VOLUME 08 / EDITION 08 SEPTEMBER 2026

NEWSLETTER

SOUTH AFRICAN IMMUNOLOGY SOCIETY

FEATURES

AWARENESS

Heart Awareness Month
September 2026

World Patient Safety Day
17 September 2026

World Alzheimer's Day
21 September 2026

World Cancer Research Day
24 September 2026

World Rabies Day
28 September 2026

SAVE THE DATE

Investigating Placental Macrophages in Maternal HIV and Antiretroviral Therapy
10 September 2026

The Heart of Integrated Immunity: Advancing African Solutions for Global Health
1-3 December 2026

MESSAGE FROM THE EDITORS

Welcome to the September 2026 edition of the SAIS Newsletter!

This month we recognise World Rabies Day on 28 September and mark it with two features in this edition: In *Disease of the Month,* we provide a retrospective on the prevention of rabies, whereas in *One Health Immunology* we review an exciting update on promising results from a single-dose rabies vaccine trial in Tanzania.

We cover current events in *The Hot Zone*, where we take a closer look at the return of two old foes in South Africa: Measles and Rubella. This feature delves into the important lessons we can learn from their ongoing resurgence, as well as what we can do not only as clinicians and scientists, but also as individuals.

In *Community Corner*, we review an article co-authored by one of our SAIS members on how exposure to HIV alters the gut microbiome of neonates even in the absence of infection. Given the high number of individuals in South Africa living with HIV, these findings are especially important .

We are delighted to spotlight some notable immunologists: In this edition we profile **Dr Ruby Bunjun** in *Faces of FAIS* and highlight her significant and diverse contributions to the field of immunology. In *Women in Science,* we honour **Ms Kwanele Asante** for her numerous achievements as a social scientist, bioethicist, and patient advocate. In *SAIS Member Spotlight*, we interview **Dr Alisha Chetty** and hear more about her insights and involvement in women's health research.

We invite you to engage with a bevy of the latest webinars, conferences, funding and career opportunities listed in this edition. We also provide a selection of curated publications and interesting reads for your perusing pleasure. A heartfelt thank you to all of our contributors without whom this newsletter would not be possible. We hope this edition inspires you and kindles new ideas.

As always, we welcome any contributions from our readers. We would love to hear your news – whether it's a publication, event, or opportunity to connect with others in SAIS. Otherwise, share your ideas and thoughts on this issue with us at: newsletter@saimmunology.org.za. We look forward to hearing from you!

Happy reading!

With warm regards,
Elsje C. Rabie
On behalf of the SAIS newsletter editorial team

CONTACT US!

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newsletter@saimmunology.org.za

South African Immunology Society (SAIS)

@SAImmunologySociety

@SAImmunology

UPCOMING FAIS CONFERENCE

Dear Fellow Immunologists,

It is with great pleasure and anticipation that I invite you to attend the FAIS 2026 Congress, to be held from **30 November – 3 December 2026** in the vibrant and cosmopolitan city of Cape Town, South Africa. Renowned for its breathtaking natural beauty, rich cultural heritage, and world-class conference facilities, Cape Town provides an inspiring setting for meaningful scientific exchange and collaboration.

FAIS 2026 will bring together leading researchers, clinicians, policymakers, and emerging scientists from across Africa and around the world. Convened under the theme "The Heart of Integrated Immunity: Advancing African Solutions for Global Health," the Congress will serve as a dynamic platform to explore cutting-edge scientific advances, share innovative ideas, and strengthen collaborative networks within our diverse immunology community.

Delegates can look forward to a stimulating and contemporary scientific programme featuring keynote lectures by distinguished international and African experts, interactive symposia and panel discussions, and a vibrant industry exhibition. The Congress is intentionally designed to foster knowledge exchange, encourage interdisciplinary collaboration, and support the continued growth and visibility of immunology research, clinical practice, and policy across the African continent and beyond.

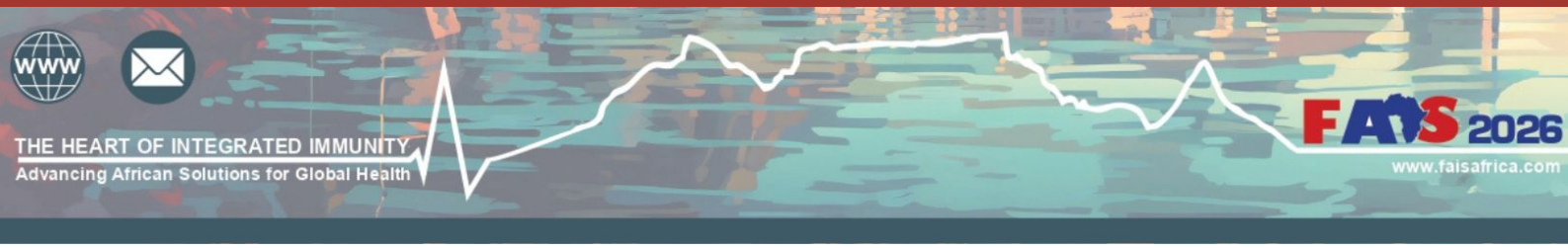
As we gather in Cape Town, we will also reflect on our shared responsibility to address pressing global and regional health challenges, including infectious diseases, emerging immunological conditions, health inequities, and the growing impact of environmental and ecological change on human health. FAIS 2026 aims to highlight African-led science and solutions that contribute meaningfully to integrated global health.

On behalf of the Federation of African Immunological Societies, I warmly invite you to join us for what promises to be an engaging, impactful, and memorable Congress. We look forward to welcoming you to Cape Town in December 2026.

