

Mosquito Net Works



Anopheles mosquito after a blood meal

A recent television ad depicting one huge mosquito, names and shames it as the biggest killer of humans compared to all wars combined.

This knowledge has led to action in East Africa. Mosquito nets are heavily marketed and subsidized for pregnant women and small children. Each net is impregnated with insecticide, making it doubly

effective, not only as a mechanical barrier,

but also as a chemical barrier. In 2000, less than 25% of children in East Africa slept under mosquito nets. As of 2012, this figure is up to 50% for Uganda and Kenya, and up to 75% for Tanzania, leading to decreased malaria cases and deaths. Also contributing to this decrease, are programs for Indoor Residual Spraying and rapid testing for malaria and treatment using Artemisinin-based therapy.



Bed net, tucked in all around!

The EMBLEM study involves research on the causes of Burkitt Lymphoma (BL), a childhood cancer linked closely to malaria infection in the malaria belt of Africa. We are therefore in a position to document changes in the incidence of BL, as we are working to ascertain every case in our study region, and compare that with the numbers of cases from before the improved malaria control measures had taken hold.

- Dr. Esther Kawira - Editor

EMBLEM UGANDA

EMBLEM Uganda has currently screened /spotted a total of 600 children (382 males, 218 females) and 314 children were eligible and enrolled (199 males, 115 females).

EMBLEM Uganda is fast completing matched control enrollment with the completion of 11 wet villages in West Nile. Enrollment ran smoothly.

EMBLEM KENYA

In the month of December 15 cases (11 males, 4 females) were spotted giving a cumulative total of 500 (318 males, 182 females) spotted. Of the 15 spotted, 6 (4 males, 2 females) were eligible and enrolled giving a total of 193 eligible and enrolled (140 males, 53 females).

During the month, EMBLEM Kenya was involved in planning of matched population control enrollment and identifying the community outreach workers, called community research assistants (CRAs). CRAs will be trained to guide the EMBLEM Team during fieldwork starting in January 2015. They will also be the link between health communications about BL from EMBLEM to their communities. This model of community outreach closely follows the model that has been used successfully in Uganda.

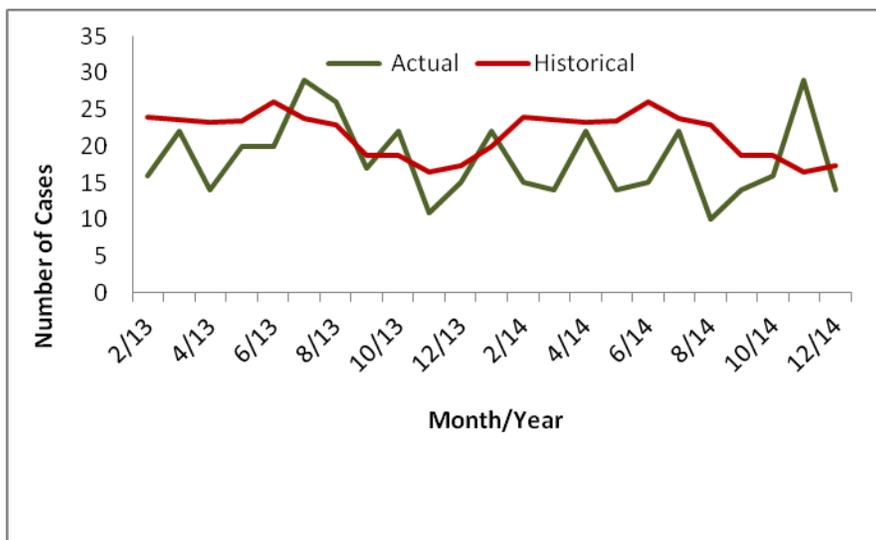
EMBLEM TANZANIA

In December six new cases were spotted and screened bringing the cumulative total of cases spotted to 426 (238 males, 194 females). Of the 6 new cases 5 (2 males, 3 females) were eligible and enrolled bringing the total of enrolled cases to 100 (58 males, 42 females).

EMBLEM Tanzania received a list of selected villages for matched control enrollment, the team is now in the process of recruiting CRAs from each of the selected villages, through village leadership. These CRAs, in addition to assisting in the control enrollment, are also expected to help spot new BL cases from within their communities.

EMBLEM GOALS

EMBLEM monitors actual BL accrual rates against historical rates averaged over 10 years before EMBLEM commenced. The graph shows trends from February 2013 to December 2014. In general, accrual is lower than historical case activity. This is due, in part, to improved case diagnosis of BL with more cases being diagnosed histologically and fewer cases diagnosed clinically. This saves medicines for cases that really need them.



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