October 28, 2025

Global Newsletter

From the REVIVE Trial Steering Committee

The REVIVE trial continues to make outstanding progress. Recruitment remains strong, averaging 300 new participants per month, and we are nearing 4,000 enrolled. This remarkable achievement reflects the dedication, collaboration, and resilience of all our teams despite logistical and operational challenges.

As we near the halfway mark, two key priorities are expanding verbal autopsy, implemented in three countries so far and now rapidly scaling up, and rolling out the main antimicrobial resistance (AMR) sub-study, which has restarted and is gaining momentum. Both efforts are crucial for enriching the scientific and public-health impact of the trial.

A friendly reminder: please continue the focus on complete or near-complete, participant follow-up at every site; high retention is essential to the integrity, validity, and credibility of our results.

With continued commitment and coordination, we are on track to reach our ambitious goal of 8,000 participants by early 2027, a milestone that will position REVIVE as one of the largest and most comprehensive studies of its kind in the region.

Prof John Eikelboom

REVIVE Co-Principal Investigator

Let's Connect Across Africa – Please Save the Date

The Faculty of Health Sciences, in partnership with the Bongani Mayosi Foundation, will be hosting the Annual UCT Bongani Mayosi Memorial Lecture, presented by **Doctor Lehana Thabane** (Professor - Department of Health Research Methods, Evidence, and Impact: McMaster University, Ontario, Canada).

The legacy of Bongani Mayosi will continue to have a long-term impact on the aspirations and success of African health sciences students, academics and researchers. This lecture will be a celebration of African scholarship.

Register using the link below:

2026 UCT Annual Bongani Mayosi Memorial Lecture - RSVP Form

Trial Steering Committee Meeting
5 September 2025
Kigali, Rwanda

A highly productive in-person meeting of the REVIVE Trial Steering Committee (TSC) was held in Kigali, Rwanda, on 4-5 September 2025. There were a total of 35 attendees including the National Leads from Sierra Leone, South Africa, Uganda, Nigeria, Ivory Coast, Zambia, Malawi, Rwanda, Mozambique, Ethiopia and Cameroon. This was the first REVIVE meeting attended by Dr Cabral Tantchou, National Lead for Cameroon. Cameroon are in the process of preparing to join the trial and it was a great pleasure to welcome Dr Tantchou to the REVIVE team and benefit from his contributions to our discussions. Representatives from the PHRI and UCT Project Offices attended.

The TSC meeting was preceded by a meeting and review of trial progress and data by our independent DSMB on 4 September. The principal investigators presented an update on trial progress in the open session and this was followed by a closed session in which the DSMB reviewed blinded data. Following their meeting, the DSMB recommended that we continue the trial as currently planned.

The TSC programme on 5 September started with a Scientific Presentation delivered by the Chair of the REVIVE DSMB, Professor Lehana Thabane, on the debate regarding the use of statistical testing for significance in science. This was a wide-ranging and thought provoking lecture. This was followed by presentations and discussion on recruitment to date, participant characteristics and provision of standard of care interventions for advanced HIV disease (AHD). We then heard presentations from each of the National Leads on the impact of donor funding cuts on HIV care in their countries.

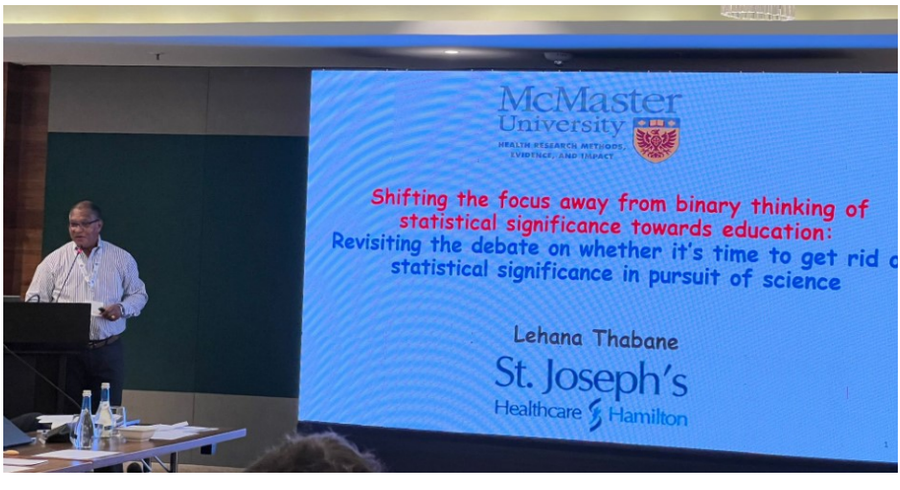
After the lunch break, we discussed the antimicrobial resistance and verbal autopsy studies nested within REVIVE. This was followed by a discussion about future research questions and projects that the REVIVE network could potentially address, following completion of the trial, and then concluding discussions on the way forward.

