



EMBLEM Newsletter

A monthly means to inform and inspire our TEAM

May 2011

Vol. 2, No. 5

“Malaria Not Allowed”: Will Reality Match the Slogan?

In the 1980's, Dr. Glen Brubaker carried out malaria suppression using weekly chloroquin doses in village children in North Mara region of Tanzania. He noted, with a 2 year lag time, a dramatic drop in BL compared to cases in South Mara region. As that study came to completion, and malaria rose to original levels, BL also returned to original levels.



Malaria "Haikubaliki" means "Not Allowed"

Malaria cases at Sota, my rural northern Tanzania clinic, took a dramatic downturn in March 2011. In March we had only 7 confirmed cases, and only 3 in April. Prior to that, no other single month had recorded less than 18 cases. The average had, in fact, been about 30 per month, for several years.

The most likely cause of this change is that in mid February 2011, Sota Village underwent indoor wall spraying of houses (not using DDT), with 95% coverage.

Mosquitoes, after a blood meal, are heavy, like a plane taking off with a full load of fuel. They manage to fly as far as the nearest wall, where they rest and excrete the extra fluid from the ingested blood to lighten the load. It is this mosquito rest area that becomes lethal to them when walls are sprayed. And thus breaks the transmission cycle of malaria to humans.

Several years ago, Insecticide Treated Nets (ITN's) were distributed to every child under five years of age in Tanzania. However, the drop in malaria in our area appears to have occurred only recently since adding wall spraying to the war. In Zanzibar, where the first wall spraying was done four years ago, cases of clinical malaria have become so infrequent that health authorities have decided that any case occurring now should be reported.

The EMBLEM study is in a unique position, due to combining case registry information from six hospitals for the last 10 years, to detect any major change in the number of BL cases in Mara and Mwanza regions in Tanzania. The EMBLEM study maintains a Pediatric Cancer registry, and documents current malaria infection, evidence of past malaria exposure, and hemoglobin variants that may affect malaria susceptibility and incidence of Burkitt's Lymphoma in cases and controls.

Esther Kawira, Editor

EMBLEM Tanzania Report

Tanzania continues to make progress with pre-implementation tasks. Monitoring visits will be made to Bugando Medical Center on May 16th and 17th by Dr. Moses Joloba and Samuel Kirimunda from Uganda. They will review preparations for lab setup with a goal of starting case enrollment by the end of May or early June. All staff will complete online ethics training in May. Staff has also reviewed the registration and questionnaire forms to be used for the enrolled cases and controls.



Emblem Kenya Report

Dr Constance Tenge, PI for EMBLEM Kenya, is shown at left during an EMBLEM poster presentation that she gave at a recent Kenya Pediatric Association workshop in Mombasa.

Kenya EMBLEM reporter Pam Were reports that the renovation of the Laboratories at Homabay and Webuye are in process.

Emblem Uganda Report

Next Household census - In preparation for next set of villages (considered to be in “wet” areas) to be canvassed by the Uganda Bureau of Statistics for the household census, the team is meeting with district leaders in Lira, Lamwo, and Arua districts, respectively. Thereafter, the team plans to start enrollment of HC II Pilot controls from the six designated villages. This being rainy season, some of the roads may soon be impassable.

Training/Enrollment - EMBLEM Lacor is currently carrying out Online Ethics training for the newly recruited staff, and has also started orientation of Kuluva staff. Renovation of office and Lab space is targeted to be concluded by the end of May so that Kuluva can begin case enrollment. Cumulative case accrual at Lacor is 29 cases enrolled in the EMBLEM study. *Submitted by Tobias Kinyera, Study Manager for EMBLEM Uganda*



Figure 2 - EMBLEM team getting orientation in household survey with the Rakai Health Science Project



Figure 1A - team of study monitors discusses a point with EMBLEM team in Lacor



New NCI Team (left to right):

Dr. Peter Aka
Ms Christine Kiruthu
Dr. Bridgett Rahim-Williams



IMS Team (left to right):

Carol Giffen: Clinical Director of IMS responsible for review of the EMBLEM Study Manual and biospecimen processing and management;
Janis Beach: IMS Chief Operating Officer responsible for managing the IMD DCEG contract;
Dave Chesnut: Systems Analyst responsible for the development of the EMBLEM Data Entry System and consulting on IT issues;
Laurie Rich: Clinical Data Manager responsible for overseeing the EMBLEM data management and portal/website development.

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

Editor:

Dr. Esther Kawira,
 Email address: elkawira@gmail.com

Reporters:

EMBLEM Uganda – Mike Mbaziira;
 EMBLEM Kenya – Pam Akinyi Were;
 EMBLEM Tanzania – Josiah Magatti