# AFRICAN FIELD EPIDEMIOLOGY NETWORK AFENET







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# Foreword

The year 2009 was a very productive year for AFENET and we thank all our partners for their tremendous contributions. This year's achievements are highlighted in reports from countries and programs in the Network which have been woven into this Annual Report.

Since its inception in 2005, AFENET has remained committed to being a pillar for Ministries of Health in Africa, helping them to strengthen public health systems through placement of fellows and training of staff in field epidemiology and laboratory practice. AFENET's Network was of four countries initially: Ghana, Kenya, Uganda, and Zimbabwe. With the support of our partners and the enthusiasm of governments in Africa to promote public health, AFENET now operates in 16 African countries namely: Angola, Burkina Faso, Ethiopia, Ghana, Kenya, Mali, Mozambique, Niger, Nigeria, Rwanda, South Africa, South Sudan, Tanzania, Togo, Uganda, and Zimbabwe. This exponential growth is a huge thrust to realizing AFENET's vision of a "Healthier Africa".



Prof. Mufuta Tshimanga Chair, AFENET Board of Directors

Through the Field Epidemiology and Laboratory Training Programs, AFENET has also supported the training of scores of public health professionals in epidemiology and laboratory practice. This year, we registered nine graduates from the Kenya program and 10 from the Uganda program. Twenty residents of the Uganda program and 11 from the Zimbabwe FETP will graduate in January and March 2010 respectively. In November, we witnessed the official launch of the Nigeria Field Epidemiology and Laboratory Program (NFELTP). The Nigeria program was the first to incorporate the veterinary track and its residents have continued to support the Federal Ministry of Nigeria in disease surveillance, outbreak investigations, and control.

In 2009, we were actively involved in disease outbreak investigations and response activities including the novel Influenza A (H1N1) which has been a global threat. AFENET teams in Network countries have taken part in surveillance, investigations and response during cholera (Kenya, South Sudan, Nigeria, Tanzania, and Zimbabwe), typhoid (Uganda), plague (Uganda), and Anthrax (Zimbabwe and Uganda) outbreaks.

AFENET has also strengthened her partnership with the media, both local and international and boosted its communication potential. In 2009, AFENET was supported by USAID and the Academy for Educational Development (AED) to set up a Public Affairs office within the Science and Public Affairs Unit. Through this office, AFENET enjoyed extensive media mileage for its conferences, trainings, workshops, and field activities. This has reinforced our interaction with stakeholders and the general public on the work we do.

We are grateful to all our partners with whom we could not have achieved so much. However, we remain cognizant of the public health challenge that cripples many African countries. Our hope is to invest extra effort in our working relationships with our partners to enhance public health capacity in Africa.

As you leaf through the pages of this report, you will learn more about the activities of our programs and projects in 2009. Herein, you will also get a preview into AFENET's plans for 2010, whose accomplishment relies on your support.

Thank you for being part of AFENET in 2009, and we are thrilled to continue working with you in the coming year.

We wish you a happy and productive 2010.



Mr. David Mukanga Executive Director, AFENET

# Acknowledgements

We wish to thank all our funders and partners for their unwavering support through which we have been able to realize so many achievements in 2009.

We are very grateful to the US Centers for Disease Control and Prevention (CDC), the United States Agency for International Development (USAID), and the Merck Company Foundation for their financial support.

AFENET boasts of a strong network of partnerships across the globe, and we greatly appreciate the support of these partners who include among others: the World Health Organization (WHO) AFRO and WHO Lyon, the Global Outbreak Alert and Response Network (GOARN), the European Centers for Disease Control and Prevention (ECDC), the National Institutes of Health (NIH) of the U.S. Department of Health and Human Services (HHS), the International Association of Public Health Institutes (IANPHI), Research Triangle Institute (RTI), the Task Force for Global Health, the Emory School of Medicine, the Emory School of Public Health, the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), and the Academy for Educational Development (AED).

We further acknowledge the important role played by our Financial Managers ACLAIM, our bankers Barclays, Banque International Du Burkina, Standard Chartered, and KCB.





# Background

Established in 2005, the African Field Epidemiology Network (AFENET) is a non-profit organization which seeks to develop indigenous capacity in field epidemiology and public health laboratory management. This capacity will support broader systems in surveillance, disease outbreak response, investigation and prevention.

To achieve this, AFENET has built partnerships with Ministries of Health in member countries, Non Governmental Organizations (NGOs), international agencies, the private sector, and other public health agencies. Such partnerships have enabled AFENET to develop an efficiently coordinated disease surveillance, outbreak investigation and response network in Africa.

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AFENET evolved from national Field Epidemiology Training Programs and Public Health Schools without walls (PHSWOW) established during an eleven-year period from 1993-2004. From these roots, AFENET has expanded its capabilities and created partnerships with prominent multi lateral agencies.

Having begun with operations in just four countries; Ghana, Uganda, Kenya, and, Zimbabwe, AFENET's footprint now extends into 16 African countries. These are Angola, Burkina Faso, Ethiopia, Ghana, Kenya, Mali, Mozambique, Niger, Nigeria, Rwanda, South Africa, South Sudan, Tanzania, Togo, Uganda, and Zimbabwe.

AFENET has solidified its sustainability and growth by ensuring that graduates from the network go on to play a central role in surveillance, disease outbreak investigation, response, and laboratory management. These graduates have also assumed leadership positions in the health sector and strengthened country collaboration for cross border surveillance. In 2009, AFENET made great progress in supporting public health interventions in Africa for example supporting African countries to adhere to the International Health Regulations, the development of the Center of Excellence for Management, the initiation of the HIV Quality Assurance project, and supporting Ministries of Health in Africa towards laboratory accreditation.

AFENET is also involved in disease control programs like the Expanded Program on Immunization (EPI) and others on HIV, TB, and Malaria.

This report thus provides an indepth review of AFENET's activities through the Field Epidemiology Training Programs and AFENET's projects in Africa. The report also highlights AFENET's achievements in 2009 with the support of her partners.



# Program Activities



### Avian Influenza and Other Zoonotic Infections Project (AIZIP)

AFENET launched the Avian Influenza and Other Zoonotic Infections Project (AIZIP) in March 2008. The objective of AIZIP is to strengthen capacity for Avian and other pandemic Influenzas premised on the One World, One Health concept. The project supports countries to establish within their human and animal health systems, structures to address surveillance, response, control, and prevention

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of zoonotic diseases. Zoonoses are diseases which can be transmitted from animals to humans or from humans to animals.

The project also helps countries to fast track the implementation of International Health Regulations (IHR), as mandated by World Health Organization (WHO). This is a mechanism for prevention, control, and timely response to public health emergencies of international concern. AFENET is implementing AIZIP in Uganda, Kenya, Tanzania, Ghana, Zimbabwe, South Africa, and South Sudan.

Implementation of AIZIP is guided by five principles:

- Working with existing structures in member countries
- Building partnerships and teams
- Implementation based on the country's needs

"..AIZIP is yet another step in AFENET's drive towards ensuring a healthier Africa. ... the task of ensuring effective and efficient zoonotic disease surveillance cannot be handled successfully by any single sector; a synergy of efforts is the way to success in this endeavor."

Prof. Fredrick Wurapa; Director, Ghana Field Epidemiology and Laboratory Training Program (GFELTP)

- Building capacity of the stakeholders
- Implementation within the context of IHR and Integrated Disease Surveillance and Response (IDSR)

#### **AIZIP** objectives

- To strengthen national surveillance capacity for Avian Influenza (AI) and other emerging and re-emerging zoonotic diseases
- To enhance capacity in investigating AI and other zoonotic diseases
- To develop national humanitarian responses to AI and other zoonotic infections in countries supported by AFENET
- To support FETP/FELTP trainees to undertake evaluations that will enhance national preparedness and outbreak response for AI and Pandemic Influenza (PI), using non pharmaceutical interventions
- To support community awareness and education about the transmission of AI and other zoonotic infections

#### Anthrax outbreak investigation, Bushenyi District, Uganda AFENET spearheaded the Uganda

AFENET spearneaded the Uganda AIZIP team of experts from MoH, Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), Uganda Wildlife Authority (UWA), Makerere University Faculty of Veterinary Medicine, and trainees from the Uganda program, to investigate a suspected Anthrax outbreak in Bushenyi District, Uganda, in February 2009. This was the first multi sectoral investigation of Anthrax under the 'One World, One Health' approach. Laboratory confirmation by CDC revealed that the outbreak was caused by the bacterium Bacillus anthracis, resulting from consumption of flesh of a Waterbuck infected by Anthrax. Anthrax outbreak investigation, Bushenyi District, Uganda

H1N1 surveillance and response In the wake of the deadly Influenza A (H1N1), AFENET through AIZIP supported various response interventions to control the spread of the virus. A surveillance desk was set up at Entebbe International Airport, Uganda in May 2009, to screen travelers. AFENET supported the creation, printing, and distribution of H1N1 surveillance cards, data management, and training of health workers at district health facilities to detect, diagnose and treat suspected H1N1 cases.

