



Communication and Marketing Department
Isebe loThungelwano neNtengiso
Kommunikasie en Bemerkingsdepartement

Private Bag X3, Rondebosch 7701, South Africa
Welgelegen House, Chapel Road Extension, Rosebank, Cape Town
Tel: +27 (0) 21 650 5427/5428/5674 Fax: +27 (0) 21 650 5628

www.uct.ac.za

13 November 2013

UCT expert highlights health risks of the *chiskop* haircut

Professor Nonhlanhla Khumalo, Head of Dermatology at the University of Cape Town, says public education on adequate sterilisation of barber equipment between haircuts should not be delayed. Clients who prefer a clean-shave haircut, known locally as the *chiskop*, should also be encouraged to own their own hair-clippers.

Professor Khumalo conducted two studies on health risks of the clean-shave haircut or *chiskop*. This haircut is rare among females but popular with black South African men who are also predisposed to folliculitis keloidalis nuchae (FKN) - keloids on the back of the head.

“Haircut-associated bleeding” is a newly recognised entity that affects at least a quarter of African men who wear shiny clean-shave haircuts. Apart from the call for public awareness, the studies advocate future investigations into potential HIV and Hepatitis B transmission through clean-shave haircuts.

Professor Khumalo says during a previous population study in Langa in the Western Cape, participants noted an unexpected symptom of haircut-associated bleeding. A question directed to the last 170 participants in that study revealed that 32% of the participants had a history of haircut-associated bleeding; the prevalence of FKN was 10.5%. This prompted Professor Khumalo’s first study on health risks associated with the *chiskop* haircut, the results of which were published in the *South African Medical Journal* in July this year.

“As ‘haircut-associated bleeding’ is not a widely recognised entity, we conducted this study at an HIV clinic servicing the same population in Langa, with the objective of comparing the prevalence of haircut-associated bleeding and FKN in 390 HIV-positive people with the data previously published for Langa,” says Professor Khumalo.

The results for HIV-positive participants were similar to the population data (prevalence of FKN 10% and history of haircut-associated bleeding 24.5%). In both studies the prevalence of haircut-associated bleeding was much higher than that of FKN, suggesting that the hairstyle increases the risk of bleeding even in people with healthy scalps without folliculitis.

“This study does not (and was not intended to) prove a higher HIV prevalence in *chiskop* wearers or in FKN sufferers, but it confirms a history of haircut-associated bleeding in at least a quarter of our male study participants. The risk of transmission of blood-borne infection via haircuts is likely to be low, but requires formal quantification,” says Professor Khumalo.

The latest research, published in the journal *Dermatology* in October this year, was a pilot study done in collaboration with UCT's Departments of Genetics, Virology and Human Biology. The study aimed to elucidate whether invisible haircut-associated bleeding was detectable using blood-specific Ribonucleic acid (RNA) markers (involving 16 participants, five with unknown HIV status) and whether surface viruses could be detected using genetic testing from scalp swabs (of 11 known HIV-positive participants). Haircuts were performed professionally, while scalps were examined by a dermatologist to exclude injury and then swabbed for testing. Blood samples for serum human immunodeficiency (HI) viral loads were collected at the same time.

Professor Khumalo says in all, six out of 16 samples tested positive for haemoglobin beta and albumin, confirming evidence of bleeding. Only one of the 11 HIV-positive participants had detectable scalp bleeding but had an undetectable serum HI viral load. This may explain why no-surface HIV was detected from scalp samples. This study confirms the entity of haircut-associated bleeding, but also goes further showing for the first time that invisible bleeding from clean-shave haircuts is also common.

"We do not know how big or small the risk of HIV transmission through haircut-associated bleeding is. However, it is reasonable to protect everyone from coming into contact with infected blood, particularly when having a haircut that we now know increases the risk of both visible and invisible injury," she says.

Going to the barber

"The simple message is, if you wear a *chiskop* haircut make sure your barber uses a steriliser or (clearly labelled) antiviral spray on clippers; methylated spirits are not enough. Otherwise take your own clipper for him to use. Until further scientific evidence is available, it maybe be prudent to promote (sterilisation and/or) individual-clipper-ownership for *chiskops*.

"The concept of individual-clipper-ownership is apparently prevalent in Nigeria and to quote a Nigerian dermatologist at a recent conference: 'Don't share clippers; you wouldn't share a tooth brush'. Longer haircuts, for which scissors or clippers with comb attachments are used, do not ordinarily cause bleeding and should be safe. New shaving creams formulated for African hair are an option for a non-traumatic *chiskop*, but occasionally cause skin irritation. We are also talking about sterilisation standards to the Services Sector Education and Training Authority under which the hairdressing industry falls," Professor Khumalo adds.

ENDS

Issued by: UCT Communication and Marketing Department

Kemantha Govender

Media Liaison Officer
Communication and Marketing Department
University of Cape Town
Welgelegen, Upper Chapel Road Extension, Rosebank
Tel: (021) 650 5672 Fax: (021) 650 3780
Cell: (084) 737 6522
E-mail: kemantha.govender@uct.ac.za
Website: www.uct.ac.za