Warm regards,

Professor Clive Gray
President, Federation of African Immunological Societies (FAIS)
Congress Co-Chairperson

Regular registration deadline | 30 September 2026



FUNDING CALLS, CONFERENCES & WEBINARS

KEYSTONE SYMPOSIA

Hormonal Influences on Immunity and Cancer Across the Lifespan

Oct 05–08, 2026 | Beaver Run Conference Center, Breckenridge, CO, United States
Scientific Organizers: Suzanne D. Conzen, Amy Moran, and James DeGregori

Poster abstract submission deadline | 14 September 2026

2026 ESMO IMMUNO-ONCOLOGY & ADVANCED THERAPIES
Annual Congress
LONDON UNITED KINGDOM
14-16 DECEMBER 2026

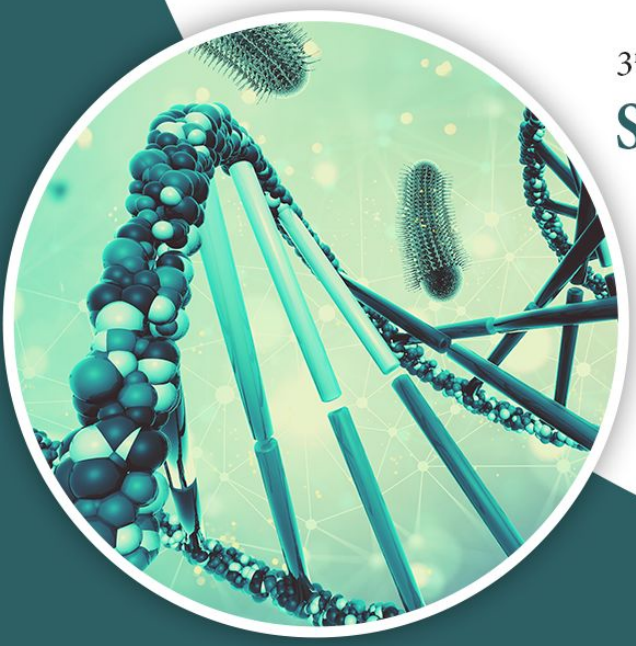
Abstract submission deadline | 22 September 2026

ISID
21ST INTERNATIONAL CONGRESS ON INFECTIOUS DISEASES (ICID) 2026
10-13 NOV, MADRID, SPAIN

Regular registration deadline | 30 September 2026

WORLD CONGRESS ON RHEUMATIC HEART DISEASE
11–14 November 2026
Perth, Australia
WORLD HEART FEDERATION
Heart Foundation Australia

Regular registration deadline | 30 September 2026



Structural Biology Summit
OCT 26-27, 2026 | SWITZERLAND

3rd Global Summit on

Structural Biology and Protein Science

October 26-27, 2026
IntercityHotel Zürich Airport, Switzerland

Theme: *Emerging Directions in Biomolecular Structure Research*

Abstract Submission Open Now

https://structuralbiology.c2pforum.com/

Mid-term registration deadline | 16 September 2026

22ND BIENNIAL MEETING OF
THE EUROPEAN SOCIETY
FOR IMMUNODEFICIENCIES

MAASTRICHT, THE NETHERLANDS 14-17
OCTOBER 2026

ESID

IPOPI INTERNATIONAL PATIENT ORGANISATION FOR PRIMARY IMMUNODEFICIENCIES

International Nursing Group
INGID
for Immunodeficiencies

Regular registration deadline | 21 September 2026

WCI 2026
September, 8-12
Foz do Iguaçu, Brazil

17th World Congress of Inflammation – IAIS

11th Inflamma – Brazilian Society of Inflammation

50th Meeting of the Brazilian Society of Immunology – ImmunoFoz

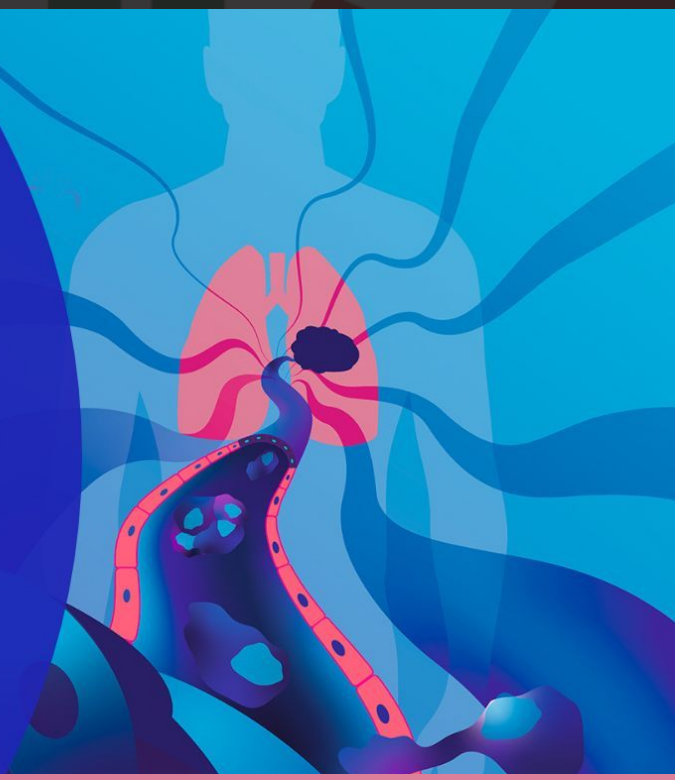
Register now!

EMBO | EMBL Symposium

Defining and defeating metastasis: from plasticity to immune evasion to therapy resistance

10 – 13 November 2026

EMBL Heidelberg and Virtual



Registration deadline (on-site) | 29 September 2026

Registration deadline | 5 October 2026

Regular registration deadline | 28 September 2026

GIOH 2026
London, UK | 21-23 September

Global Infectious Diseases & One Health Conference

Standard registration deadline | 10 September 2026

Cell Symposia

Hallmarks of cancer

November 1–3, 2026

Sitges, Spain

Early registration deadline | 4 September 2026

VIROLOGY
Africa Congress 2026

Skukuza
Kruger National Park
Mpumalanga
15 - 18 September 2026

Virology Without Borders: Integrating Human, Animal and Plant Health in Africa

Register now!

COIN Clinical Omics & Informatics Unit

UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Neuroscience Institute

CLINICAL OMICS AND INFORMATICS (COIN) UNIT

SOLVATHON

Cracking the hardest genetic cases together

DO YOU HAVE A RARE DISEASE CASE THAT WOULD BENEFIT FROM HIFI LONG-READ SEQUENCING?

20-21 NOVEMBER 2026

NEUROSCIENCE INSTITUTE, GROOTE SCHUUR HOSPITAL, CAPE TOWN

IN PERSON ONLY

WHAT'S ON OFFER

- 16 HiFi long-read genomes
- Focus on "*hard-to-solve*" cases
- Multidisciplinary collaboration
- Real time, in-person case solving

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SAMRC Antibody Immunity Research Unit

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

Investigating placental macrophages in maternal HIV and antiretroviral therapy

SPEAKER

Doty Ojwach, PhD

Postdoctoral Fellow
The Reproductive Immunology Research Consortium in Africa (RIRCA)
Stellenbosch University

DATE
10 September 2026

TIME
15:00 SAST

ONLINE VIA MICROSOFT TEAMS
Meeting ID: 381 436 808 125 673
Passcode: AU3wQ6mT

Join us for an engaging seminar and discussion!