AFENET was also involved in responding to Influenza outbreaks in secondary schools in Western and Central Uganda. AFENET provided logistical and technical support to MoH and district response teams. Uganda FETP trainees were involved in the investigations. No deaths were recorded in the country.

**Plague control, response, and prevention activities, Uganda** In July 2009, AFENET, in conjunction with the National Disease Control Division of Ministry of Health (MoH), organized a Plague Preparedness and Response meeting. Stakeholders at the meeting discussed implementation of cost effective plague control measures. Previously interventions were implemented in the event of an outbreak. However, AFENET through the AIZIP team sought to implement interventions to curb another outbreak in 2009. AFENET developed a Plague preparedness and response plan to assist MoH in mobilizing resources for plague control in the West Nile region of Uganda. The proposed control measures include surveillance, laboratory management, case management, social mobilization, technical expertise, and logistics mobilization. Following the development of this plan, the AFENET-funded AIZIP team visited West Nile region (Arua and Nebbi Districts) and discussed plague preparedness and prevention plans with the local leaders. These meetings were attended by CDC/Uganda Virus Research Institute (UVRI), and Plague Research Unit, West Nile. In September, AFENET through AIZIP funded an Indoor Residual Spraying exercise in West Nile. Over 13,000 lives were saved in more than 1000 homes in 22 villages at high risk of infection were sprayed in five subcounties in Nebbi and Arua districts. This intervention targeted fleas that transmit plague, as well as mosquitoes that transmit malaria. The Malaria Control Program in the Ministry of Health provided the pyretheroid

![](_page_8_Picture_15.jpeg)

chemical called ICON which was used during the spraying exercise. Case management guidelines for Plague treatment were developed with input from experts from AFENET, WHO and MoH. Copies of the guidelines were delivered to various health facilities in Arua and Nebbi districts.

The graph shows the trend of Plague outbreaks in Arua District, Uganda. Fewer cases and no deaths have been reported since AIZIP and its partners conducted the Plague prevention exercises.

#### Accra meeting, Ghana

A meeting to "Strengthen Africa's Response to Emerging Zoonotic Diseases through partnership between Field Epidemiology and Laboratory Training and the Veterinary Services" was held in Accra, Ghana in May 2009. Experts from Nigeria, Ghana, Burkina Faso, Mali, Senegal, USAID, CDC, AFENET and WHO attended the meeting to review current Veterinary curricula of long and short term training programs, and share experiences, best practices and lessons on implementation of activities.

The meeting, which resulted in the signing of the Accra Declaration, resolved to promote partnerships with government ministries, Multi-lateral and Bilateral health and development partners to build multi-disciplinary teams to identify zoonoses and other communicable diseases.

![](_page_9_Figure_5.jpeg)

AIZIP stakeholders' meetings

As part of achieving the project's objective to strengthen national surveillance capacity for Avian Influenza and other emerging and reemerging zoonotic infections, AIZIP conducted a stakeholders' meeting in Zimbabwe in July 2009. Previous meetings were held in Ghana and Tanzania in October and December 2008 respectively. The meeting brought together technocrats in the field to analyze various activities in member countries, identify gaps, and discuss appropriate means to address them within AIZIP's operational framework.

The meetings identified and selected technical people to be incorporated in the multi-sectoral team to undertake national AIZIP activities in each country. Participants also agreed on an information sharing mechanism among different stakeholders to streamline surveillance, prevention, control, and response to AI/PI and other zoonotic infections.

#### Regional stakeholders' meeting

This meeting of experts in both animal and human health sectors was held in September 2009 in Mombasa, Kenya. Participants were from countries in which AFENET operates, as well as its partners. Discussions focused on the creation of an all Africa Rapid Response Team to respond to outbreaks of zoonotic Infections. This team's database comprises experts from Kenya, Uganda, Zimbabwe, and Ghana. The creation of this team is a step towards implementing the One World, One Health strategy. The workshop also discussed the status of AIZIP activities in Kenya, Zimbabwe, Tanzania, Uganda, and Ghana.

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#### **International Health Regulations** (IHR) meetings

The objective of the meeting was to review core indicators to be used to monitor the progress of governments in implementing the IHR. Dr. Monica Musenero chaired the Sub Committee on Indicators for Human Resource, ports of entry, and zoonotic threats. Core capacity assessment for IHR was carried out in Kenya in October 2009. The findings from the assessment will be disseminated to partners including AFENET. A meeting for IHR stakeholders is planned for 2010 in Nairobi, Kenya.

#### Launch of Zoonotic Diseases Working Group

AFENET, through AIZIP, supported the launch of Kenya FELTP's Zoonotic Diseases Working Group in October 2009. The responsibilities of this multi-sectoral team include: developing guidelines on prevention and control of zoonotic diseases, promoting research in zoonotic diseases, and developing innovations to improve control, prevention, and surveillance of zoonotics in Africa. Participants at the launch were from CDC Kenya, Kenya Medical Research Institute (KEMRI), Veterinary Department-Nairobi, and Ministries of Livestock Development and Wildlife. The next meeting of the Zoonotic Diseases Working Group will focus on implementation of AIZIP activities, and will be funded by AFENET.

#### **Community Engagement Strategy** for Public Health Communication against Zoonoses

Given the limited application of protective practices against Avian Influenza by communities, AIZIP decided to use community engagement as opposed to simply churning out messages to the public. The project will incorporate the strategy into FELTPs to enhance the capacity of FELTP graduates to effectively guide communities into healthy behaviour. The strategy and tools will be based on Participatory Epidemiology which has been extensively used in Veterinary Medicine and Avian Influenza outbreaks. In April 2009, AFENET and PENAPH (Participatory Epidemiology Network for Animal and Public Health) agreed to facilitate mainstreaming of these skills into FELTPs, using PENAPH's training materials.

#### Regional AI/Zoonotic disease outbreak response team

As part of developing a rapid response and technical back stopping team, AIZIP is working on establishing multi stakeholder teams to respond to disease outbreaks on the continent faster and more effectively. A database of experts who will be part of these teams has also been created.

### Plans for 2010 Implementation of community

engagement activities AIZIP plans to implement community engagement activities in 2010, which activities have been developed in partnership with CDC and International Livestock Research Institute (ILRI). These activities will help to train veterinary epidemiologists in the participatory approach designed by ILRI.

#### Conducting short courses on zoonotic infections

In 2010, AIZIP plans to roll out short courses on zoonoses in the FELTPs. The first zoonotic infections short course was held in Nigeria.

#### Production of outbreak investigation kit

AIZIP plans to develop an outbreak investigation kit to suit the needs of the Ethiopia Field Epidemiology and Laboratory Training Program.

![](_page_10_Picture_14.jpeg)

Participants of the IHR Implementation meeting in Kenya

![](_page_10_Picture_16.jpeg)

A member of the AIZIP team sprays a house in Arua District with ICON during the Plague prevention activities

![](_page_10_Picture_19.jpeg)

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### AFENET - L

One of the biggest challenges in the health delivery system in Africa is the limited availability of reliable public health laboratory services. A number of factors have contributed to this situation in Africa such as lack of skilled laboratory personnel, inadequate laboratory supplies and equipment. AFENET, through the AFENET-L project seeks to assist Ministries of Health build capacity and strengthening public health laboratories in Africa. The vision of this project is to provide leadership in public health laboratory services to aid communicable disease control and to inform public health policy.

#### Cholera outbreak response, Zimbabwe

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During the cholera outbreaks in Zimbabwe 2008/9, the AFENET – L project supported the Ministry of Health and Child Welfare (MoHCW) with supplies including laboratory antimicrobial sensitivity testing discs, anti-sera for cholera detection and confirmation, personal protective wear (gumboots, face masks, aprons, surgical gloves) and Oral Rehydration Solutions to help the ministry in the detection, response and control of the cholera outbreak. The cholera outbreak in Zimbabwe started in August 2008, affecting all provinces and 84% of the districts in the country. As of 30 July 2009, 98 592 suspected cases and 4,288 deaths had been reported by the MoHCW.

