January 30, 2026

Global Newsletter

From the REVIVE Trial Steering Committee

The REVIVE trial continues to make phenomenal progress. Collectively, you have now enrolled over 4,500 participants and have maintained an excellent enrolment rate over the holiday period – congratulations!

The trial has much to look forward to in 2026. Cameroon and Kenya will be activated very soon, we are preparing for our first interim analysis by the DSMB in February, and have an in-person steering committee meeting later in the year. We hope to see the enrolment rate reach new records so that we can exceed our targets over the next few months. The project office continues to focus on data quality, and with several sites surpassing 200 participants, we will do more in-person monitoring visits this year. As always, we encourage investigators to ensure complete data entry and will support you to keep potential loss to follow up close to zero.

As more countries obtain approvals, we will make a strong push to complete as many verbal autopsies as possible – the aim is to perform a VA on all eligible deaths in 2026 and catch up with previous cases. Understanding causes of death is critical for the objectives of the trial and to inform the wider field. The AMR sub-study is now up and running again, and we hope to activate several more countries to participate in this important activity, which will enable us to better understand the impact of our intervention.

We would like to extend a special thank you to Katanekwa Njekwa who will be stepping down from the Zambia National Leader position. Katanekwa has done an outstanding job, and we wish him all the best. Dr Ethel Kamuti will join the REVIVE steering committee as the new NL from Zambia – welcome!

We are excited to continue the success of REVIVE into the new year. We are incredibly proud of the commitment, hard work, and enthusiasm from every person involved in this groundbreaking trial.

Dr Sean Wasserman

REVIVE Co-Principal Investigator

Let's Connect Across Africa – Please Save the date

REVIVE Webinar—17 February 2026

Topic

ARV Adherence guided by the principles of Motivational Interviewing

Presented By:

Prof Rivet Amico

University of Michigan School of Public Health

Spotlight on PLTF

Keeping Participants in REVIVE— Why Follow-Up Matters

Saving Patients from Loss to Follow-Up

The Steering Committee has emphasized on several occasions the importance of minimizing loss to follow-up (LTFU). Some investigators have asked whether we are over-emphasizing this at the expense of other priorities.

The focus on LTFU is *not* a criticism of sites or a signal that LTFU is "more important" than other key aspects of the trial such as achieving high adherence, unbiased (and near complete) ascertainment outcomes, and completing verbal autopsy. However, it is an important area where a small extra effort can provide a very large benefit.

Why does each potentially lost participant matter?

There are 3 important considerations:

1. Study quality

LTFU is a key measure of study quality that can affect how the results of the study are interpreted by health authorities and health care providers. Patients who are LTFU are more likely to have experienced study outcomes than those who are not lost and their exclusion can lead to biased results.

2. Study power

Lost participants mean reduced power. In practice this means: one lost participant is equivalent to more than one extra recruit to regain the same amount of information.

3. Costs

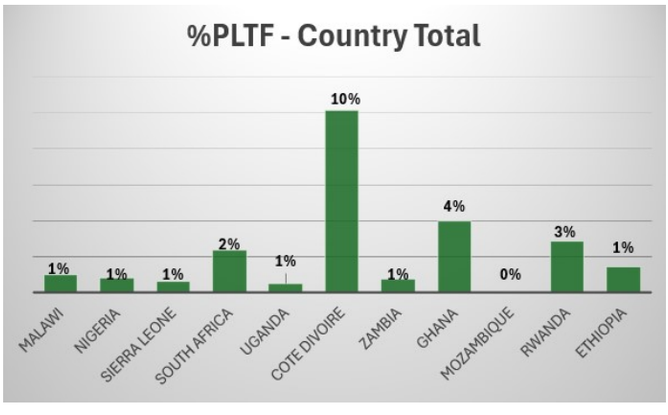
It is far more efficient to "find" a potentially lost patient and determine their outcome at the end of the trial than recruit a new patient.

What are we asking

- For hard-to-reach participants, consider different phone numbers and, where compatible with local policies, an occasional evening or weekend call - targeted, not routine. One evening phone call is far cheaper than screening and randomizing 1 (or more than 1) new patient to replace the lost information.
- Prepare for central death-registry linkage (if available in the country) by systematically collecting national ID numbers (where allowed) and keeping them up to date.
- Do not declare a participant "LTFU" until the end of the study.

We know you are juggling many demands, including adherence, outcome capture, and verbal autopsy. Taking a few small extra steps on LTFU will help to ensure that all of those efforts count as much as possible.

Prof John Eikelboom
REVIVE Co-Principal Investigator



% PLTF in relation to total recruitment per country

Maintien des participants dans REVIVE - Pourquoi le suivi est important

Sauver les patients de la perte au suivi

Le comité de pilotage a souligné à plusieurs reprises l'importance de minimiser les pertes de suivi (LTFU). Certains enquêteurs se demandent si nous ne surestimons pas cela au détriment d'autres priorités.

