Tanzania	70	6.5	Lesotho	48	23.2
Ghana	95	2.3	Uganda	25	6.7	Mozambique	56	16.1
Guinea	83	1.5	The Congo	70	5.3	South Africa	35	18.8
Guinea-Bissau	91	3.8	Dem. Rep. Congo	70	3.2	Angola	66	3.7
Liberia	70	?	Djibouti	94	3.1	Comoros	>80	<.01
Mali	95	1.7	Eritrea	95	2.4	Madagascar	80	0.5
Mauritania	78	0.7	Kenya	84	6.1	Mauritius	>80	0.6
Niger	92	1.1	Somalia	93	0.9			
Nigeria	81	3.9						
Senegal	89	0.9						
Sierra Leone	90	1.6						
Togo	93	3.2						

*Halperin, D.T. & Bailey, R.C. (1999). Male circumcision and HIV infection: 10 years and counting. The Lancet, 354, 1813-15.*



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# Background



*Weiss et al AIDS 2008; 22: 567 - 574*

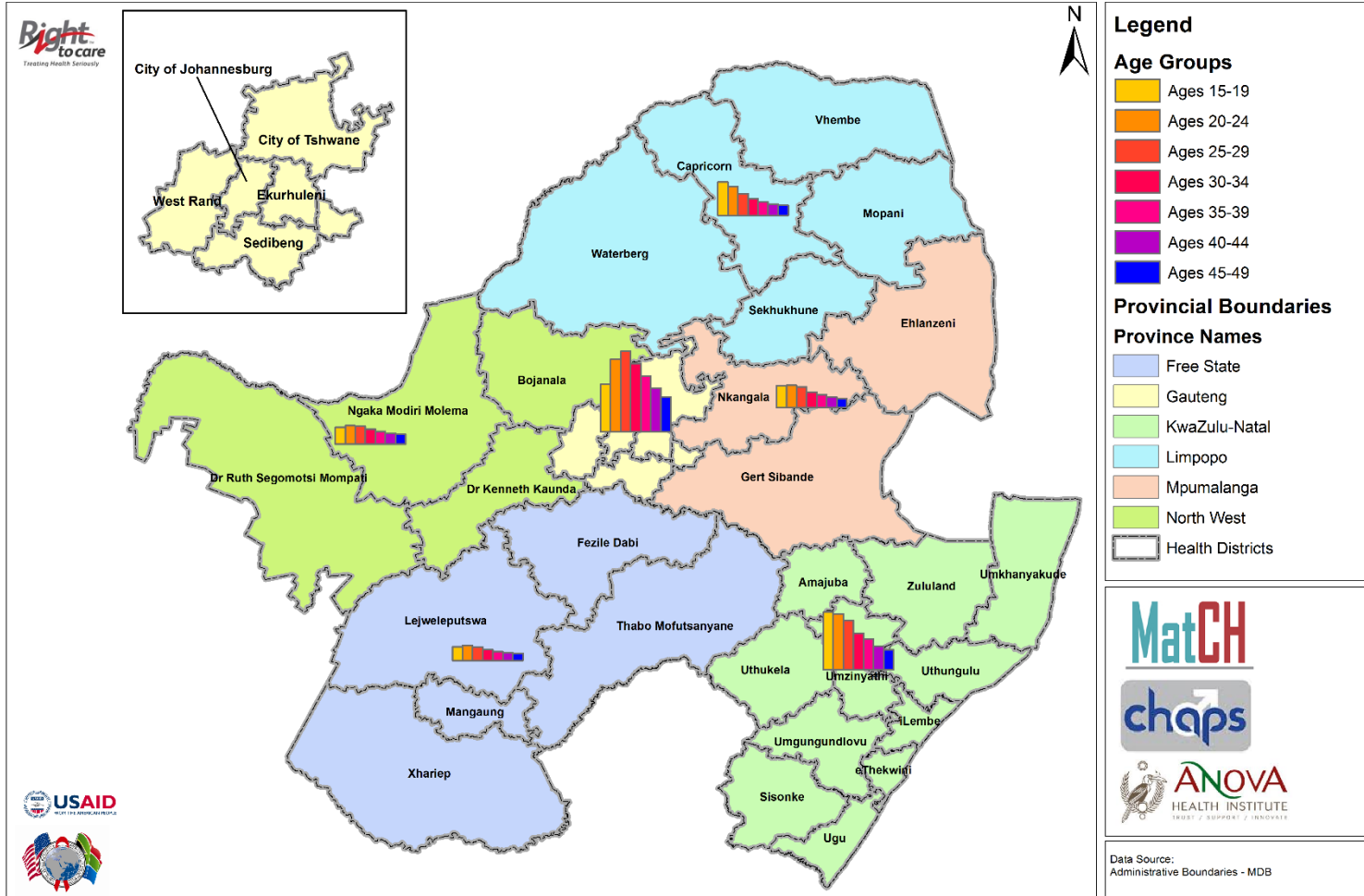
# Background

- South African Government's overall five-year target of 4.3 million adult/adolescent VMMC (80% coverage)
- The MMC Consortium
  - Right to Care,
  - Centre for HIV/AIDS Prevention Studies (CHAPS),