## Production of AFENET-L newsletter

In April 2009, AFENET–L produced the maiden issue of its quarterly newsletter. The newsletter was distributed to laboratorians in the Network via e-mail. About 1000 print copies were made and distributed to laboratorians through the Uganda Ministry of Health. This was followed by the creation of a website for AFENET–L (www.afenet-lab.net). The website acts as a source of information and for sharing the latest initiatives and developments in public health laboratories.

#### HIV Quality Assurance Proficiency Testing

In September 2009, AFENET launched a project on HIV Quality Assurance Proficiency Testing in Uganda and Tanzania. This HIV testing project will be implemented in 200 sites in both countries using Dry Tube Samples (DTS). The DTS is a simple and cost-effective approach for Proficiency Testing programs to monitor and improve quality of testing. Consultative meetings were held with CDC – Uganda, Uganda Virus Research Institute (UVRI),

![](_page_12_Picture_0.jpeg)

## AFENET-LAB Newsletter

Networking you to the latest laboratory developments in public health

Central Public Health Laboratories and the AIDS Control Programme – Uganda Ministry of Health.

#### Signing of Memoranda of Understanding with laboratory networks

A new partnership was formalized through the signing of Memoranda of Understanding (MoUs) between AFENET and the Biomedical Laboratory Network (BLN) and the Uganda Association of Biomedical Scientists (UABMS) in October 2009. This collaboration seeks to address the need to offset delays in laboratory investigations, inadequate or poorly trained manpower, and prolonged spread of epidemics through poor laboratory service. Through the agreement, BLN and UABMS will be able to tap into AFENET's strong partnerships and collaborations on the continent and globally, including USAID, the US Centers for Disease Control and Prevention (CDC), WHO, Task Force for Global Health among others. The two associations will provide human resource to assist in laboratory investigations while also building international linkages to other laboratories and partners. AFENET

will work with the two laboratory institutions through its AFENET-L project to enhance laboratory information management, human resource development, bio-safety, and exposure to international laboratories

#### Training of Trainers workshop on Strengthening Laboratory Management Towards Accreditation (SLMTA)

AFENET participated in the training of trainer's workshop for the Strengthening Laboratory Management towards Accreditation (SLMTA) in South Africa in November 2009. The SLMTA training aims at strengthening laboratory management, achieving immediate laboratory improvement, and accelerating the process towards WHO-AFRO accreditation. This program will also serve as a stepping stone toward achieving other international accreditation schemes such as ISO-15189. AFENET, as a partner, is ready to collaborate with Ministries of Health in the roll out of the SLMTA training and provide technical support.

#### Plans for 2010

Laboratory accreditation support As countries in Africa plan to get their laboratories accredited with the WHO Laboratory Accreditation Initiative, AFENET, in partnership with the Ministries of Health, will support laboratory quality and management training programs through AFENET-L.

#### Equipment calibration

Equipment calibration is very critical to any accreditation process. AFENET-L will train equipment technicians in selected countries to support their laboratories through equipment calibration aimed at fast tracking laboratory accreditation.

#### Basic Laboratory Information Management System (BLIS)

A major shortfall in patient care in Africa is poor information management in public health laboratories. The goal of the Basic Laboratory Information System (BLIS) project is to contribute to improved laboratory efficiency and management, patient care and public health response by establishing an electronic information system which can receive, process and deliver laboratory results on time.

![](_page_12_Picture_15.jpeg)

Dr. Lazarus Kuonza receives a gift from AFENET's Editor Ms. Anita Tibasaaga, on behalf of the Secretariat team, during his final presentation

### Experience @AFENET Fellowship Program

AFENET's three to 12 months fellowship program "Experience@ AFENET" is a unique opportunity for Public Health graduates in the Network to gain special skills for field epidemiology capacity development initiatives. The program began in June 2008 and allows fellows to work with staff at AFENET Secretariat in Kampala, Uganda, staff in the network, and with partners to provide service during public health emergencies. Experience@AFENET gives public health trainees worldwide, the opportunity to enhance their knowledge and in-service practice of public health in Africa. Since its inception, Experience@ AFENET has seen three talented scientists enhance their competencies in epidemiology and disease outbreak response. These AFENET fellows are: Dr. Patrick Nguku – Kenya FELTP Mr. Ndlovu Nqobile – Zimbabwe FETP Dr. Lazarus Kuonza – Zimbabwe FETP

#### Mr. Ndlovu Nqobile's experience (February-April 2009)

The second recipient of this fellowship was Mr. Ndlovu Nqobile, then Assistant Field Coordinator of the Zimbabwe FETP. Mr. Nqobile's fellowship stretched from 16 February to 10 April 2009, and during this time, he participated in various activities through which he enhanced his

![](_page_13_Picture_7.jpeg)

knowledge and practice of public health in service to the network and its key stakeholders. His activities included:

# Assisting in the establishment of AFENET-L

Mr. Ngobile was part of the team at the Secretariat which established AFENET's laboratory network under the auspices of AFENET-L. The laboratory network aims at creating a forum for regional and district laboratory experts to network and share best practices on issues concerning integrated quality management systems essential for laboratory diagnosis of multiple diseases of public health importance like HIV/AIDS, TB and Malaria. The initiative is supported by the US President's Emergency Plan for AIDS Relief (PEPFAR). Mr. Nqobile assisted in the design and content layout for the project's website and newsletter, as well as development of AFENET'L's concept to include its vision, mission, and strategic objectives.

# Revision of existing laboratory training material

Mr. Nqobile was also instrumental in planning a workshop to review the existing AFENET laboratory training materials which were piloted in Uganda, Zimbabwe and Tanzania. The workshop was attended by nine participants who recommended that the content in the manual should be made simple and concise, among others.

#### Involvement in Non Communicable Diseases (NCD) Project

AFENET, in collaboration with the Uganda Heart Institute at Mulago National Referral Hospital and Mbarara Referral Hospital, seeks to establish a surveillance system for Non Communicable Diseases using patients' data. Mr. Nqobile had the opportunity of participating in the development and installation of a database that will be used to track information from the patients. He also took part in the review of the existing data collection tools of the Mbarara Referral Hospital and reviewed the project's narrative.

#### AFENET/ TEPHINET Conference, Mombasa, Kenya

During the preparations for the conference, Mr. Nqobile was part of the team which designed the initial website template. He also customized the "Call for Abstracts" format.

#### Dr. Lazarus Kuonza's experience (July-September 2009)

Dr. Lazarus Kuonza is the latest beneficiary of this learning experience. He worked at the Secretariat from July to September 2009, closely participating in activities of the Avian Influenza and other Zoonotic Infections Project (AIZIP). He also worked with staff at Makerere University's School of Public Health to develop a Summer Course on Advanced Epidemiology.

Dr. Kuonza participated in the following activities during his stay at the Secretariat:

#### AIZIP workshop

Dr. Kuonza was part of the AIZIP team which organized the workshop on Zoonotic Diseases during the 5th African Regional TEPHINET and 3rd AFENET Scientific Conference in Mombasa, Kenya. The workshop attracted 67 participants from animal and human health sectors. Among the participants' deliberations was a proposal to create an African Outbreak Response Team.

# Compiling AIZIP newsletter and news updates

Dr. Kuonza initiated the production and circulation of a monthly newsletter on AIZIP related activities. He also compiled weekly news updates which he shared with partners via email.

Dr. Kuonza was also one of the trainees for the Editorial Office of the Pan African Medical Journal (PAMJ). The journal has a partnership with AFENET to enhance information sharing and creation within the network. Dr. Kuonza has since been formatting manuscripts for publication in the journal.

![](_page_14_Picture_19.jpeg)

"The three months I spent at the AFENET Secretariat were priceless. I made life-long friends and professional contacts to benefit me personally and professionally. I was very fortunate that my fellowship coincided with the 5th African Regional TEPHINET and 3rd AFENET Scientific Conference where I made three presentations and helped in preparations for the Conference. The teamwork at AFENET is undisputed and I thank all staff for sharing this spirit with me." Dr. Lazarus Kuonza

![](_page_15_Picture_0.jpeg)

Sustainable Management Development Program (SMDP)

In 2004, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) conducted a needs assessment in four countries where AFENET operates (Ghana, Kenya, Uganda, and Zimbabwe) by reviewing available national data and by interviewing key officials at the Ministries of Health (MoHs), Non Governmental Organizations (NGOs) and Field Epidemiology Training Programs (FETPs).