L'accent mis sur la LTFU n'est *pas* une critique des sites ni un signal que la LTFU est « plus importante » que d'autres aspects clés de l'essai tels que l'atteinte d'une forte adhésion, l'ascertainment des résultats sans biais (et presque complet), et la réalisation d'une autopsie verbale. Cependant, c'est un domaine important où un petit effort supplémentaire peut apporter un bénéfice très important.

Pourquoi chaque participant potentiellement perdu est-il important ?

Il y a trois points importants à considérer :

1. Qualité de l'étude

La LTFU est une mesure clé de la qualité des études qui peut influencer la manière dont les résultats sont interprétés par les autorités sanitaires et les prestataires de soins. Les patients qui sont perdus de vue ont plus de chances d'avoir présenté les événements étudiés que ceux qui ne le sont pas, et leur exclusion peut conduire à des résultats biaisés.

2. La puissance d'une 'étude

La perte de participants signifie une réduction de la puissance. En pratique, cela signifie qu'un participant perdu équivaut à plus d'un recrutement supplémentaire pour récupérer la même quantité d'informations.

3. Coûts

Il est bien plus efficace de « retrouver » un patient potentiellement perdu et de déterminer son issue à la fin de l'essai que de recruter un nouveau patient.

Qu'est-ce qu'on demande ?

Pour les participants difficiles à joindre, considérez différents numéros de téléphone et, lorsque cela correspond aux politiques locales, un appel occasionnel en soirée ou le week-end - ciblé, non routinier. Un appel téléphonique du soir coûte bien moins cher que de dépister et randomiser un ou plusieurs nouveaux patients pour remplacer les informations perdues.

Préparez-vous pour la liaison avec le registre central des décès (si disponible dans le pays) en collectant systématiquement les numéros d'identification nationaux (lorsque cela est autorisé) et en les maintenant à jour.

Ne déclarez pas un participant comme « LTFU » avant la fin de l'étude.

Nous savons que vous jonglez avec de nombreuses exigences, notamment l'adhésion, la collecte des résultats, et l'autopsie verbale. Prendre quelques petites mesures supplémentaires concernant LTFU aidera à s'assurer que tous ces efforts comptent autant que possible.

Prof John Eikelboom
REVIVE Co-Principal Investigator

REVIVE Immunology Sub-Study Fellowship awarded

Azithromycin-induced modulation of immunity and gut health in advanced HIV

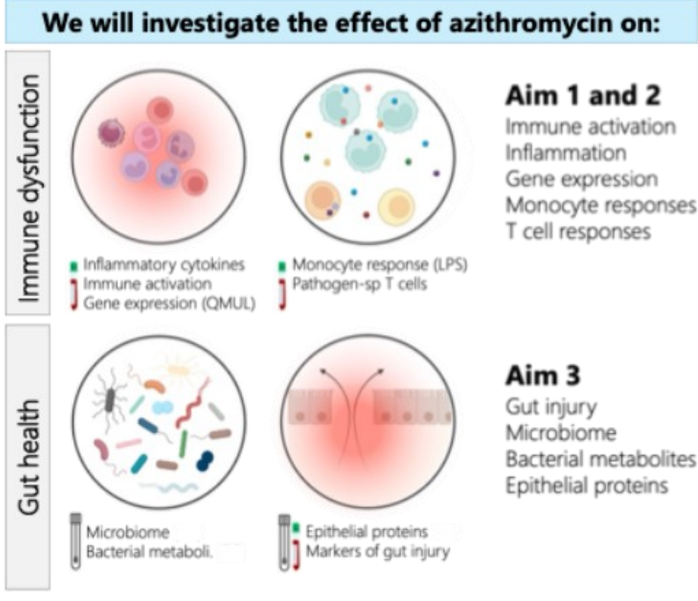
Dr Ruby Bunjun (University of Cape Town) was awarded a 5-year UKRI/UK MRC African Research Leaders Fellowship to investigate non-antimicrobial mechanisms of action of azithromycin within the REVIVE trial. Dr Bunjun is a mucosal immunologist whose research focuses on infectious diseases significant to African health. For this fellowship, she is supported by Professor Graeme Meintjes (Co-PI; Queen Mary University of London; University of Cape Town), and an experienced team of collaborators in South Africa and the UK.

About the study

In addition to antimicrobial activity, azithromycin also has immunomodulatory properties and an effect on mucosal epithelial integrity. This fellowship will investigate these non-antimicrobial effects within the REVIVE trial, using cutting-edge techniques including omics and flow cytometry.

