

Scaling the Mountain

“Burkitt’s Lymphoma is the tip of the Malaria Iceberg”. This is how I described BL to a service club in Uganda two years ago. The imagery is that malaria is the massive underlying problem, as a result of which a small percentage of children get BL. While this is not true for all BL in the world, it does fit for BL in Africa where it has largely been found in the “malaria belt” described by Dr. Dennis Burkitt.



I now have a better image, more home-grown. “BL is the glacier on the top of the Malaria Mount Kilimanjaro”. Just as the glaciers are melting away on Kili (from climate change), we trust that with better malaria control the BL burden will also decrease.

I was in Moshi in January 2011, where I took this early morning photo of Mount Kilimanjaro. I also observed groups of enthusiastic hikers preparing to scale the mountain.

I myself have climbed Kili three times in the past. But now my interest has turned to doing my part, along with the EMBLEM team, in conquering new heights of knowledge. This can lead to better understanding of BL, and its prevention and cure.

By Dr. Esther Kawira, Editor

EMBLEM Kenya – Introducing the Team Leaders



Pam Were, RN, MSc Palliative Care, is the Study Coordinator for EMBLEM Kenya



Dr. Constance Tenge is the Principal Investigator for EMBLEM Kenya



Prof. Robert Kuremu, a Pediatric Surgeon, is Co-Principal Investigator for EMBLEM Kenya



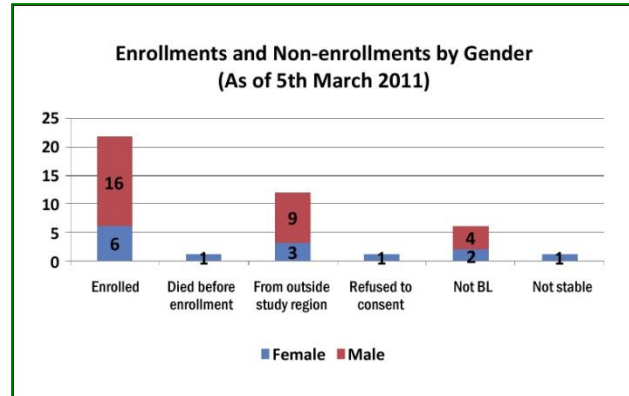
Dr. Peter Odada, PhD, MPH, is Co-Principal Investigator for EMBLEM Kenya



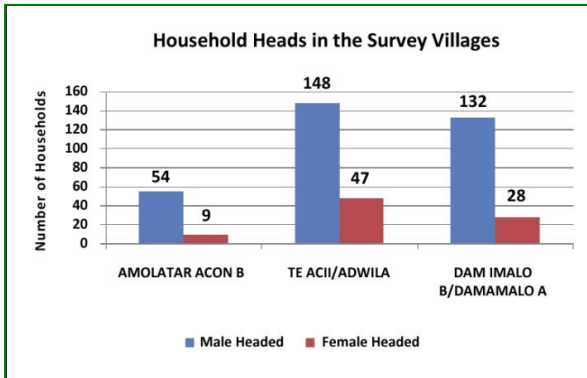
Dr. Walter Nalyanya, a pathologist, is Co-Principal Investigator for EMBLEM Kenya

EMBLEM Uganda

Case enrollment - EMBLEM enrolled the first case on 10th November 2010. Case spotting, screening, and enrolling continued with the frenetic pace of presidential campaigns, which culminated in the election of President Yoweri Museveni in February for a 5 year term. As of the 5th March 2011 (within 17 weeks), 43 patients had been screened of which 22 were enrolled. This progress accounts for 29.3% of the target enrollment in the first year and a 5.2% progress of the five year period enrollment. The figure above shows the patients that have been enrolled and the reasons for non-enrollment.



Control Enrollment - UBOS is finalizing the cleaning of the census data from the first three survey villages. The figure below shows the number of male and female household heads per survey village. Enrollment of controls in the first survey village (Dam Imalo) will start 11th April 2011, with concurrent enrollment of controls in the respective HC-II serving the survey village. Length of stay at the HC-II will depend on the attendance. On 24th March, prior to actual sero survey activities, staff is to train local HC-II staff to help in compiling preliminary information on HC-II attendance, and village leaders as guides/community mobilizers. Two weeks of compiling HCII registry data and community mobilization activities follows.



EMBLEM Tanzania

The EMBLEM PI and Study Coordinator visited the remaining hospital in the study area, Nyerere DDH, in Serengeti District, and obtained permission to access their BL patient data from the past 10 years. This completes their exercise of collecting data access permission. Data will be compiled to make a report of BL including gender and age distribution in the districts in the study area. This information will form the basis for getting the first round of matched village control patients.

EMBLEM Newsletter is a monthly on-line publication based on contributions of the EMBLEM Study staff.

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