Advancing research. Improving health.

ALL WELCOME!
We look forward to your participation.

WHEN OLD VIRUSES FIND NEW GAPS: WHAT MEASLES AND RUBELLA ARE TELLING US

By Dr. T. Mokhantso

South Africa's disease surveillance system has been quietly sounding an alarm for most of 2026, and it's worth pausing to listen. Between the end of December 2025 and mid-August this year, the country's fever-rash surveillance network confirmed nearly 3,900 laboratory-verified measles cases, with dozens of new infections still being added week after week. Rubella, measles' quieter but no less consequential cousin, has kept pace in the background. There have been close to 500 confirmed cases over the same stretch, with the overwhelming majority being in children between one and fourteen years old. Neither virus is exotic or new to South Africa, which is precisely what makes these rising numbers worth writing about.

A virus built to find the gaps

Measles is one of the most contagious pathogens known to circulate in humans. A single infected person can transmit it to over a dozen susceptible contacts in a fully vulnerable population, which is why public health authorities treat measles less like an isolated outbreak risk and more like a sentinel. When measles starts moving through a population, it is often the first virus to find the cracks in immunisation coverage, such as clinics that fell behind during service disruptions, age cohorts that missed a scheduled dose, and communities where vaccine hesitancy has quietly taken root. The current national spread, with new cases surfacing across nine provinces in a single reporting week, from the Western Cape and Limpopo down to a handful in KwaZulu-Natal and the Eastern Cape, suggests those gaps aren't isolated. They're distributed.

Rubella tells a related but distinct story. Clinically, it's often unremarkable, a mild, self-limiting rash-and-fever illness that many children shrug off within days. The real danger lies elsewhere: in a pregnant woman who has never been immunised and who contracts rubella, particularly in the first trimester. Congenital Rubella Syndrome can follow, with outcomes ranging from hearing loss and cardiac defects, to more severe developmental impairment.

Why this isn't just a clinical story

From an immunological standpoint, what's playing out is a textbook illustration of herd immunity eroding at the margins. The measles-rubella (MR) vaccine is one of the most extensively studied and effective tools in the immunisation schedule, and coverage above roughly 95% is generally what is required to keep transmission in a population low. Fall meaningfully below that threshold, even in pockets, and both viruses will find the susceptible individuals with remarkable efficiency.

This is also where public trust and immunology intersect in ways that are easy to underestimate. Vaccine hesitancy isn't primarily an information deficit; it can be a trust deficit, shaped by community experience, historical grievance, and the credibility of the messenger. The NICD's own guidance for this reporting period leans heavily on community leaders and healthcare workers as trusted intermediaries, acknowledging that the biology of vaccination and the sociology of vaccine uptake have to be addressed together.

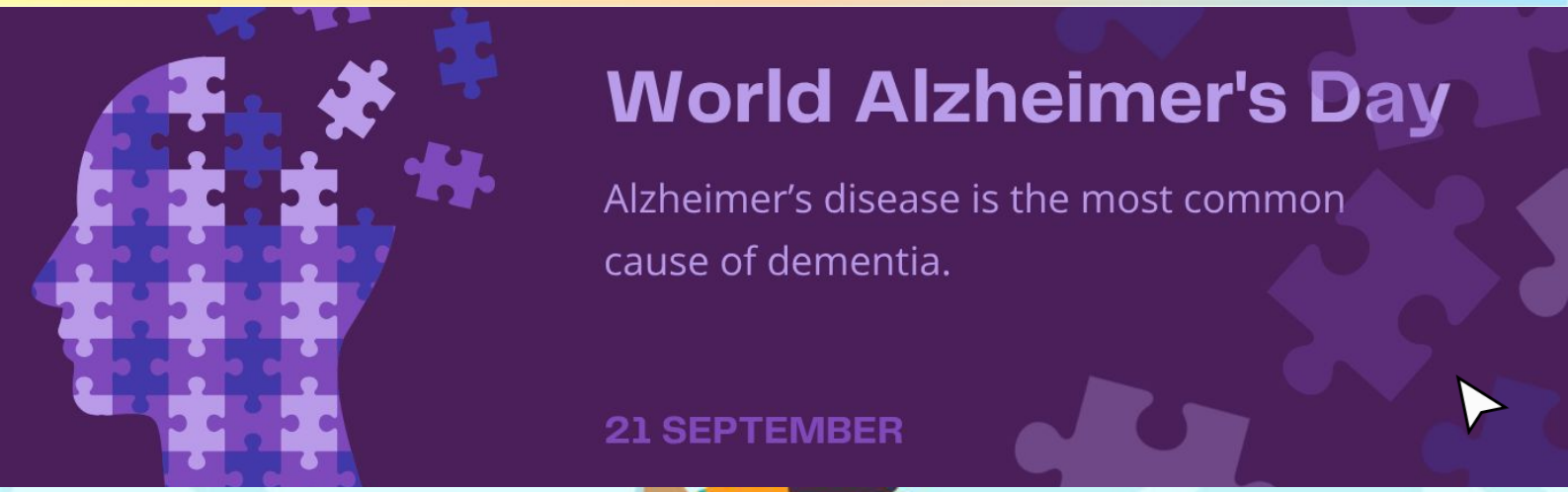
What clinicians and researchers can do now

On the diagnostic and research side, the practical asks are unglamorous but essential: prompt specimen collection and notification of any suspected cases through the Notifiable Medical Conditions Surveillance System, sustained contact tracing, and continued vigilance in maintaining the case definitions that keep the data usable at a population level. Surveillance data is only as good as the specimens and reports that feed it, and a 144-case jump in a single week is a reminder that the system depends on frontline responsiveness as much as it does on laboratory capacity.

For the rest of us, the message is simpler: check your own MR vaccination status, encourage it in your networks, and don't let the familiarity of these two viruses fool you into complacency. Measles and rubella are old diseases, however, the immunity gaps that let them circulate are a modern problem.