  - Anova Health Institute, and
  - Maternal Adolescent and Child Health (MatCH)
- Selected districts of six provinces namely Gauteng, Kwa-Zulu Natal, Limpopo, North West, Mpumalanga and Free State.

# Service Delivery Approaches

- Rural/Urban sites
- DOH/NGO/Private GP
- Fixed/Outreach/Mobile
- Demand creation (Peak periods – winter/school holidays)
- Quality assurance
- Comprehensive minimum package

# Right to Care: Dominant Age Groups of Men Aged 15 - 49 by Province



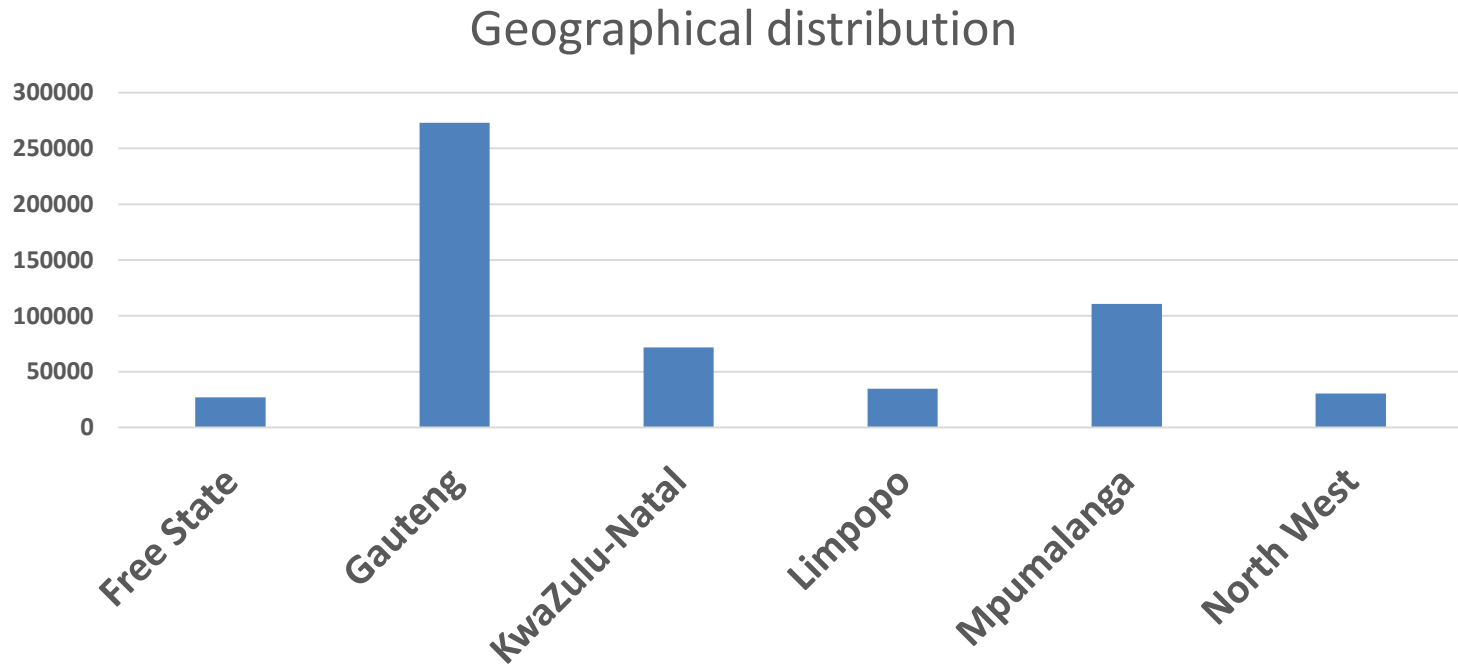


# Method

- a descriptive, observational analysis of a de-identified database of the voluntary medical male circumcision consent form database.
- Routinely collected information from 1 July 2012 to 31 July 2015 was analyzed.
- Descriptive client characteristics and service usage statistics were reported.
- Rank sum tests and chi squared ( $\chi^2$ ) tests were conducted to test for significance between site type.

