



Spotting

Some years ago, we took our young children on their first safari to the Serengeti. Prior to this, they had only seen pictures of the big animals in books.

Before reaching the actual park entrance, our seven year old son leaped up excitedly, pointed to some huge beasts he had spotted grazing among the trees, and yelled out, "Zebra!!" Actually, they were giraffes. He had gotten it right in that they were among those huge beasts from the picture book that we were expecting to see. He just got the name wrong. Even now, 20 years later, we never let him forget this.

Recently, I received a phone call that a potential case had been spotted by a carpenter who worked for another project under our NGO. He had found a patient that he thought had "that disease you treat under your research". "Send the patient to me at my clinic", I instructed.

At the end of the working day, I still had not seen the patient, and wondered what had happened. When I mentioned this to my nurses, they laughed and said, "You already saw him. It was that old man with a swollen leg for two years".

Another more promising case was referred to me by my nurses - a seven year old boy who had a swelling in his abdomen for a few months. When the mother disappeared and didn't bring him back to see me, they tracked her down, and found her hiding out among transient workers at a local fishing beach. A visiting urologist happened to be with me when I was called to the ultrasound room to see the patient. We both realized immediately that the midline pelvic mass up to the umbilicus was a distended bladder. After ultrasound confirmation of the situation, that also showed hydronephrosis, the boy had a suprapubic catheter inserted, and will have surgery later for what is probably posterior urethral valves.

Other cases I have screened for BL, that were not BL, have shown splenomegaly, hepatomegaly, heart failure, nephrotic syndrome, inguinal hernia, TB with paraspinal and cardiac involvement, and severe sinus infection. These are among the side benefits for the community when all kinds of people are on the alert as spotters looking for BL cases for the EMBLEM Study.

Dr. Esther Kawira, editor

EMBLEM Kenya

EMBLEM Kenya has so far spotted 28 cases of which 4 would be eligible for enrollment. The surrounding community is now informed and a week hardly passes without a case being spotted.

The launching of the Community Advisory Board (CAB) charter took place on March 9th and 10th, 2012. In this meeting, the overview of the study, roles and functions of the CAB was clearly explained by the EMBLEM Kenya Investigators. The CAB held their election and the following officials were instated: Chair - Mr. Francis Randiga Ogolla, Secretary- Mrs. Isabella Akoth Moses, Publicity- Mr. Isaiah Ouru Genga. The CAB members agreed that they will hold their first meeting before the end of April 2012.

Ten staff, including EMBLEM and hospital staff, underwent three days of Datafax training in March, given by a training team from Infectious Diseases Institute, Uganda.

Clearance of shipped equipment still poses a challenge in the study activities. Major delays have occurred due to the handling of duty waivers by the finance Ministry.

EMBLEM Tanzania

A total of 4 cases have been enrolled since our official start in March. One was recruited at the Shirati EMBLEM Unit, and three were recruited at Bugando Medical Center.

The laboratory at Bugando received a refrigerator. Meanwhile the Shirati EMBLEM Unit (offices, lab, ultrasound, and treatment unit) was fenced, the roof was painted, and the EMBLEM logo was painted on the front wall facing the road, for easy visibility.

Four staff from Shirati and eight from Bugando completed Datafax training, under the tutelage of a team of three instructors from IDI in Uganda, who also installed and tested the Datafax equipment in the EMBLEM Bugando office. Four Case Report Forms (CRFs) from the enrolled cases have successfully been faxed to Data Centre in Uganda.



Logo advertises EMBLEM to the Shirati community

EMBLEM Uganda

Case enrollment currently stands at 78 (24 females and 54 males); meanwhile Pilot population and HC II control enrollment entered the 3rd week in Amolatar Acon B village. So far, the HC II enrollment numbers stand at 19 (12 females and 7 males) leaving the team with a balance of 11 to make up the maximum required. Population control enrollment numbers reached 57 (27males, 30 females) with 40 children yet to be enrolled in the 3rd week.

On March 31, 2012 another batch of frozen samples was shipped to Mulago Medical School. These included six cryo boxes of frozen plasma, buffy coat, red cells and saliva. Twenty total cryo boxes of samples have been transferred.

In Kuluva, work on completion of laboratory set up has resumed. Once again, the hospital has stable electricity and this gives us assurance for work in the region to start soon.

In February 2012 Mr. David Chemushak, one of the Laboratory Technicians at the Lacor Study site, undertook Holy Matrimony, thereby accomplishing one of the big milestones in life.



Mr. and Mrs. Chemushak taking the Vows before a reverend.

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

Reporters: EMBLEM Uganda – Isaac Otim; EMBLEM Kenya – Pam Akinyi Were; EMBLEM Tanzania – Josiah Magatti