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

AWARENESS DAYS



A RETROSPECTIVE ON RABIES: PREVENTION IS BETTER THAN CURE

By R.A. Maine-Helms

Rabies is a neurotropic viral disease that remains a major health concern globally. It is estimated to **cause over 59,000 human deaths annually,** with the highest proportion of fatalities noted in children in African and Asian rural communities. This zoonotic viral disease is transmitted to humans through contact with infected animals, such as contact with infected dog saliva through bites or scratches. Rabies exists as five clinical stages: incubation, prodrome, acute neurologic phase, coma and death, resulting in a 100% mortality rate if left untreated. However, **prevention is achievable through vaccination.**

The rabies virus (RABV) is an anti-sense single stranded enveloped RNA virus that utilises several mechanisms to evade host immune detection as it traverses from the site of infection into the central nervous system (CNS). RABV primarily replicates within muscle cells at the site of infection; thereafter the virus through its interactions with several host receptors, including nicotinic Acetylcholine Receptor (nAChR), Neural Cell Adhesion Molecule (NCAM), Low-Affinity Nerve Growth Factor Receptor (p75NTR) and Metabotropic Glutamate Receptor 2 (mGluR2), is able to traverse the neuromuscular junctions. This allows for successful viral replication within the peripheral motor neurons by inhibiting type I IFN-α and IFN-β signalling, thereby reducing natural killer cells, dendritic cells and macrophage recruitment. As RABV invades the CNS, replicating within neurons in the dorsal root ganglia, spinal cord and brainstem, this activates astrocytes and microglia to release pro-inflammatory cytokines IL-6, TNF-α and IL-1β, leading to neuroinflammation.

The **first immunisation against RABV was conducted by Pasteur and Grancher in 1885** using a live-attenuated vaccine derived from dried infected rabbit spinal cord. Currently, modified-live attenuated rabies vaccines are exclusively restricted for wildlife immunisation. Modern licensed vaccines for rabies for use in domesticated animals and humans are primarily inactivated cell-culture or embryo derived. These inactivated rabies vaccines are advantageous as there is no risk of pathogenic reversion, they induce $CD4^+$ T helper cytokine secretion and provide durable B-cell memory; however they require multiple doses to achieve immunoprotection. Therefore, there remains a need for more cost effective pre-and post-exposure prophylaxis for mass distribution in rural communities. The use of recombinant vector-based vaccines that express RABV glycoprotein have been investigated since the mid-1980s and have primarily been restricted to use in animals and a limited number of human trials due to high production costs associated with mammalian cell line cultivation and cold chain storage requirements.

A crucial development over the last decade of simian adenovirus vectors (ChAdOx1 and ChAdOx2) by researchers at the University of Oxford has presented a novel frontier allowing for the study of single dose vaccines. Previous studies have shown that ChAdOx2 vaccines are advantageous as: 1) they have a modified adenovirus serotype (AD68) chimpanzee backbone which allows it to circumvent pre-existing host neutralising antibodies that detect human adenovirus vectors and 2) they are more cost-effective as they are synthesized by simple bioprocessing methods and are stored and transported at standard refrigeration temperatures (2-8°C). ChAdOx2 RabG vaccine is a novel recombinant vaccine that utilizes the adenovirus backbone to induce RABV glycoprotein antigen presentation, which enhances IFN-γ mediated T cell responses and viral neutralising antibody (VNA) secretion from B cells. It has been found that a single intramuscular dose of ChAdOx2 RabG vaccine in mice was able to induce sustained RABV antigen expression resulting in enhanced VNA titres. Similarly, a phase 1 human clinical trial conducted in the United Kingdom showed that all participants inoculated with the single ChAdOx2 RabG vaccine developed rabies VNA titres greater than the 0.5 IU/ml correlate of protection required for licensed rabies vaccines. **See our One Health Immunology feature (p. 17) for the latest update on the single-dose ChAdOx rabies vaccine.**

SAIS MEMBER SPOTLIGHT

DR ALISHA CHETTY

Interviewed by N. Manana

Dr. Alisha Chetty is a preclinical immunologist and an UKRI MRC African Research Leader Fellow based at the University of Cape Town (UCT). Her work focuses on the influence of distal mucosal infections and inflammation, on female genital health and fertility. Dr. Chetty completed her undergraduate studies at the University of KwaZulu-Natal (UKZN) in 2012, before earning a BSc (Med) Honours in Infectious Diseases and Immunology in 2013 and a PhD in Clinical Sciences and Immunology from UCT in 2019. She is an early-career researcher at UCT's Institute of Infectious Disease and Molecular Medicine (IDM) and CIDRI-Africa.

Q1: Your academic journey has taken you from Biomedical Sciences at UKZN to earning a PhD in Clinical Sciences and Immunology at UCT, and now to becoming a UKRI MRC African Research Leader Fellow. Looking back, what first sparked your passion for science and what motivated you to pursue a path in research?

My passion is rooted in human curiosity. I spent my undergraduate years eagerly absorbing textbook knowledge. My postgraduate journey inspired me to contribute to knowledge generation for improved understanding of immunity to infectious diseases, co-infections and complex immune interactions.

Q2: Your work focuses on female genital health, fertility, and understanding how infections influence immunity. What drew you specifically to this area of research, and why do you believe it is such an important field for both science and society?

This important area of research addresses a historical gap in biomedical research and advances our understanding of women's health. On the African continent, common gastrointestinal infections may have profound, unstudied effects on female genital health. My research aims to uncover these potential immune interactions so we can address women's health in its entirety.

Q3: Women's health research has historically been underrepresented in many parts of the world. In your experience, what conversations or priorities do you think need greater attention within women's health, particularly in South Africa and Sub-Saharan Africa?

Advancing the women's health agenda in South Africa and across the continent requires transitioning beyond a narrow focus towards a more holistic, biologically integrated approach. It is essential to champion locally relevant research that fully considers the intricate microbial and infectious landscapes distinct to African women. We must also prioritize conditions that affect women throughout their lives, including the potential long-term impacts of infections on fertility.

Q4: Many young people, especially young women interested in science, may wonder whether they belong in research spaces or leadership positions. What message would you share with them, and what impact do you hope your own journey leaves behind?

True leadership is measured by how many doors you open for the next generation. As I step into leadership roles, I make it my mission to lift others up with me, honouring the mentors and leaders who helped me pave my own way.