A lasting impression from this TSC meeting is how important it is for the leadership of the trial to meet together in person to share challenges and successes and plan the way forward towards completion of the trial. We also need to ensure that we maximise the scientific learnings from the trial. The collective sentiment was that we are on course to completing the trial and addressing the question of azithromycin efficacy and safety in AHD within the planned time frame. But also that the network we have established provides a platform for addressing future critical research questions for Africa, beyond the REVIVE trial.

Graeme Meintjes

TSC Chairperson

Trial Steering Committee Meeting
5 September 2025
Kigali, Rwanda



Spotlight on Verbal Autopsies

A Core Part of REVIVE

Cause of death ascertainment is central to REVIVE, and strengthening these data ultimately informs better care for people living with advanced HIV disease. Verbal Autopsy (VA) is a key method within the main REVIVE protocol to better assign causes of death, and is thus essential to the quality and completeness of our outcomes.

Where we are and where we're going

All REVIVE sites will be activated to conduct VAs as soon as possible. Thank you to the teams already making progress. While we've seen encouraging early movement, the overall pace has slowed. Activated sites are encouraged to continue VA implementation without delay, with a focus on clearing any backlog from retrospective deaths. Sites preparing for activation should finalise local approvals, training, and documentation so that VA activities can begin swiftly once approved.

Verbal Autopsy Completion Report - Overall

#Countries Activated	#Sites Activated	#Deaths	#VA Completed* N (%)	#Site Adjudication Completed** N (%)	#Central Adjudication Completed N (%)
3	21	343	36(10)	11(31)	4(11)

NEW: Amendment to the VA process

In order to streamline this process and reduce burden to sites, while maintaining data quality, the update below clarifies when a VA is required for in-hospital deaths.

A VA is **no longer** required if **all** of the following are met:

1. The participant was hospitalised for ≥7 consecutive days immediately prior to death.

2. The death occurred in-hospital during that same admission (i.e., not after discharge and not during an outpatient interval).

Adequate medical notes/records are available to support cause-of-death determination via adjudication.

What we need from you this month

- Activated sites: keep VAs moving and aim to clear any current backlog and maintain steady progress

Sites pending activation: submit any remaining documents so that we can initiate you to start conducting VAs.

Dr Keisha De Gouveia
REVIVE Project Officer

Pleins feux sur les autopsies verbales

Un élément central de REVIVE

La détermination des causes de décès est au cœur de REVIVE, et le renforcement de ces données permet en fin de compte d'améliorer les soins pour les personnes vivant avec une infection à VIH avancée. L'autopsie verbale (AV) est une méthode clé du protocole principal REVIVE pour mieux attribuer les causes de décès, et est donc essentielle à la qualité et à l'exhaustivité de nos résultats.

Où nous en sommes et où nous allons

Tous les sites REVIVE seront activés pour effectuer des AV dès que possible. Merci aux équipes qui progressent déjà. Bien que nous ayons constaté des mouvements précoces encourageants, le rythme général a ralenti. Les sites activés sont encouragés à poursuivre la mise en œuvre de l'AV sans délai, en mettant l'accent sur l'élimination de tout arriéré de décès rétrospectifs. Les sites qui se préparent à l'activation doivent finaliser les approbations locales, la formation et la documentation afin que les activités de l'AV puissent commencer rapidement une fois approuvées.

Rapport d'achèvement de l'autopsie verbale – Global

#Pays Activés	#Sites Activé	#Morts	#AV Terminés* N (%)	#Adjudication du site terminée ** N (%)	#Adjudication centrale terminée N (%)
3	21	343	36(10)	11(31)	4(11)

NOUVEAU : Modification du processus d'AV

Afin de rationaliser ce processus et de réduire la charge pesant sur les sites, tout en maintenant la qualité des données, la mise à jour ci-dessous précise quand une AV est requise pour les décès à l'hôpital.