Among the key health system gaps identified was the limited use of data for decision-making. Consequently, CDC's Sustainable Management Development Program (SMDP) proposed to assist AFENET in strengthening programs to produce public health leaders and managers by enhancing management capacity of MoH staff from the Planning and Surveillance units. Management workshops are hence conducted for MoH staff especially at the district level. Highlighted below are some of the activities in which SMDP was involved.

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#### Health Management Information Systems (HMIS) workshop, Zimbabwe

The workshop which was held in Zimbabwe in May 2009, focused on improving HMIS data in Zimbabwe using SMDP's Process Improvement model. It further aimed at enhancing management capacity of the Zimbabwe Ministry of Health and Child Welfare (MoHCW) by improving the process of collecting, presenting and utilizing health surveillance data. Poor information management systems had caused the quality of health information reporting in Mashonaland to deteriorate to a record low of 29%.

Participants thus presented improvement plans which they had created basing on the problems identified during the workshop. These plans are to be implemented within six months following the workshop. Follow up of these plans is to be done by the responsible persons at the district, the Principal Medical Director's office, Zimbabwe FETP and MoHCW.

First short course on Improving Management of Public Health Interventions (IMPHI), Ghana The Center for Leadership and Management conducted its inaugural IMPHI course from 17June to 3 July 2009 at the University of Ghana. The training followed a meeting of AFENET, SMDP, and the Ghana School of Public Health in March 2009, where the course curriculum and other course materials were reviewed and finalized.

The IMPHI course aimed at helping public health managers to apply effective leadership and networking skills with stakeholders, plan processes and procedures to achieve measurable results, mobilize and manage available resources towards achieving health goals, and evaluate programs to account objectively for results of operations. It was attended by participants from Ghana (19), Kenya (1), Tanzania (1) and Uganda (1). They included program managers, regional, district, local government and county health services managers and health professionals working with international organizations and NGOs.

Following the training, participants made presentations of their projects to faculty in October 2009. Dr. Samuel Amwayi's study was titled "Towards Improving Kenya Field Epidemiology and Laboratory Training Program (FELTPK): Graduates' and Residents' Perspective''. His research provided suggestions made by graduates on improving retention of Kenya FELTP graduates in the civil service. They included better scheme of service, better remuneration, clear career progression, and promotion upon graduation.

Dr. Alice Namale from Uganda made a presentation titled "Improving Provision of Technical Assistance (TA) by the HIV Care and Treatment Team at CDC-Uganda". It focused on establishing a cohesive and effective team to support HIV care and treatment activities through training the team members in team work. To date, the project has helped foster team work, participatory planning, and communication.

From Tanzania, Dr. William Kafura's study was titled "Improving Management of Rapid Response Team in Ilala Municipality". The project aimed at strengthening the management of Rapid Response Teams at district level, the cornerstone for appropriate preparedness, response and coordination of the teams. Dr. Kafura noted that the burden of disease in Tanzania is very high thus the role of rapid response teams cannot be overlooked.

#### Plans for 2010

SMDP intends to carry out the second IMPHI short course between June and July 2010.

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![](_page_17_Picture_0.jpeg)

### **Trainee Grants Program**

Ten trainees from the Field Epidemiology Training Programs were the recipients of the 2009 grants worth \$5,000 for one year from a partnership of AFENET, the CDC's Office for Global Health, and USAID's Bureau for Global Health called the Trainee Grants Program. The program is aimed at offering trainees the opportunity to develop novel and effective strategies and interventions that will help improve public health practice in their countries. The grants are given out after trainees respond to a competitive Call of Proposals from the awarding bodies.

The program, which is implemented by AFENET technical support from USAID and CDC, had its first round of trainee grants given out to three trainees from Uganda, Kenya and Zimbabwe in 2006. These trainees carried out research studies on immunization and wrote papers which they presented during the 4th African Regional TEPHINET and 2nd AFENET Scientific Conference in Kampala in 2007, and the Global TEPHINET Conference in Malaysia in 2008.

The Trainee Grants Program has four

![](_page_17_Picture_7.jpeg)

areas of interest for trainees intending to receive the grants, namely:

- A. HIV/AIDS, Tuberculosis and Malaria
- B. Immunization and Maternal and Child Health
- C. Avian Influenza, Other Zoonotic Infections and Neglected Tropical Diseases
- D. Diagnostics and laboratory techniques for disease surveillance and disease prevention

The program creates a unique opportunity for field epidemiologists in training to focus their research projects on improving public health practice. It goes beyond the goals of a traditional research grant program by requiring recipients to share their results with local and national level policy makers. The recipients then advocate for adoption of their interventions or strategies through changes in health policy and programming.

#### First round of recipients of the Trainee Grants

Name	Title	Country
Nicholas Ayebazibwe	Effect of Reminder/Recall Systems on Immunization Drop out in Rural	Uganda
-	Settings in Rakai District, Uganda (in the process of publishing his	-
	findings)	
Jared Omolo	Improving Immunization Coverage in Siaya District, Kenya. A Case for	Kenya
	Innovative Strategies (in the process of publishing his findings)	
Addmore Chadambuka	Assessing the Effectiveness of Immunization Strategies in a District with	Zimbabwe
	Low Immunization Coverage in Zimbabwe (Published his paper)	

#### Second round of recipients of the Trainee Grants

Name	Title	Country
Richael Mills	Knowledge & practices of Lymph edema Mgt of Lymphatic Filariasis in the Efutu Municipality	Ghana
Gifty Boateng	The Laboratory Preparedness for Outbreak Investigation & Response North District, Eastern Region	Ghana
Kelly Nelima	Magnitude of Dog Bites and the Associated Risk Factors among Primary School Children in Kakamega District, Kenya	Kenya
Oladayo Biya	Evaluation of TB/HIV Collaborative Services in two Pioneer States in Nigeria	Nigeria
Kurmi Ibrahim Garba	Effects of Community Based Immunization in Improving and Sustaining Immunization Coverage in a Rural Community in Niger State, Nigeria	Nigeria
Olaniran Alabi	Cross-sectional Studies to Establish the Status of Highly Pathogenic Influenza Infection among Humans, Rural Domestic Birds, Backyard and Commercial Birds in Nigeria	Nigeria
Waziri Ndadilnasiya	Survey of Knowledge, Attitudes and Practices Towards Avian Influenza Among Backyard Poultry Owners in Nigeria	Nigeria
Stanley Limo	Evaluation of Tuberculosis (TB) Diagnostic Confirmation Processes in Selected Districts of Tanzania 2009	Tanzania
Daudi Mussa Kadigi	Prevalence of Malaria and Hepatitis B in Donated Blood for Transfusion in "Safe Blood Banks"- Eastern Zone, Tanzania	Tanzania
H. Mutunzi	Evaluation of the Sodium Concentration Methods in the Detection of the Pulmonary TB in Resource Poor Settings in Zimbabwe	Zimbabwe

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# Uganda Immunization Training Program (UITP)

The Uganda Immunization Training Program (UITP) is a project aimed at training mid-level immunization program personnel in Uganda using materials adapted from WHO. The program is a partnership between the Task Force for Child Survival and Development (TFCSD), Makerere University School of Public Health (MUSPH), Uganda Ministry of Health (MOH), Uganda National Expanded Program on Immunization (UNEPI) and the African Field Epidemiology Training Network (AFENET). The program works closely with the WHO country office and other development partners involved in immunization in Uganda. UITP is funded by the Merck Company Foundation under its Merck Vaccine Network Africa (MVN-A) branch. The other (MVN-A) programs are located in Kenya, Zambia, and Mali.

UITP has trained 170 national level

program personnel and Mid-Level Managers so far. The program intends to train 270 more Mid-Level Managers from district and subdistrict levels in the next two years. UITP also participated in training 120 Operational Level health workers. UITP has also trained Mid-Level managers like District Health Officers (DHO), Expanded Program on immunization (EPI) focal persons, District Health Visitors (DHVs), Cold

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Chain Assistants, Health Sub-District (HSD) in-charges, and HSD EPI focal persons from all districts in Uganda.