Alisha Chetty

UKRI MRC African Research Leader Fellow
University of Cape Town (UCT)

UNINFECTED BUT NOT UNAFFECTED: INSIDE THE GUT OF HIV-EXPOSED INFANTS

Audrey Byrne, Christian Diener, Bryan P. Brown, Brandon S. Maust, Colin Feng, **Berenice L. Alinde**, Sean M. Gibbons, Meghan Koch, Clive M. Gray, Heather B. Jaspan, Donald D. Nyangahu

Reviewed by P. Masake

The increasing use of effective antiretroviral therapy has led to a significant reduction in mother-to-child transmission of HIV. However, due to altered immune development, **HIV-exposed but uninfected (HEU)** infants have been observed to have **higher morbidity and mortality rates** compared to **HIV-unexposed (HU)** infants. The intestinal gut microbiota plays a vital role in early immune development, and changes in the neonatal gut microbiome may contribute to altered immunological profiles and increased inflammation in HEU infants. Breast milk is an important source of passive immunity, particularly **secretory IgA**, which interacts with intestinal bacteria and can influence microbial colonisation and mucosal immune responses.

This study investigated whether HIV exposure is associated with alterations in **neonatal gut microbiota,** compared IgA-bound bacterial profiles between HEU and HU infants, and assessed the association of **breast-milk IgA antibodies** with neonatal gut composition.

Gut compositions of 4-week-old breastfed HIV-exposed infants in the InFANT cohort in Khayelitsha, Cape Town, South Africa were examined and compared to those of HIV-unexposed infants using advanced microbiome sequencing and immune analysis. Additionally, they assessed IgA levels of 35 mothers living without HIV and 34 mothers living with HIV who had undetectable viral loads and CD4 counts above 350 cells/µl.

One of the major findings of the study was that HEU infants showed substantial differences in their gut bacterial composition with numerous individual taxa being differentially abundant. This suggested **that HIV exposure may have an influence on the composition of the developing microbiome** without producing a global loss of microbial diversity.

Higher levels of *Blautia spp* bacteria were observed in whole stools and IgA-bound microbiota of HEU infants. These levels were associated with increased C-reactive protein, which is a marker of systemic inflammation. This provided a link between the altered gut microbiota and heightened inflammation in HEU infants.

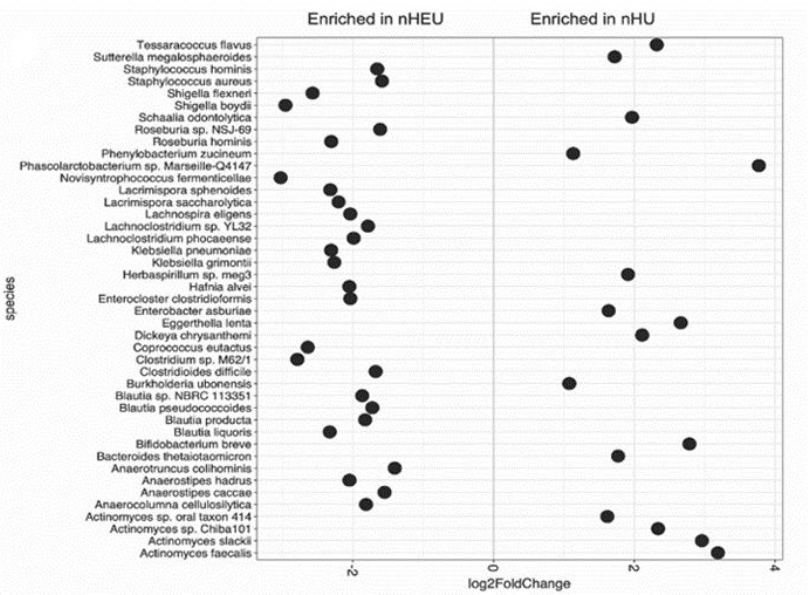


Figure 1: Impact of HIV exposure on neonatal gut bacteriome. Differentially abundant taxa between HIV-exposed but uninfected (HEU) and HIV-unexposed (HU) infants.

Most importantly, IgA antibody levels were similar in mothers living with HIV and those living without HIV. However, IgA from mothers living with HIV showed reduced ability to inhibit the growth of *Blautia coccoides*, suggesting that antibody function may be more important than antibody quantity.

Together, these findings provide a potential link between maternal HIV exposure, breast-milk antibody function, the infant gut microbiome and inflammation. Moreover, they highlight that **HEU infants may experience subtle biological effects even when HIV infection itself is prevented**.

FACES OF FAIS

DR RUBINA BUNJUN

Profiled by E.C. Rabie

Dr Rubina Bunjun is an infectious disease immunologist and research officer based at the Institute of Infectious Disease and Molecular Medicine at the University of Cape Town. She is an European and Developing Countries Clinical Trials Partnership (EDCPT-2) and Carnegie Corporate Fellowship alumnus, and is a United Kingdom Research and Innovation Medical Research Council (UKRI MRC) African Research Leader. She is also an Honorary Research Fellow at the Blizard Institute and the principal investigator of the IMMUNE Africa Lab.

She has an extensive background in immunology, starting with her MSc under Associate Professor Wendy Burgers' supervision in the Human Immunodeficiency Virus and Tuberculosis (HIV and TB) Immunology group, which was then upgraded into a PhD. Her project investigated the effect of HIV co-infection on the T cell response to *Mycobacterium tuberculosis* with an emphasis on lung mucosal immunology and T helper cell type 22 cells (Th22).

Since then, Dr Bunjin has completed a post-doctoral research fellowship with Associate Professor Jo-Ann Passmore (Mucosal Immunology Group). There Dr Bunjun was involved with the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial and was the first African scholar to receive the prestigious Dr John Gusdon Memorial New Investigator Award for her work. The study entitled: "DMPA-IM Drives Cervical Th17 HIV Target-cell Accumulation in Women in the ECHO Trial", examined the impact of several contraceptives (i.e., Depot Medroxyprogesterone Acetate intramuscular injectable, the copper intrauterine device (IUD), and the levonorgestrel subdermal implant) on HIV target cells in the female genital tract, specifically those that are highly susceptible to HIV infection. She also investigated the influence of sexually transmitted infections on vaginal immune cell populations as well as HIV acquisition risk.