Une AV **n'est plus** nécessaire si **toutes les** conditions suivantes sont remplies :

1. Le participant a été hospitalisé pendant ≥7 jours consécutifs immédiatement avant son décès.

2. Le décès est survenu à l'hôpital au cours de cette même admission (c.-à-d. pas après la sortie de l'hôpital ni pendant une période de soins externes.).

Des notes/dossiers médicaux adéquats sont disponibles pour soutenir la détermination de la cause du décès par adjudication.

Ce dont nous avons besoin ce mois-ci de votre part

· Sites activés: faites avancer les AV et visez à éliminer tout arriéré actuel et à maintenir une progression régulière

Sites en attente d'activation : soumettez tous les documents restants afin que nous puissions vous autoriser à commencer à effectuer des AV.

Follow-Up Visits: Small Actions, Big Impact

In the REVIVE trial, every follow-up visit matters. These visits allow us to monitor how participants respond to treatment and to safeguard their wellbeing throughout the study period.

When a participant misses a visit, we lose valuable information. Missing data weakens study outcomes and, more importantly, eliminates an opportunity to deliver ongoing standard of care and support to the participant.

Why It's So Important

The protocol emphasises that consistent follow-up is a key investigator responsibility.

Each visit allows for:

- Continued safety monitoring
- Accurate collection of data
- Prevention of participants becoming Potential Lost to Follow-Up (PLTF)
- Essential for answering the main scientific question of the trial. If outcomes are not accurately captured, the evaluation whether the intervention works would not be possible

Participants who miss visits may still be contactable. Early follow-up through phone calls, home visits (where permitted), or coordination with community workers can make all the difference.

Tips to Prevent PLTFs

1. Use the weekly recruitment report to track participants who missed visits. (This can be requested from the Project Office)
2. Reach out within 48 hours of a missed appointment.
3. Record all contact attempts in the PLTF CRF (CRF19) - Vary these attempts to different times of the day and week.
4. Encourage participants to update their contact details regularly.

Together, We Make a Difference

By keeping participants engaged and attending all visits, sites help protect participant safety and ensure the scientific integrity of REVIVE. Every follow-up completed means stronger data and one more step toward improving care for people living with advanced HIV across Africa.

Worth the Read: Insights That Matter

Characteristics of Individuals with Advanced HIV Disease and Risk Factors for Mortality in a Contemporary Cohort in South Africa

A new study published in the *Journal of Acquired Immune Deficiency Syndromes (JAIDS)* examines over 13,000 adults with advanced HIV disease in Khayelitsha, Cape Town.

Despite expanded ART access, nearly one in four people living with HIV in the cohort had a CD4 count below 200 cells/mm^3, and 12% died during the four-year follow-up.

Mortality was highest among those already on ART, often due to treatment failure, poor adherence, or disengagement from care. Tuberculosis remained the most common co-infection and a strong predictor of death.

The findings underscore the urgent need for improved retention in care, timely viral suppression, and targeted interventions to reduce late-stage HIV presentations.

Read The full article here:

JAIDS Journal of Acquired Immune Deficiency Syndromes

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

A new systematic review and meta-analysis led by researchers from PHRI, the University of Cape Town, and collaborating institutions synthesizes data from over 313,000 adults with advanced HIV disease across sub-Saharan Africa.

Despite progress in ART access, one in eight adults (12%) with CD4 ≤200 cells/mm^3 die within a year of entering care, with most deaths occurring in the first three months. Mortality rises sharply with lower CD4 counts, 15% for CD4 ≤100 and 20% for CD4 ≤50 cells/mm^3, highlighting the urgency of restoring CD4 testing, improving implementation of WHO's AHD care package, and strengthening retention in care.

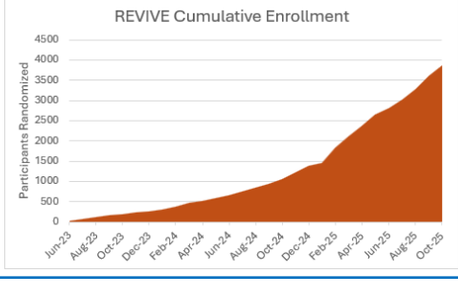
The study underscores that early identification and management of advanced disease remain critical to reducing HIV-related deaths in the region.