We hypothesise that azithromycin will favourably modulate HIV-associated immune activation and chronic gut injury, leading to improved outcomes. To test this hypothesis, laboratory assays will be conducted on blood and rectal swabs collected at enrolment, 4 weeks, and 6 months from n=200 REVIVE participants. Four REVIVE trial sites in Cape Town have been identified for this sub-study, based on their proximity to the university laboratories, facilitating prompt sample processing and assay set-up.

The findings from this sub-study will complement those from the parent REVIVE trial, providing insights into leveraging azithromycin use in resource-limited settings.



Worth the Read: Insights That Matter

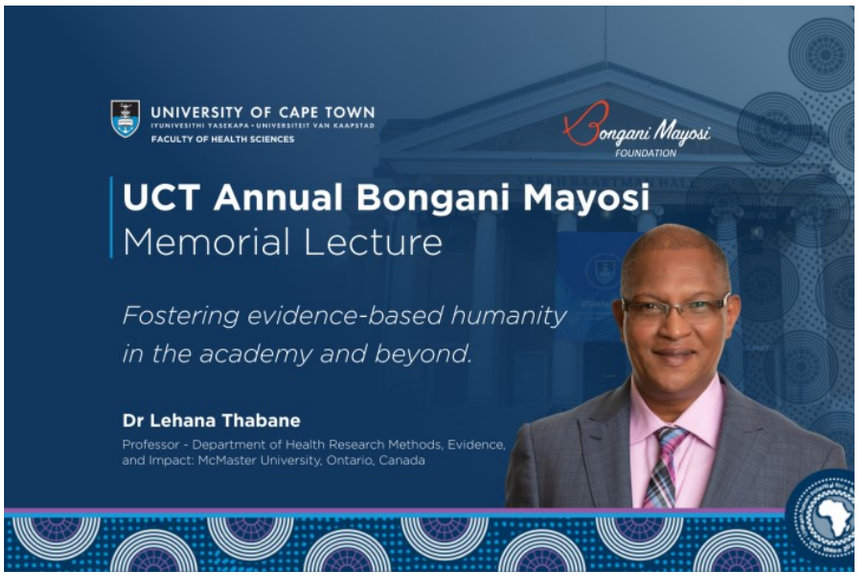
One-year mortality among adults with advanced HIV in sub-Saharan Africa: a systematic review and meta-analysis

In sub-Saharan Africa, people with advanced HIV disease (AHD) face high mortality rates, especially those with very low CD4 counts. A systematic review and meta-analysis of 36 studies involving over 313,000 participants found that one-year mortality was 12% for those with CD4 counts ≤200 cells/mm3, increasing to 20% for counts ≤50 cells/mm3. Most deaths occurred within the first three months of care. The study highlights the urgent need for better CD4 testing, retention in care, and additional interventions to reduce mortality among this vulnerable population. However, half of the studies had a high risk of bias, indicating variability in data quality.

Read The full article here:

AIDS

Worth the Watch: Insights That Matter



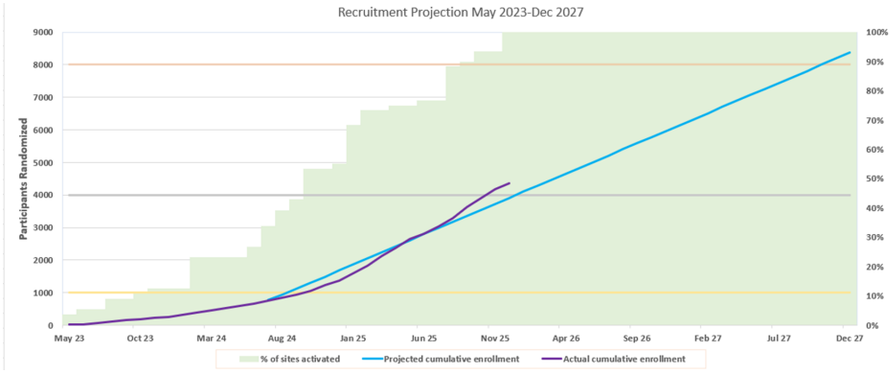
Listen to the full lecture here:

https://www.youtube.com/watch?v=mGmOMm1lH-o

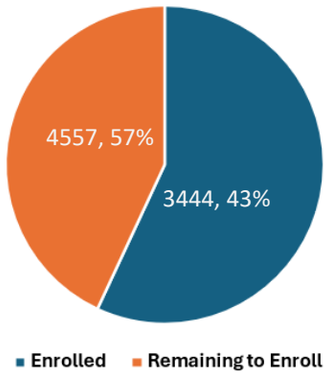
Recruitment Update — 28 January 2026

Country	Regulatory Status	Sites			Randomizations	
		Planned	Activated	Enrolling	Last 30 Days	Total
South Africa	Approved	21	20	20	32	1047
Sierra Leone	Approved	5	5	5	38	668
Uganda	Approved	5	4	4	36	981
Nigeria	Approved	11	11	11	57	846
Ivory Coast	Approved	4	4	4	6	69
Zambia	Approved	3	3	3	22	532
Malawi	Approved	3	1	1	7	102
Ghana	Approved	3	3	3	7	150
Rwanda	Approved	1	1	1	0	35
Mozambique	Approved	1	1	1	5	55
Ethiopia	Approved	4	4	4	13	71
Kenya	Pending	1	0	0	0	0
Cameroon	Pending	3	0	0	0	0
Total		**65**	**57**	**57**	**223**	**4556**