Currently, Dr Bunjun's research focuses on immunity to Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in understudied and at-risk populations in South Africa. Her work includes several ongoing projects, such as investigating immune dysfunction and "long COVID" in South Africa, as well as assessing pre-existing immunity to COVID-19 in adolescents. Moreover, she is also investigating Azithromycin induced modulation of immunity and gut health in advanced HIV. Dr Bunjun is also passionate about science communication and is also an advocate for improving mental health in academia.

Rubina Bunjun

Research Officer
Institute of Infectious Disease and Molecular Medicine
University of Cape Town

A SINGLE-DOSE RABIES VACCINE: ENCOURAGING RESULTS FROM TANZANIA

Reviewed by S. Fischart

A new approach to rabies prevention

Rabies remains an important public health concern, particularly in Africa and South Asia, where access to timely post-exposure prophylaxis can be challenging. In this phase 1b/2 trial, Ritchie and colleagues evaluated ChAdOx2 RabG, a replication-incompetent simian adenovirus-vectored rabies vaccine designed as a potentially low-cost, single-dose option for pre-exposure prophylaxis.

Study design

The trial included 63 adults and 111 children from Bagamoyo, Tanzania. Participants received either a single intramuscular dose of ChAdOx2 RabG or licensed inactivated rabies virus vaccine administered intradermally. Safety was the primary outcome, while immunogenicity was assessed mainly through rabies virus neutralising antibody titres.

Key findings

ChAdOx2 RabG was generally well tolerated, with most reported reactions being mild to moderate and short-lived. Importantly, the vaccine induced strong and durable neutralising antibody responses. At the nominal one-year visit, geometric mean neutralising antibody titres were significantly higher following ChAdOx2 RabG than after a single-visit inactivated vaccine in both adults and children. In children, responses were also higher than those following the WHO-recommended two-visit pre-exposure regimen. Exploratory analyses further showed rapid seroconversion, strong IgG responses, detectable memory B-cell responses and greater interferon-γ T-cell responses than the licensed comparator.

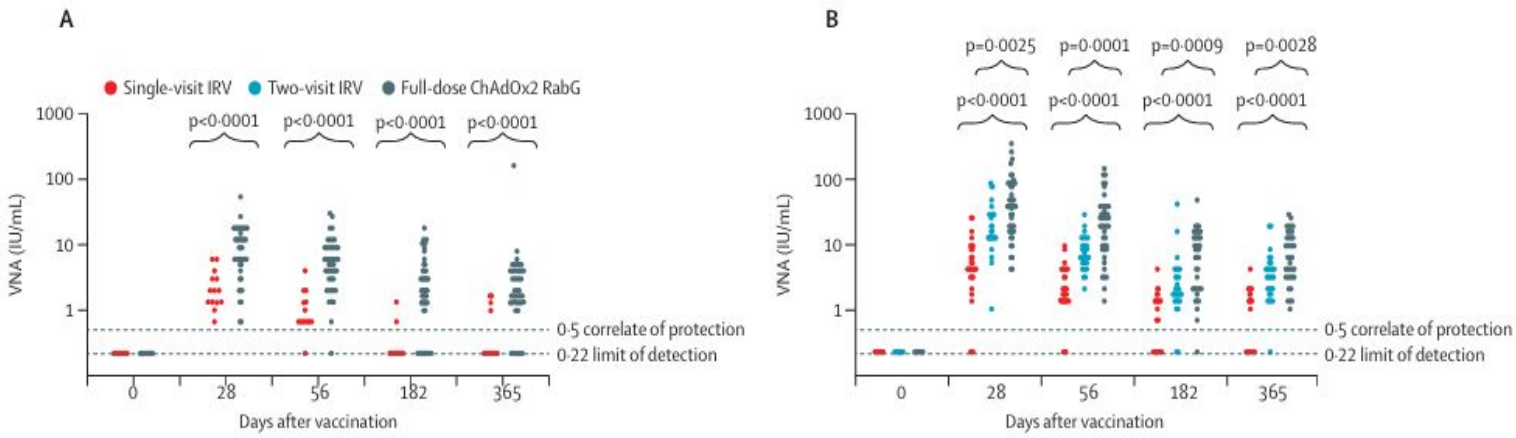


Figure 2: Rabies virus neutralising antibody responses in adults (A) and children (B) following vaccination with ChAdOx2 RabG or licensed inactivated rabies virus vaccines. The dotted line at 0.5 IU/mL represents the accepted correlate of protection. Adapted from Ritchie *et al.* (2026).

Why this matters

These interim findings are encouraging for rabies-endemic, resource-limited settings, where fewer clinic visits and lower manufacturing costs could substantially improve vaccine accessibility. However, longer follow-up and larger studies remain important, particularly to establish the durability of protection, recall responses and rare adverse events. The ongoing trial will follow participants for up to 5.5 years.

The Lancet Infectious Diseases

WOMEN IN SCIENCE

MS KWANELE ASANTE

Profiled by I. Slabbert

Ms Kwanele Asante is a social scientist, bioethicist, and patient advocate who believes lived experience is essential to implementing health policies. She challenges the language used in describing disease states, contesting the idea of describing patients as losing or winning their battles against disease, which can add to their burden. She feels that patients should be treated with respect and keep their dignity in public healthcare. Patients have primary, lived experience of healthcare that medical professionals lack and should therefore be consulted in health policies.

Ms Asante obtained an LLB, as well as a master's degree in bioethics and health law, from the University of the Witwatersrand. However, it is not only her education that contributes to her fervour; it's her own lived experience of disease that drives her. She was diagnosed with breast cancer in 2007, experienced chemotherapy-induced heart failure in 2008, and was diagnosed with bipolar depression in 2014. Using herself as an example, she illustrates how disease states compound and make each person unique. This generates a complex dataset that must be considered.

She has an impressive career history, having served as an academic, chairperson and advisor. Asante served as unit head of the health law model at the Steve Biko Centre for Bioethics at the University of the Witwatersrand. She is also the former Chairperson of the Ministerial Advisory Committee on Cancer Prevention and Control, a role in which she advised the South African Minister of Health. Asante has held leadership positions within the African Organisation for Research and Training in Cancer (AORTIC), where she has advocated for the representation of African patients and communities in research, policy, and affordable treatments. Her international portfolio also includes serving as a member of the BMJ International Patient Advisory Panel and contributing to international policy and health decision-making as part of the World Health Organisation (WHO) Civil Society Working Group on NCDs (non-communicable diseases).