# Mid Level Management (MLM) training

UITP successfully organized two MLM 5-day courses in August and November 2009; each course had 30 participants. Participants enhanced their skills and knowledge in problem solving approach to immunization service management, planning immunization activities, communication, supportive supervision, role of EPI manager, monitoring immunization and data management, logistics, immunization safety and waste management, new vaccine introduction, and integrated disease surveillance.

#### Polio campaign

UITP was involved in a national Polio campaign in Uganda following an outbreak of the Wild Polio Virus in Northern Uganda. All children below five years received three rounds of monovalent Oral Polio Vaccine (OPV) in March, April, and May 2009. UITP supported this campaign through planning and supervising implementation of the campaign in the districts.

#### Plans for 2010

In 2010, UITP intends to intensify district MLM trainings to cover the whole country.

UITP also plans to adopt the new MLM Modules which have recently been released by WHO headquarters, but are yet to be adopted by WHO/AFRO.

UITP plans to initiate follow up of the trainees to assess whether the training had practical effects on the immunization program in Uganda.

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(Front row L-R): Dr. Fraumeni, Dr. Sam Mbulaiteye– Principal investigator (2nd row L-R): Dr. Patrick Kerchan– Medical Superintendent Kuluva Hospital, Mike Mbaziira– Data Manager, Dr. Olivia Namusisi-AFENET liaison, Dr. Martin David Ogwang- Director Lacor Hospital (Back row L-R): Dr. Allan Hildesheim, Dr. Tobias Kinyera– Project Coordinator Lacor Hospital

Epidemiology Of Burkitt Lymphoma In East African Minors (EMBLEM) Study

The Epidemiology of Burkitt Lymphoma in East African children or Minors (EMBLEM) is a case control study of 1500 Burkitt Lyphoma (BL) cases in East Africa. The study seeks to enroll cases at four hospitals in four regions in East Africa, where malaria transmission is endemic.

The controls are enrolled from general population attendees at Health Center II units where the cases originate. The primary objectives of the study are to test the hypothesis that genetic resistance to malaria is associated with a lower risk of BL and to use genome-wide association methods to discover genetic variation that may be associated with decreased or increased risk of BL.

In Uganda, the primary sites for enrollment of are St of Uganda respectively. The study intends to enroll 675 cases in the initial implementation sites in Uganda at St.Mary's Hospital- Lacor in Gulu District and Kuluva Hospital in Arua District.

In this study, children who visit Lacor and Kuluva hospitals will be evaluated for BL and once diagnosed, they will receive treatment at no cost. The children will also be invited to participate in an epidemiological study

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of BL to determine whether malaria increases the risk of BL.

AFENET provides overall coordination and logistical support to the EMBLEM study which is funded and implemented by the National Cancer Institute (NCI) of the US National Institutes of Health in collaboration with St. Mary's, Lacor and Kuluva Hospitals.

In October 2009, NCI invited the Uganda team for a meeting in Maryland, USA, to help define the scope of work over the coming months. The meeting also discussed plans for initiation of the field effort at the initial study sites in Uganda.

#### Plans for 2010

The team carrying out the EMBLEM study plans to hold an orientation and sensitization seminar for key staff of Kuluva Hospital about Burkitt Lymphoma. The seminar, which will take place at Lacor Hospital, will also target about 20 health personnel from the districts surrounding St. Mary's Hospital-Lacor, namely: Gulu, Amuru, Oyam, Kitgum, Adjumani, Pader, Lira, Apac and Nebbi districts.

The objectives of the sensitization seminar include:

• To sensitize key hospital and district personnel about the EMBLEM study

- To raise awareness about BL, the services for BL available at St. Mary's Hospital, Lacor, and at Kuluva, and the importance of early diagnosis and referral
- To explain the role of the community in ensuring early referral of BL cases to Lacor and Kuluva Hospitals

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Non Communicable Diseases (NCD) Project

Non Communicable Diseases (NCDs) have emerged as silent killers in developing countries. As such, WHO encourages resource constrained countries to develop NCD surveillance tools to be used in monitoring the disease burden which threatens to overwhelm already over-stretched health systems. NCDs include hypertension, diabetes, mental disorders, obesity, and asthma among others.

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AFENET in collaboration with the Uganda Heart Institute (UHI) at Mulago National Referral Hospital and Mbarara Referral Hospital, Uganda, seeks to establish a surveillance system for NCDs using data available from patients attending the institutions' clinics, and periodically analyzing and publishing this data. AFENET also wishes to partner with the two institutions to establish centers of excellence for training, surveillance and research for NCDs. This will provide opportunities for young public health professionals within and outside Africa to develop their skills and competencies in research and public health. Such linkages provide AFENET with unparalleled opportunities to address challenging public health emergencies. Highlighted below are activities in which the NCDs project participated in 2009.

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# Development of NCD surveillance system

In 2009, AFENET, UHI, Mulago and Mbarara National Referral Hospitals, embarked on a pilot project to establish a surveillance system for diabetes and cardiovascular diseases using an open cohort design. The system will ensure efficient data collection, entry and management for further assessment of the burden of chronic NCDs and its response to health system interventions.

After consultative meetings with the management of Diabetes Clinic at Mbarara Hospital and UHI, the team developed electronic databases for diabetes and cardiovascular diseases using Microsoft Access. The databases will help to monitor indicators that are related to treatment outcomes, incidence, prevalence, and risk factors. Currently, a total of 2150 patient files from Mbarara and UHI respectively have been captured in the database.

#### Research team of Non-Communicable Diseases project

Name	
Mr. Simon Kasasa	MUSPH
Biostatistician	
Dr. Elias Ssebatta	UHI- Mulago
Clinician	
Dr. Peter Mukasa Kivunike	Mbarara Hospita
Clinician	
Dr. Medaro Bitekyerezo	Mbarara Hospita
Head Diabetes clinic	
Dr. Olivia Namusisi	AFENET
Coordinator	
Dr. Sheba N. Gitta	AFENET
Epidemiologist	
Mr. David Mukanga	AFENET
Team leader	

#### Staff Development

Two people were recruited and trained as data clerks (one at each site) to help capture the relevant surveillance data. Plans are underway to conduct quarterly and cumulative cohort analysis as a way of monitoring cases and their outcome in addition to vital signs in the management of NCD.

#### Support For Burkitt Lymphoma Study

AFENET provides overall coordination and logistical support to the Burkitt Lymphoma study in Northern Uganda. The study is funded and implemented by the National Cancer Institute (NCI) of the US National Institutes of Health in collaboration with St. Mary's, Lacor and Kuluva Hospitals. It will clarify the role of malaria and other infections like parasites in Burkitt Lymphoma etiology, and more broadly, the interplay between genetics, infection and immunity in cancer etiology. In October 2009, NCI invited the Uganda team for a meeting in Maryland, USA, to help define the scope of work over the coming months. The meeting also discussed plans for initiation of the field effort at the initial study sites in Uganda.

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# Trainings, Conferences, Workshops & Meetings

Accra Declaration Meeting Ghana The Accra Declaration is an agreement which was signed by African countries, committing to promote partnerships with government ministries, Multilateral and Bi-lateral health and development partners to build multi-disciplinary teams to address zoonoses and other communicable diseases. This Declaration was signed in Accra, Ghana in May 2009 during a meeting under the theme "Strengthening Africa's Response to Emerging Zoonotic Diseases Through Partnership Between Field Epidemiology and Laboratory Training and the Veterinary Services". The meeting was attended by experts from Nigeria, Ghana, Burkina Faso, Mali, Senegal, USAID, CDC, AFENET and WHO. Participants reviewed the current veterinary curricula for long and short term training programs, shared experiences, best practices and lessons on implementation of activities. The participants also committed to develop capacity and infrastructure in animal and public health sectors and share information and resources like biological materials on zoonotic infections.

#### Laboratory Accreditation Meeting, Kigali, Rwanda

AFENET participated in a meeting on Strengthening Laboratory Management to accelerate Public Health Laboratory capacity building towards accreditation in the African Region in July 2009. The meeting was held in Kigali, Rwanda. It was hosted by WHO-AFRO, the International Laboratory Branch of the Global Aids Program/CDC and CDC/Rwanda, in partnership with the American Society for Clinical Pathology (ASCP) and the Clinton Foundation. The meeting aimed at showing a blueprint of the path towards accreditation for public health laboratories in Africa and obtaining key stakeholders' support for accreditation. During the meeting, WHO-AFRO launched a new program titled "Strengthening Laboratory Management Toward Accreditation". This program teaches managers from laboratories undergoing accreditation, critical management tasks and routines to help them engage in improvement projects as they move steadily towards accreditation.