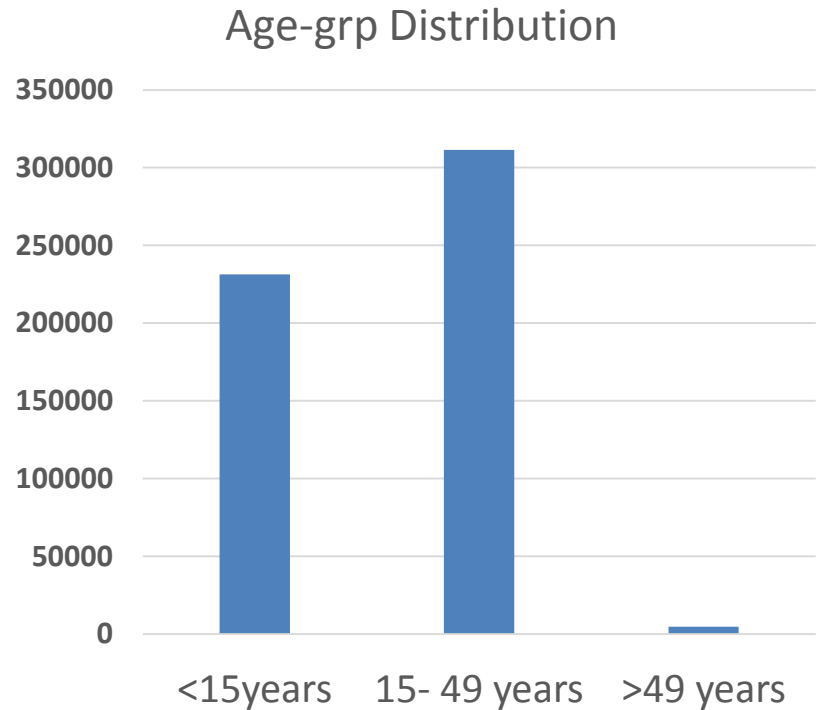
# Results

- A total of 531,098 VMMC's were performed out of 547,497 attendee.



# Results

- Median age was 16 years (IQR: 12-23).
- The median age is statistically significantly different across the rural vs. urban sites (p value <0.001).