Ms Asante has received numerous awards, including the Harvard Global Health Catalyst African Ambassador Award (2016), the Medtronic Bakken Invitation Honoree (2016), recognition as Mail & Guardian's Women Changing South Africa (2019), and recognition by Power of Women Recognition (2024). She was also named a Heroine of Health by the World Health Assembly.

WGH
WOMEN IN GLOBAL HEALTH

thebmj

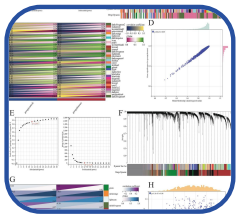
in

Kwanele Asante

Social Scientist, Bioethicist & Patient Advocate
South Africa

PUBLICATIONS & INTERESTING READS

Accelerating the research response to the Bundibugyo virus emergency
Csolle *et al*., 2026. Nature Immunology.
doi: 10.1038/s41590-026-02623-2



Comorbidity of anxiety and dry eye disease: shared biomarkers and immune responses
Long *et al*., 2026. Frontiers in Immunology.
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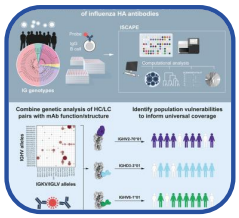

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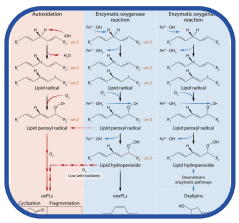

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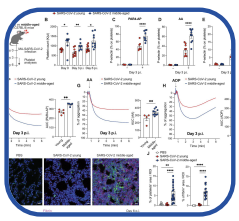

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FUNDING CALL

SAMRC EARLY INVESTIGATORS PROGRAMME

Aim of award:
The South African Medical Research Council (SAMRC)'s Division of Research Capacity Development (RCD) is pleased to request applications from early investigators in health/medical research. The SAMRC Early Investigators Programme is a research capacity development initiative aimed at supporting promising early-career scientists—typically 3–5 years post-PhD or 1–5 years post-PhD for clinician scientists—to transition into independent researchers and mid-career scientists.

The 2026 Request for Applications seeks to attract scientists within the following SAMRC research priority areas:

- Infectious diseases
- Non-communicable diseases
- Maternal, child and adolescent health
- Health Systems and policy research
- Digital health and artificial intelligence
- Climate change and health
- Genomics
- Antimicrobial resistance
- Pandemic preparedness

Research projects that contribute to the mandate of the SAMRC and demonstrate potential for public health impact will receive preference.

Value and Period of the Award:
The value of the award will be up to R500 000 per year for three years, subject to satisfactory performance and availability of funds. Payment of the grant funding will be linked to clear milestones and deliverables and subjected to the terms and conditions of the awards.

Eligibility Criteria

- Only South African citizens and permanent residents may apply.
- Applicants must have a research doctorate in health / medical research with 3 to 5 years of demonstrated postdoctoral research experience or at least one year of post-PhD research experience for clinician-scientists.
- Applicants must be younger than 45 years; applicants over 45 years require a strong motivation from the Institution.
- Applicants must be affiliated with a recognised academic or health research institution for at least the duration of the project or have secured a commitment from the Institution to host the proposed project and provide the necessary financial support to the applicant for the duration of the grant.
- Applicants who are in an academic or research position fully remunerated by their institutions or those who have already demonstrated independence as evidenced by substantial grant income as principal investigators or have already established their research groups (for more than three years) are not eligible.
- The SAMRC Early Investigators Programme award may not be held concurrently with another SAMRC capacity development grant. All other funding received must be declared in the application.
- Full-time employees of the SAMRC Intramural Research Units may not hold the SAMRC Early Investigators award.

How to apply and further information:
Applicants must first complete the short Online Application Registration form and then upload the completed (i) Application form, (ii) Milestone table, (iii) Budget form, and (iv) Reviewer nomination form and other supporting documents (annexures). The completed application and supporting documents must be submitted online and emailed to RCDgrants.applications@mrc.ac.za before or on **09 October 2026**. Late or incomplete applications will not be considered. For further information, please visit the SAMRC Request For Applications page.

DATA MANAGER

Position: Data Manager (24-month fixed term contract)

Location: Sydney Brenner Institute for Medical Bioscience (SBIMB). 9 Jubilee Road, Parktown, Johannesburg.

Key performance areas:

- Maintain safe and secure storage of all electronic data
- Maintain research participant confidentiality
- Contribute to the development of SOPs for the use and maintenance of the databases
- Ensure that all data files from field sites are uploaded timeously into the central REDCap database or as required for a research study
- Assist the data managers (off-site) with checking of forms/databases for missing and/or inconsistent data
- Software development and maintenance
- Disseminate data as instructed by study PIs and in accordance with legal and ethical requirements
- Ensure that databases are up to date
- Assist data managers at various project sites with data cleaning and quality control checks
- Resolve data discrepancies with the appropriate parties
- Ensure that all data cleaning and correction activities are fully documented
- Ensure software that has been developed for general use is carefully and fully annotated
- Identifying of errors and inconsistencies in report
- Assisting data manager with resolution of errors and inconsistencies
- Assisting data manager in management of project related reports
- Complete tasks delegated by project PIs
- Provide effective and efficient telephonic and e-mail communication
- Liaise with data managers at SBIMB project sites

Required minimum education and training:

- Honours or Master's degree in Computer Science, Biostatistics or equivalent

Required minimum work experience:

- 3 years' experience in databases and programming, preferably in a research environment
- Experience using REDCap

Desirable additional education, work experience and personal abilities:

- Demonstrated database and programming experience
- Demonstrated experience of managing health science-related data
- Working knowledge of data entry systems, GCP trained
- Competent in the use of Microsoft office packages (Word, Excel, Outlook)

How to apply and further information:
Should you be interested in applying for this vacancy, please send an email to vacancies32@witshealth.co.za
The subject heading of the email must read **Data Manager_SBIMB**
Please include the following documentation:

- A cover letter (maximum one page) that clearly states which vacancy you are applying for
- A detailed CV with three contactable references