#### 5th African Regional TEPHINET & 3rd AFENET Scientific Conference, Mombasa, Kenya

This was the first conference in the history of public health to bring together public health experts, veterinarians, laboratorians, as well as public health policy makers to discuss issues of public health concern to Africa e.g. climate change and zoonoses. The conference was held in Mombasa, Kenya from 30 August- 4 September 2009 under the theme, "One Health". Over 350 participants from seventeen African countries attended. Other participants were from USA, Italy, Belgium, India and France. During the conference, 45 oral and 100 poster presentations were made especially on areas of new and re-emerging global public health threats. Also present at the conference were representatives from partner organizations namely: CDC-Atlanta,

CDC-Kenya, Kenya Medical Research Institute (KEMRI), USAID, ProMed, FAO, UNICEF, Africa Biosystems, International Research Institute (IRI), and Ministries of Health of African countries present. The conference was officially opened by Kenya's Assistant Minister for Public Health and Sanitation, Hon. James Gesami, who applauded AFENET and its partners for the commitment to improving public health in Africa.

#### Health Diplomacy Training Program, Sokoto, Nigeria

The program which is funded by the United States Department of Human Health Services (HHS), aims at training frontline health workers in Nigeria to carry out basic surveillance and management. The training comes at the height of pandemics like Influenza A (H1N1) which call for adequate training of health personnel to detect and prevent disease outbreaks.

AFENET will implement this program in conjunction with the University of Usmanu Danfodiyo, Sokoto, Nigeria, and with technical assistance from the United States Centers for Disease Control.

#### Cholera Surveillance Network

In October 2009, AFENET became the sole sub-grantee of France's Agence de Médecine Préventive (AMP). AFENET will be part of a three year project which will focus on building a Cholera Surveillance Network in ten African countries. The project is funded by the Bill and Melinda Gates Foundation. Through this project, a database highlighting

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the burden of cholera in Africa will be developed and subsequently used as a basis for the introduction of a cholera vaccine in Africa. This project is timely given frequent recurrence of cholera outbreaks on the continent.

#### HIV Quality Assurance (QA) Program

AFENET is implementing a proficiency testing and quality assurance project that will focus on production of Dry Tube Samples (DTS) and training health personnel to conduct accurate and superior HIV testing using DTS. The project is supported by the International Laboratory Branch of the Centers for Disease Control and Prevention (CDC) and will be implemented in 200 sites in Uganda and 200 in Tanzania for a period of one year. Some of the project's activities will involve collection and analysis of data from testing sites on a quarterly basis.

#### AFENET Establishes Public Affairs Office

AFENET's Science and Public Affairs Department is a new unit at the Secretariat in Kampala, Uganda. 2009 saw a vibrant Science and Public Affairs department through partnership with the Academy of Educational Development and USAID's Avian Influenza Communication (AI.COMM) project which seconded a Public Affairs Officer to AFENET. A lot of media coverage (both domestic and foreign) for AFENET activities was realized through this partnership, redesign of AFENET's corporate and branding materials like brochures, office stationery, and Corporate Profile was also carried out.

#### **Communication Skills Training**

The Public Affairs Office organized two Communication Training workshops for AFENET's epidemiologists and spokespeople in October 2009. The training was sponsored by USAID through its AI.COMM project. The first training was attended by epidemiologists from Uganda, Kenya, Tanzania, and Nigeria. The second training was organized for Program Directors from the same countries. The participants enhanced their skills in public speaking, presentation, and creation of public messages. Two experienced communications experts from Ogilvy Public Relations Worldwide facilitated the second training which was mainly for AFENET spokespeople.

#### Pan African Medical Journal (PAMJ)

The Pan African Medical Journal (PAMJ) is an online open access journal with a vision of becoming the leading medical journal in Africa, and one of the best in the world. PAMJ partnered with the African Field Epidemiology Network (AFENET) in 2008 with the aim of increasing the number of publications from African scientists. AFENET supports public health activities in over 16 African countries.

The AFENET-PAMJ partnership has provided public health practitioners and trainees all over Africa the opportunity to publish in a respected journal, while promoting AFENET's vision for a healthier Africa. The PAMJ editorial office is based at the Network's Secretariat in Kampala, Uganda. The managing editors of PAMJ are Dr. Raoul Kamadjeu and Dr. Landry Tsague. PAMJ has been indexed in a number of renowned databases: Elsevier (EMBASE and scopus), The Access to Research Initiative (HINARI), the Directory of Open Access Journals (DOAJ), the African Index Medicus, the African Journals Online (AJOL), EBSCO and PubMed. The longawaited inclusion onto PubMed will take effect in 2010.

Scientific papers published in the journal include case reports, commentaries, editorials, letters to the editors, research, review, short communications and special features.

The first article was published on 3 July 2008. As of December 2009, 40 papers had been published in the journal: seven issues in volume one (2008), 11 in volume two (2009) and 22 in volume three (2009).

In 2009, 122 experts from 47 countries acted as reviewers for the journal. PAMJ is now sending out certificates of appreciation to each of them for their support.

The journal now has a Facebook page (http://www.facebook. com/pages/Panafrican-Medical-Journal/189123838167). As of December 2009, the page had a following of over 30 fans.

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# Country Reports

## Ethiopia Field Epidemiology and Laboratory Training Program (E-FELTP)

The Ethiopia Field Epidemiology Training Program (E-FELTP) was established in January 2009, and joined AFENET in May 2009. The program has 13 trainees who include doctors, medical officers, laboratorians and environmentalists. Of these, only one is female. As a member of AFENET, the E-FELTP will benefit from both technical and financial support, and closer linkages with the other programs in the Network and partners of the Network. The program will also have a Country Liaison Officer at the Secretariat to coordinate E-FELTP's activities.

#### Outbreak investigations

The trainees were involved in various outbreak investigations including Malaria, Meningitis, and Influenza A (H1N1). All these outbreaks were controlled. The trainees were also involved in investigation of Acute Watery Diarrhea in Addis Ababa in August 2009.

#### Field placement

In April 2009, the first 13 trainees who joined the program in January 2009 were assigned field sites. To ensure adequate mentoring, field attachment was restricted to sites in Addis Ababa. Eight trainees were attached to Ethiopian Health and Nutrition Research Institute (ENHRI), which is responsible for public health emergency management, while five were attached to regional health bureaus.

#### Infrastructural support

The program received equipment consisting of computers and photocopy machines from CDC to set up a program office. Lecture rooms were renovated and trainees were given laptops with internet access.

#### Approval of E-FELTP curriculum

A milestone for the program was the approval of the E-FELTP curriculum by the Senate Committee of Addis Ababa University in July 2009. Consequently, residents of E-FELTP will be awarded a degree of Master of Public Health (MPH) in Field Epidemiology by the University.

The following recommendations were made during the meeting:

- Need for improved surveillance systems to manage major disease outbreaks
- Need to build capacity in Ethiopia to respond to disease outbreaks in the regions
- Workforce development and retention: mechanism should be devised to promote career path progression for trainees
- Evidence based decision making: the program should influence policy makers by sharing information about E-FELTP in newsletters, websites,
- Incorporation of the laboratory component to train advanced laboratory management as is the practice in Kenya, South Africa, Tanzania and Nigeria programs.

#### **Program visits**

In August 2009, AFENET's Senior Program Officer, Dr. Monica Musenero and Mr. William Kabasa from the AFENET Secretariat, travelled to Ethiopia to get a better understanding of the E-FELTP. The team linked up with CDC Atlanta's Dr. Peter Nsubuga, who was also visiting the program, and held a joint meeting with E-FELTP's Resident Advisor, Dr. Richard Luce. The meeting discussed E-FELTP's progress since its establishment, finalizing laboratory kit materials, and plans to support the program.

Dr. Musenero later met trainees of the E-FELTP. They discussed some of the epidemiological principles which trainees had learnt; field investigations carried out, and identified areas where they needed support.

She also met Dr. Thomas Kenyon from CDC-Ethiopia. During this meeting, it was noted that the understanding of field epidemiology was still low in Ethiopia. Dr. Kenyon observed that even though the program has no funding shortages, it is important for the program to gain support in the various levels of the health system.

It was agreed that a short course in Outbreak Investigation and Response should be conducted to enhance support for the program especially at regional level.