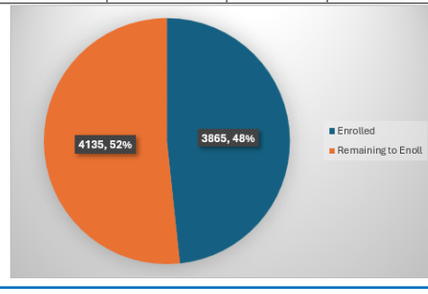
Read The full article here:

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5427104

Article has been submitted for publication

Country	Regulatory Status	Sites			Randomizations	
		Planned	Activated	Enrolling	Last 30 Days	Total
South Africa	Approved	21	20	20	52	919
Sierra Leone	Approved	5	5	5	42	576
Uganda	Approved	5	4	4	35	866
Nigeria	Approved	11	11	11	63	718
Ivory Coast	Approved	3	3	3	4	51
Zambia	Approved	3	3	3	33	458
Malawi	Approved	3	1	1	10	79
Ghana	Approved	3	3	3	14	118
Rwanda	Approved	1	1	1	2	21
Mozambique	Approved	1	1	1	10	29
Ethiopia	Approved	4	4	4	13	30
Kenya	Pending	1	0	0	0	0
Cameroon	Pending	3	0	0	0	0
Total		**64**	**56**	**56**	**278**	**3865**





Spotlight on Excellence

Associate Professor Charlotte Schutz

Associate Professor Charlotte Schutz is a clinician-scientist with over 15 years of experience in clinical research, clinical trials, and multidisciplinary team leadership. She holds an MBChB from the University of Stellenbosch, a Master of Public Health (Clinical Research) and a PhD in Medicine from the University of Cape Town (UCT). Her clinical background includes a decade in mainly public-sector healthcare in Namibia, the UK and South Africa, followed by a shift to a clinical research career at UCT.

Her research focuses on HIV-related opportunistic infections—particularly severe HIV-associated tuberculosis—and seeks to understand the underlying immunopathogenesis and determinants of mortality in hospitalised patients with advanced HIV disease. Her work has contributed to new therapeutic strategies now being evaluated in a clinical trial, and her publications have been cited more than 4 700 times.

She has co-led or led several clinical trials and a large observational study. She is currently the Co-Principal Investigator of the NewStrat-TB trial, the South African National Lead for the REVIVE trial, and Cape Town Principal Investigator for the MR907-2501 PCP treatment trial. Her oversight encompasses all trial related set-up tasks, such as clinical, regulatory, laboratory, pharmacy, data, and financial management aspects, guiding study teams across multiple projects and sites. She has worked on projects funded by the NIH, EDCTP, Wellcome Trust, the Gates Foundation, and industry partners.

Beyond her research achievements, Dr Schutz is deeply committed to academic mentorship and capacity building. She supervises postgraduate students across master's, MMed, and PhD programmes and actively supports early-career and women scientists.

In 2025, Dr Schutz was appointed Director of the UCT Clinical Research Centre (CRC), following a year serving on its interim leadership team. In this role, she is leading strategic initiatives to strengthen the CRC's operational and financial sustainability, enhance its support for high-quality investigator-led and industry-funded clinical research, and expand collaborative partnerships across the UCT Faculty of Health Sciences and beyond.

October 28, 2025

Newsletter

REVIVE Monthly Seminars

The UCT Project Office is proud to present the last two webinars for 2025, addressing subjects of interest to the REVIVE study network.

- **19 November at 15H00 SAST (13H00 GMT)**

Sepsis in Advanced HIV Disease/AMR

Prof Nicholas A. Feasey (Professor of Infection Medicine, University of St Andrews, St Andrews, Scotland)

- **25 November at 15H00 SAST (13H00 GMT)**

Malaria & HIV in Sub-Saharan Africa

Prof Daniel Ansong (Professor of Paediatrics and Child Health at the Kwame Nkrumah University of Science and Technology (KNUST) in Kumasi, Ghana)

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.

REVIVE website is now live!

https://revive-trial.org/

Our website is very much a work in progress, and this includes ongoing updates & search engine optimization. While it may take up to six months for search engines to fully recognize all keywords, our web development team is actively promoting and refining the site to maximize visibility.

In addition, please feel free to share updated photos, data, and feedback with us at any time. This will help us ensure the website reflects the most accurate and up-to-date information, while also showcasing the incredible work being done across all sites.

Thank you once again for your continued support and partnership in making REVIVE not just a study, but a growing community