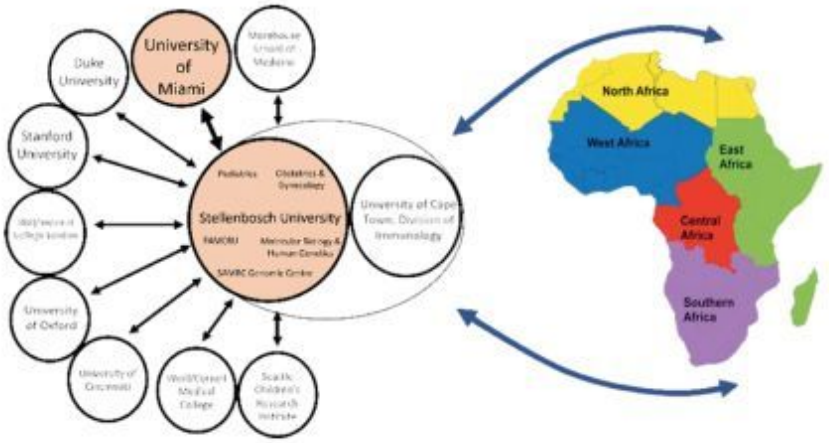
Application deadline: 3 September 2026

JOBS & OPPORTUNITIES

Stellenbosch University | NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development — Healthy pregnancies. Healthy children. Healthy and optimal lives. | NIH Fogarty International Center | RRCA | MIAMI

Stellenbosch University & The University of Miami are pleased to announce the 3rd *TIGRIS D43* training call

- TIGRIS will enrich an ongoing registered post-graduate degree or post-doctoral fellowship (including an MMed or MPhil).
- Placement will be 3-6 months at collaborating laboratories in Stellenbosch University, UK, Canada or USA.
- The TIGRIS training programme aims to explore the various aspects of immunity in mother-infant dyads to enhance immunology research in Africa and worldwide collaboration.



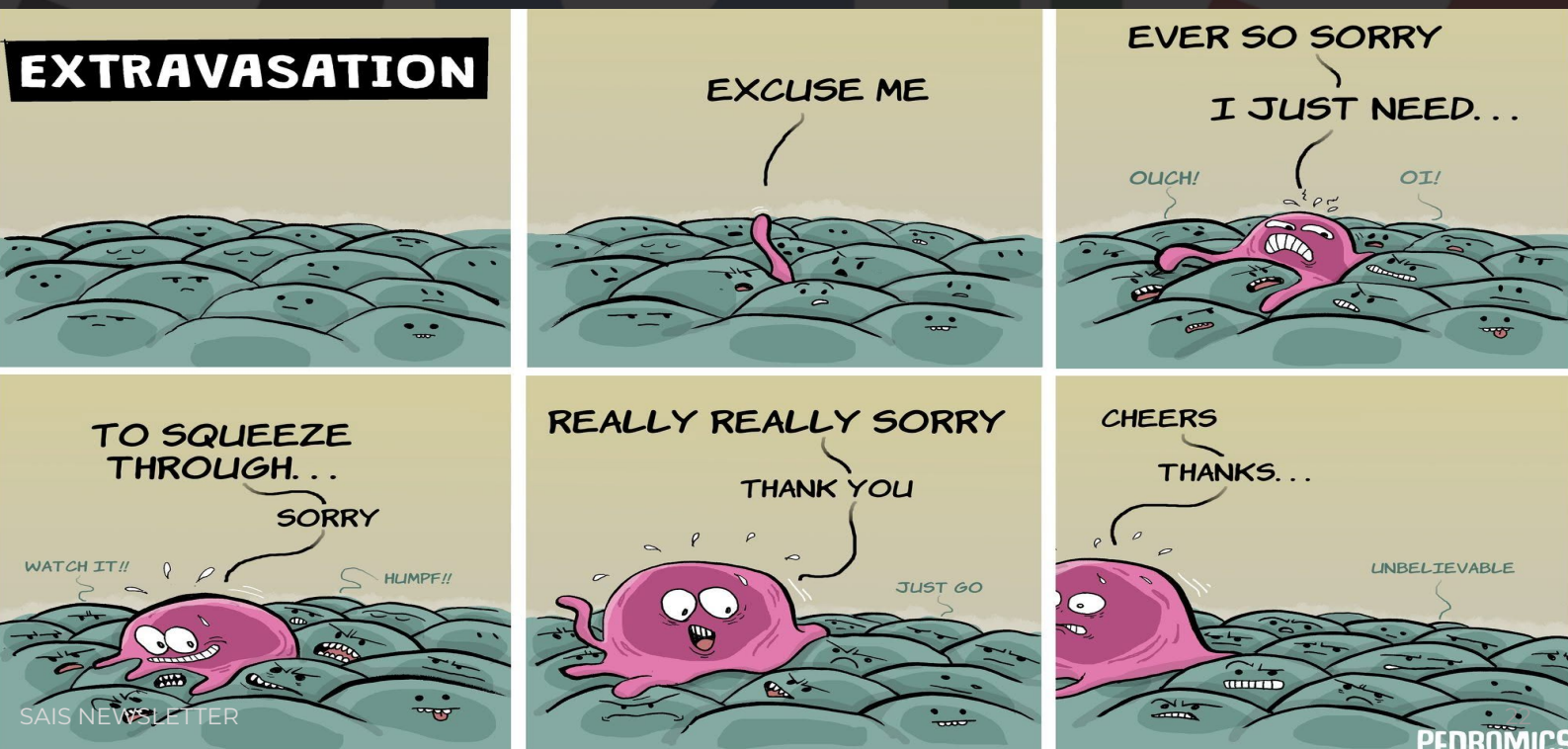
Eligibility criteria

- Your project must be HIV-related in the mother and infant space
- You should be an African student registered for an MSc, PhD, PDF's or MMed/MPhil student in *South Africa, Uganda, Malawi, Benin, Senegal, Morocco or Kenya.*
- Submit a 500-word project description, a 200-word motivation statement, a letter of recommendation by your current PI/supervisor and your NIH biosketch.

Deadline: 31 October 2026

APPLY NOW

SCIENCE MEME OF THE MONTH



SAIS MEMBERSHIP

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ALLSA
ALLERGY SOCIETY OF SOUTH AFRICA

FAIS

IUIS
International Union of Immunological Societies

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Stellenbosch UNIVERSITY IYUNIVESITHI UNIVERSITEIT
DIVISION OF IMMUNOLOGY

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Grab a hot cup of ImmuniTea, and let us know what you think!

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