

The “Mongoose Belt”



During a recent early morning bird watching session, we discovered a group of seven furry creatures with delicately banded bodies sunning themselves on a rocky hill. With help from Wikipedia, we eventually identified them as the “Banded Mongoose”, *Mungos mungo*, ubiquitous in central Africa.

My first reaction on seeing their range map was, “Hey, that looks like the Malaria Belt!”

Co-distribution of conditions is usually considered evidence of possible association, and it was the basis of suggesting that Malaria may be causally related to Burkitt Lymphoma. The similarity of the Banded Mongoose and Burkitt Lymphoma distribution reminds us that geographic overlap may not always imply causation. Conclusions about causality require direct evidence of association of cause and disease at the individual level. The EMBLEM Study is further analyzing the association of Malaria and Burkitt Lymphoma at the individual level.



Banded Mongoose Range Map



Malaria Belt



Burkitt Lymphoma Belt

Dr. Esther Kawira - Editor

EMBLEM TANZANIA

A total of 180 cases have been spotted. 31 were eligible and 29 have been enrolled (15 males and 14 females). This represents 6% of the total enrollment goal for Tanzania.

EMBLEM Tanzania is preparing to initiate control enrollment in Mwanza and Mara Regions. This process will involve randomly selecting about 100 villages where matched controls will be obtained and 12 villages, called pilot villages, where unmatched controls will be enrolled. In addition, health-facility controls will be enrolled from the local facilities serving the pilot villages. In order to ensure harmonization with ongoing work in Uganda, the Senior EMBLEM Study Coordinator from Uganda, Dr. Tobias Kinyera, will travel to Bugando Medical Center to supervise training and oversee initial implementation.



Baby Ethan Teko

Three babies were born to EMBLEM staff in Tanzania - Baby Ethan to Herry Dhudha and Rosemary Peter Bombo and twin daughters to Dr. and Mrs. Nestory Masalu.

EMBLEM KENYA

A total of 140 cases have been spotted. 33 were eligible and 30 were enrolled (23 males and 7 females). This represents 7.6% of the total enrollment goal for Kenya.

EMBLEM Staff in Kenya focused efforts on re-organization in preparation for initiation of control enrollment. This included re-assessing the training needs for work in the community, harmonization of the EMBLEM message, expanding the knowledge base among stake holder staff, and re-opening discussions with authorities at Jaramogi Oginga Odinga Training and Referral Hospital to start enrolling cases at that site. The month witnessed a peaceful election in Kenya and enrollment of six patients.



Mr. Genga fixing UV (365) filter for Malaria diagnosis to the Partec Microscope.

EMBLEM UGANDA

A total 301 cases have been spotted. 154 were eligible and 144 have been enrolled (93 males and 54 females). This represents 7.6% of the total enrollment goal for Uganda. Additionally, 770 controls have been enrolled (632 pilot population and 138 health center controls).

In accordance with the field protocols, 14 boxes of EMBLEM research samples (blood and saliva) of category A were transferred to the long-term holding EMBLEM -80°C freezer at the Uganda Virus Research Institute in Entebbe. This transfer has created space in the small capacity -80°C freezer at Kuluva making it possible to enroll controls from a dry village in the West Nile Region.

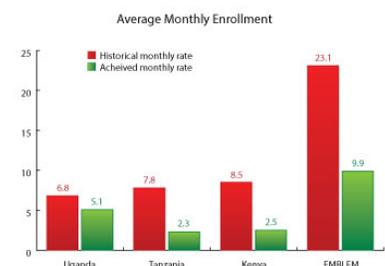


Mr. Ismail Dragon Legason preparing samples for transport in liquid nitrogen from Kuluva to UVRI

The team is evaluating the use of short text messaging (SMS) to reach clinicians at more than 20 hospitals serving the region. SMS will make it possible to provide reminders and conduct limited clinician and community training about Burkitt Lymphoma. EMBLEM laboratory equipment was serviced and EMBLEM laboratory staff received training in equipment service.

EMBLEM Study Goals

The EMBLEM Study Goals are based on historical case activity in the study area (<http://emblem.cancer.gov/enrollment/>). Due to inconsistencies in the level of services provided at hospitals in the study area, the EMBLEM strategy involves funneling cases to sites where EMBLEM has improved pathology and treatment. The graph at right shows our progress in finding all of the cases.



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 – Esther Birungi; EMBLEM Kenya – Pam Akinyi Were, EMBLEM Tanzania – Josiah Magatti