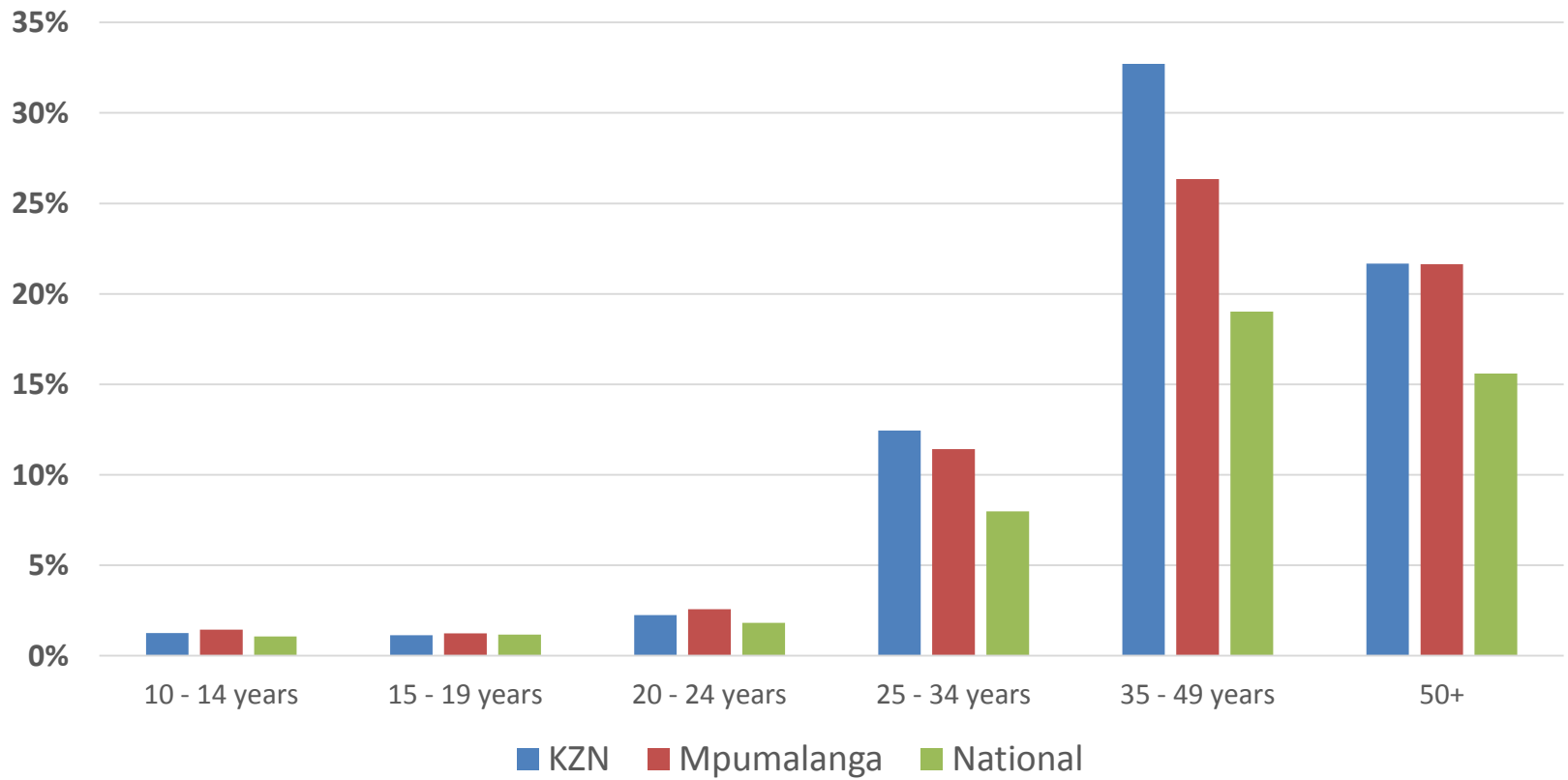


# Results: HIV Testing

- HIV testing uptake was 84% with 16% declining. The proportion who declined testing at urban sites (18%) was double that of rural sites (9%). Of the newly diagnosed HIV positive, 64% (6,371 / 9,972) referrals were made.
- Overall HIV prevalence at MMC sites was 3% but this masks the age and geographical differences
- Highest in KZN

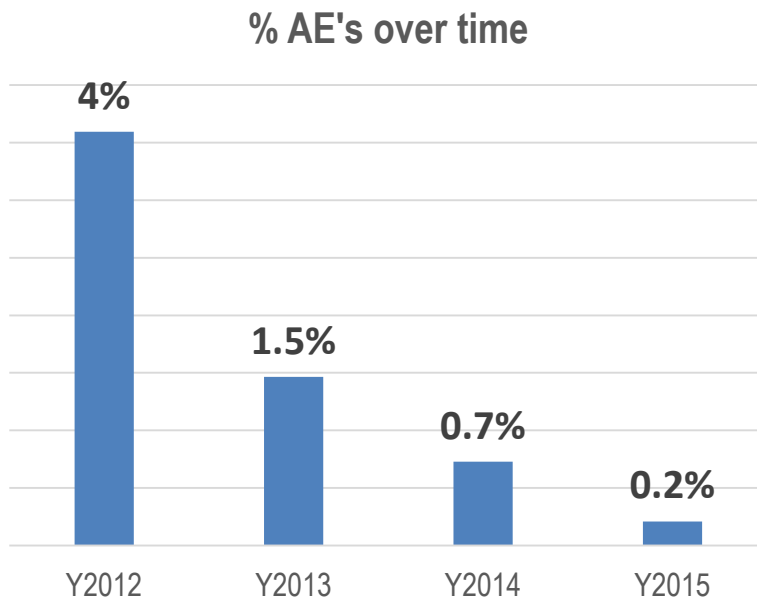
# Results: HIV Testing

HIV Prevalence at MMC Sites



# Results: Adverse events

- Adverse events showed a decline from 4% to <1% from 2012 to 2015.



# Conclusion

- MMC is an entry point for HCT for men in South Africa.
- While the positivity rate nationally is low (3%), analysis by age & district show higher rates and present an opportunity for MMC to link people to care.
- In this consortium for VMMC adverse events decreased over time.
- Data showed that differences existed between rural and urban sites.

# Acknowledgements

- National Department of Health
- USAID/Pepfar
- CHAPS
- MatCH
- ANOVA
- Right to Care



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# Bibliography

1. McCoombe SG, Short RV. Potential HIV-1 target cells in the human penis., *Aids*.. 2006; 20(11): 1491-5
2. Ganor Y, Zhou Z, Tudor D , et al. Within 1[thinsp]h, HIV-1 uses viral synapses to enter efficiently the inner, but not outer, foreskin mucosa and engages Langerhans-T cell conjugates., *Mucosal Immunol*.. 2010; 3(5): 506-22.
3. Halperin D.T. & Bailey R.C. (1999). Male circumcision and HIV infection: 10 years and counting. *The Lancet*, 354, 1813-15.
4. Weiss A. H., Halperin D.T., Bailey R. C., et al. Male circumcision for HIV prevention: From evidence to action *AIDS* 2008; 22: 567 - 574