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# Ghana Field Epidemiology and Laboratory Training Program

Ghana Field Epidemiology and Laboratory Training Program (GFELTP) is a 2-year learningby-service postgraduate training leading to a Masters of Philosophy degree in Field Epidemiology and Disease Control. The program also runs a series of short courses for public health workers to enhance public health leadership and field staff capacity. It is a collaborative project of the Ghana Health Service - Ministry of Health, the Veterinary Service Directorate - Ministry of Food and Agriculture, the School of Public Health - University of Ghana and international partners- CDC, AFENET, USAID, and WHO.

The course has two tracks: Field Epidemiology for medical personnel and veterinarians and Public Health Laboratory Management & Biosafety for laboratory scientists. The residents provide service to the Ghana Health Service and the Veterinary Service Directorate during their field assignments especially in the area of public health surveillance, disease outbreak investigation and response, and public health data analysis. GFELTP is a founding member of the African Field Epidemiology Network (AFENET), and the Program Director, Dr. Frederick Wurapa served as the AFENET Board Chairman until September 2009. The first West African sub-regional inter-agency workshop on enhancing the field epidemiology and laboratory training program concept was hosted by the GFELTP in Accra in May 2009. The workshop was attended by veterinarians, physicians and laboratory scientists in field service and the academia, resulted in the signing of the Accra Declaration. This document demonstrates the commitment of the AFENET member countries and their partners to the mitigation of zoonotic and epizootic diseases in the spirit of "One Health". Below are highlights of the program's activities.

#### Disease outbreak investigations

GFELTP was involved in several disease outbreak investigations including Influenza A (H1N1), Rabies, and a food borne disease. The H1N1 outbreak was contained through case management using Tamiflu tablets, temporary suspension of classes, and contact follow up. Four residents of the second cohort carried out an investigation of a major rabies outbreak in the Upper East region of Ghana in October and November 2009. Ten cases were clinically confirmed, one suspected, and nine deaths recorded. The report of the residents' findings will be presented at a national stakeholders' forum and also at the upcoming International Conference on Rabies due in Ghana in January 2010.

Two Cohort-2 residents in the Eastern Region of Ghana led district health department teams to investigate outbreaks of a food-borne disease in Koforidua Municipality. They also led the team to investigate dog-bites by dogs suspected with rabies in the Akwapim North District. In the dog-bite investigation, two deaths following exposure were reported although laboratory confirmation was not feasible.

#### Epi Track Training

In August 2009, AFENET partnered with CDC to conduct training on the use of Epi Track software by GFELTP faculty and staff. Epi Track enables epidemiologists and

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other public health and medical professionals to manage data for example customizing the data entry process, entering and analyzing data.

# AIZIP stakeholders' meeting, Accra, Ghana

The Ghana program organized a two-day stakeholders' meeting in October 2008 with the aim of obtaining stakeholders' input into the draft AIZIP work plan for Ghana. It was attended by participants from the Ghana Health Service, the Veterinary Service Department, Wildlife Department, National Disaster Management Organization, School of Public Health, and the Nugouchi Memorial Institute for Medical Research of the University of Ghana. Participants revised the Ghana FELTP work plan on the basis of the identified gaps and challenges, and formed a technical multi-disciplinary AIZIP team to be part of regional teams.

#### **Regional Residents' Seminars**

The first Regional Residents Seminar for the GFELTP was held in August 2009. The purpose of the Seminar was for residents of the GFELTP to share results of their field work with stakeholders. During the Seminar, three residents from the second cohort (one physician, one veterinarian, and one laboratory scientist) presented reports of their secondary data analysis. Their recommendations generated inter-departmental discussions and agreement for collaboration between the regional Health Directorate and the Regional Veterinary Service on dog-bite and rabies surveillance/management and data sharing.

Other Regional Residents' Seminars are planned for January 2010.

#### 5th African Regional TEPHINET and 3rd AFENET Scientific Conference, Mombasa, Kenya

Residents of GFELTP made 15 poster and six oral presentations at the 5th African Regional TEPHINET and 3rd AFENET Scientific Conference in Mombasa, Kenya. Dr. Paul Polkuu, a veterinarian from the second cohort, got the award for the second best poster presentation. His poster was titled "Investigation of Influenza Outbreak in a Secondary School, Mpraeso, Eastern region".

## Meeting with partners, Atlanta, USA

In December 2009, GFELTP was part of a team from the Ghana Health Service (GHS) which met with officials from the International Association of National Public Health Institutes (IANPHI)-Emory University and CDC's Office of Global Health Atlanta, USA. Some of the issues discussed included surveillance, epidemiology capacity development, and the relevance of the FELTP in the overall development of Ghana's health system. The team was led by the Director-General of the GHS, Dr. Elias Sory. It comprised representatives from the Ghana Ministry of Health (Director, Human Resources who is also the chairman of the GFELTP Steering Committee), the School of Public Health, University of Ghana, and newly created division of Family Health at the GHS.

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## Kenya Field Epidemiology and Laboratory Training Program (FELTPK)

The Kenya Field Epidemiology and Laboratory Training Program was established in 2004. The program is a partnership between the Kenya Ministry of Health and CDC. The FELTPK pioneered the unique course in applied epidemiology and laboratory management for laboratorians at Masters Level within sub-Saharan Africa. It is a regional course admitting trainees from Kenya, Uganda, Tanzania and Sudan. The program works closely with the Ministry of Public Health and Sanitation in undertaking outbreak investigations, training in needs assessments, as well as conducting short training courses tailored to the needs of the Ministry. The program has taken the lead in investigating and responding to large outbreaks of Cholera and H1N1 outbreaks in the country. The program's activities in 2009 are highlighted below.

#### Cholera Outbreak investigations, Kibera Informal Settlement, Kenya Residents of FELTPK were involved

in surveillance and investigations of a cholera outbreak in Kibera informal settlement, the largest informal settlement in Africa, in June 2009. Due to the high potential for spread of the disease associated with overcrowding and poor sanitation in the area, investigations were done to establish the magnitude of the problem and to characterize the cases, in order to recommend appropriate prevention and control measures.

The residents participated in case finding, administration of questionnaires, and collection of stool samples for Vibrio cholera isolation. Samples of drinking water from the three main water points were collected for analysis.

Twenty one cases were identified during the investigation. The outbreak was mainly caused by drinking untreated water, eating before washing hands, not washing hands after visiting the toilet, and low toilet usage. Some of the recommended interventions to curb future cholera outbreaks in the area included strengthening community based surveillance, provision of health education, and issuing of chlorine tablets to make drinking water safe.

#### Influenza A (H1N1) outbreak

Kenya confirmed its first case of the novel Influenza A (H1N1) virus on 29 June 2009 in a 22-year old student from United Kingdom. During the first week of July, three other cases were confirmed, each among separate groups of travelers from the UK. An investigation was conducted aimed at analyzing the transmission and clinical characteristics of the flu in Kenya. To help mitigate transmission of the virus, FELTPK residents were involved in contact tracing of suspected cases, public sensitization, and clinician training. Of the 144 suspected cases, 20 tested positive for H1N1. Twelve of the confirmed cases were male. Suspected cases complained of cough, sore-throat, runny-nose and fever, diarrhea, and stomach-ache. One case was hospitalized and there were no reported deaths.

#### Investigation of outbreak of unknown disease among African Union Peacekeepers

Teams from the FELTPK and CDC participated in investigation of an outbreak of a strange disease among Africa Union peacekeepers in Somalia. Prior to the investigation, 21 male soldiers were flown to Aga Khan Hospital in Nairobi, Kenya from Mogadishu-Somalia after they reported symptoms of an undefined illness. Most of the affected soldiers were Burundaises with two Ugandans. Three soldiers died within 48 hours of arrival at Aga Khan Hospital. FELTPK residents were involved in establishing the magnitude of the problem, characterizing the outbreak, establishing the presence of any epidemiological linkage among affected soldiers, and developing a case definition. Symptoms of the undefined illness included palpitation, bilateral swelling of the lower limb, vomiting and diarrhea. Several laboratory tests were carried out and the results showed elevated Bilirubin, liver and cardiac enzymes in some of

![](_page_32_Picture_12.jpeg)

the cases. Two soldiers were admitted to the Intensive Care Unit (ICU) while the rest were managed as in-patients. Others were discharged.