Recruitment Summary—28 January 2026



Projected vs Actual Cumulative Enrolment



Verbal Autopsy Recruitment Summary

Country	Activated sites (n)	Eligible Deaths (n)	VA/Medical record upload complete (n)	VA attempted, cannot be completed (n)	Completed/ Attempted (%)
South Africa	11	36	17	7	67%
Sierra Leone	5	161	30	8	24%
Nigeria	11	76	29	3	42%
Ivory Coast	2	6	2	1	50%
Rwanda	1	3	0	2	67%
Total	30	282	78	21	35%

AMR Sub-study Recruitment Summary

		Enrollment since activation in REVIVE - AMR		Baseline*			Week 24**		
Country	# AMR activated sitesN	REVIVE-AMR N(%)	REVIVE	Swabs N(%)	Urine N(%)	Blood N(%)	Swabs N(%)	Urine N(%)	Blood N(%)
South Africa	7	7(41%)	17	7(100%)	7(100%)	6(86%)			
Total	7	7(41%)	17	7(100%)	7(100%)	6(86%)			

Spotlight on Excellence

Dr. Tafese Beyene Tufa – National Leader, Ethiopia

The REVIVE Study in Ethiopia is led nationally by Dr. Tafese Beyene Tufa, an Associate Professor of Clinical Microbiology at Arsi University, College of Health Sciences, Asella, Ethiopia. Dr. Tufa also serves as Co-Director of the Hirsch Institute of Tropical Medicine (HITM) and is a postdoctoral fellow at University Hospital Düsseldorf (UKD).

Dr. Tufa completed his PhD in *Diagnosis and Therapy of Diseases* at the Medical Faculty of Heinrich Heine University Düsseldorf in 2023. He holds a Master's degree in Medical Microbiology and Immunology from Addis Ababa University (2013) and a Bachelor of Science in Medical Laboratory Technology from Haramaya University. His specialist training includes Advanced Medical Mycology at the University of Cape Town, and Clinical Tropical Medicine through the University of Minnesota, in collaboration with Makerere University.

Dr. Tufa's research interests align closely with the objectives of REVIVE and include sepsis, antimicrobial resistance (AMR), HIV/AIDS (including HIV drug resistance, Cryptococcal disease, and tuberculosis), non-communicable diseases such as liver cancer, and clinical metagenomic sequencing. He is also strongly committed to One Health–related research and to fostering national and international research collaboration.

With more than 40 peer-reviewed publications and leadership of over 13 international research projects, Dr. Tufa brings extensive scientific and operational experience to REVIVE. In addition to his role as National Leader of the REVIVE trial in Ethiopia, he is the Ethiopian Principal Investigator and Deputy Scientific Officer of the STAIRS project, and Site Principal Investigator for the iSAVE, ASPIRE, and EpiGen-Ethiopia projects.

Beyond trial leadership, Dr. Tufa plays a pivotal role in building sustainable clinical research capacity in Ethiopia. He lectures and mentors Master's and PhD students, contributing to the training of future scientists and healthcare leaders. His stipend is supported by the Heinz Ansmann Foundation for AIDS Research, reflecting his ongoing commitment to advancing HIV and infectious disease research.

Through his scientific leadership, mentorship, and collaborative approach, Dr. Tafese Beyene Tufa continues to strengthen the impact of the REVIVE Study and broader clinical research efforts across Ethiopia.

January 30, 2026

Newsletter

REVIVE Monthly Seminars

The UCT Project Office is proud to present the next webinars for 2026, addressing subjects of interest to the REVIVE study network.

- **26 March at 15H00 SAST (13H00 GMT)**

HIV-related cardiovascular disease in Africa

Prof Mpiko Ntseke

Helen and Morris Mauerberger Professor and Chair of Cardiology, University of Cape Town

- **28 April at 15H00 SAST (13H00 GMT)**

Drug resistant TB update

Dr Francesca Conradie (WHO)

Clinical HIV Research Unit, Department of Internal Medicine, Faculty of Health Sciences, University of Witwatersrand.

An invitation and link to these seminars will be sent out a week in advance and we would like to encourage you to circulate this within your network.

We are inviting you to please e-mail ***reviveteam@uct.co.za*** if you would you like to do a presentation in 2026 including your suggested topic.

Please look out for the next edition on

25 April 2026