H1N1 outbreak, Keiyo District, Kenya FELTPK residents were part of a response team comprising of Health Officers from the Division of Disease Surveillance and Response, which participated in investigations of an H1N1 outbreak in a primary school in Keiyo District of the Kenya Rift Valley in August 2009. Six of nine samples tested positive for H1N1. A total of 336 cases in eight villages were recorded and the outbreak reached its peak in August 2009.

#### **IHR Core Capacity Assessment**

Faculty members and two residents of FELTPK were involved in an International Health Regulations (IHR) Core Capacity Assessment that was carried out across the country. The assessment was conducted to determine the current status of core surveillance in the country, response capacities in case of any public health emergency, potential hazards, and other system requirements. The activity also aimed at obtaining baseline information that will allow for the measurement of progress towards planning and monitoring of IHR implementation. Core National Surveillance and Response components that were assessed include:

- National Legislation and Policy
- Coordination
- Surveillance Capacity
- Response
- Preparedness
- Risk Communication
- Human Resource Capacity for Surveillance and Response
- Laboratory Services

#### Integrated Disease Surveillance and Response Evaluation

The Division of Disease Surveillance and Response requested FELTPK to evaluate the performance of IDSR implementation in the country. Four residents lead teams in the four provinces of the country: Central, Rift valley, Nyanza and Coast Provinces. The residents worked with officers from the Division of Disease Surveillance and Response at both the national and provincial level.

The results of the evaluation showed inconsistent use of standard case definitions and recording of diagnosis on treatment cards. Only the district hospitals were able to perform cultures for diseases such as cholera, typhoid, and dysentery. Facilities still faced challenges in data reporting either due to shortage of staff or communication limitation. Other facilities submitted reports via cell phone sms texts. Facilities routinely received feedback from the district level. However, feedback from provincial and national levels was lacking in most facilities. The majority of the health workers were not trained in IDSR owing to a high staff turnover. There was minimal data analysis at the facility and district levels. More emphasis was put on EPI target diseases at the expense of the other IDSR diseases.

#### H1N1 response activities

FELTPK was involved in preparedness and response activities to H1N1 outbreaks in Kenya. In July 2009, seven FELTP residents were involved in sensitization and training of health workers on H1N1 in four provinces; Coast Province, North Eastern Province, Eastern Province, and Nairobi. They also participated in preparation for a countrywide exercise involving training of health workers in major hospitals on H1N1. The training emphasized case definitions, case management, infection prevention, sample collection and packaging.

Short course on Principles and Practices of Field Epidemiology for Public Health Practitioners FELTPK was supported by AFENET and the Kenya Ministry of Public Health and Sanitation to conduct the inaugural short course on Principles and Practices of Field Epidemiology for Public Health Practitioners from 28 October to 6 November 2009. The course aimed at improving the capacity of the Kenya public health system to respond to outbreaks especially at the district level. The course was a timely

![](_page_33_Picture_19.jpeg)

intervention given the recent spate of disease outbreaks in Kenya including measles, meningitis, Rift valley fever and cholera. The short course which also focused on effective laboratory management and use of Epi Info software to manage outbreaks was facilitated by epidemiology and laboratory management graduates from the FELTPK. It was attended by 25 Mid Level public health managers (medical officers, district laboratory technicians, and district surveillance officers) from five of the most disease outbreak prone districts in Kenya; Mandera, Moyale, Siaya, Garbatulla, and Kisumu East.

The Epi Info training strengthened the participants' ability to handle data appropriately. The participants also undertook projects which they will present after three months, after which they will receive certificates of completion.

# FELTPK Steering Committee meeting

The FELTPK Steering Committee held a meeting in June 2009 in Nairobi, Kenya. This committee acts as an oversight body to address the overall academic and applied training practices, goals and policies of the Kenya FELTP. The Committee members include officials from the Ministry of Public Health and Sanitation (MoPHS), WHO, and Jomo Kenyatta University of Agriculture and Technology (JKUAT). The committee recognized the contributions of the FELTPK residents in outbreak investigations since the inception of the program. Most of the FELTPK alumni have assumed leadership positions within MoPHS. The linkages

between development partners and the FELTPK continue to grow; the most recent partners to come board were Walter Reed Project and Global AIDS Program.

#### 5th African Regional TEPHINET and 3rd AFENET Scientific Conference

The FELTPK hosted the 5th African Regional TEPHINET and 3rd AFENET Scientific Conference in Mombasa, Kenya from 30 August to 4 September 2009. The conference was attended by over 350 participants from AFENET member countries, partners, and ministries of health in Africa. A total of 103 posters and 50 oral presentations were made during the conference. The best three best and poster presentations received awards.

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### Mozambique

#### First short course in Outbreak Detection, Investigation, and Response conducted

Mozambique conducted its first short course in Outbreak Detection, Investigation, and Response from 29 June to 10 July 2009 in Maputo. The course was held through a collaboration of Mozambique's Ministry of Health with AFENET and CDC. The short course aimed at building capacity in field epidemiology and disease outbreak response and control. It was also part of preparations towards setting up a two-year Masters Program in Field Epidemiology and Laboratory Training. Participants undertook mini projects including research proposal writing, questionnaire development using Epi Track Info, data management and analysis, report writing, and providing evidence-based recommendations.

Participants of the short course will be able to:

- Describe how surveillance data are currently being used in their immediate area in terms of strengths, weaknesses and recommendations for improvement
- Accurately document a disease outbreak and create a report detailing the investigation and providing evidence-based recommendations

- Demonstrate the ability to create questionnaires, enter, manage, analyze and interpret data, and make recommendations based upon the analysis and interpretation of data
- Participate actively during an outbreak investigation of an infectious disease or other acute public health event through the facilitation of specimen collection, accurate interpretation of laboratory results, and effective communication with members of the outbreak team
- Detect and report unusual events in the laboratory that may require public health investigation or intervention
- Describe in detail the surveillance system in terms of reporting sources, timeliness and completeness of required reporting, and how the data is analyzed and used
- Discuss the different data sources available in their country that can be used for the detection and verification of an outbreak at the local level
- Utilize existing data to establish a baseline of comparison against the reported levels for a potential outbreak
- Specify actions to improve effectiveness and timeliness of surveillance and describe a proposal

for making improvements

- Develop working case definitions to use when verifying the diagnosis of existing cases and conducting active case finding for additional cases
- Formulate a hypothesis that identifies the potential source(s) of the outbreak and possible means of transmission
- Develop a case investigation form that contains targeted questions that support the generation of information for testing the hypothesis
- Select the appropriate control group as needed to test the hypothesis formulated.
- Collect and describe epidemiologic data and organize them by appropriate variables to appropriately describe the outbreak by time, place, and person.
- Use statistical measures such as rates, ratios, and proportions to appropriately compare variables
- Describe the key elements required for documenting an outbreak and how these may be used to prepare concise reports and recommendations
- Specify short-term and long-term interventions that are practically tailored to the results of the investigation
- Describe monitoring activities that can be conducted following the completion of an investigation to determine if the outbreak has ended and whether the intervention has been beneficial

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## Nigeria Field Epidemiology and Laboratory Training Program (NFELTP)

NFELTP is a two-year training program aimed at improving public health systems in Nigeria through training and provision of epidemiological services. The program offers a Master of Public Health (MPH) in Field Epidemiology, Laboratory Epidemiology & Management, and Veterinary Epidemiology. The veterinary track was introduced to address the increasing threat of zoonotic diseases in Nigeria. NFELTP is the first program in the Network to offer this track.

NFELTP's main partners are the Federal Ministry of Health (FMOH), Federal Ministry of Agriculture and Water Resources (FMAWR), Centers for Disease Control and Prevention (CDC), Division of Global Public Health Capacity Development (in the Coordinating Office of Global Health, CDC Atlanta), African Field Epidemiology Network (AFENET), National Center for Zoonotic Vector-Borne and Enteric Diseases (NCZVED), World Health Organization (WHO) Nigeria, Ahmadu Bello University (ABU), and University of Ibadan (UI).

The program has made tremendous progress since its establishment in October 2008. NFELTP has a total of 26 residents in the first and second cohorts combined. The second cohort began their training in October 2009. The program has conducted eight short courses since its establishment, and below are highlights of activities in which NFELTP participated in 2009.

# Investigations of Diethylene Glycol (DEG) poisoning outbreak

Four residents (two veterinarians, one field epidemiologist and one laboratorian) were involved in investigation of acute renal failure in children below 5 years in Nigeria. The outbreak which was caused by consumption of a teething mixture that was contaminated by Diethylene Glycol (DEG) was first reported in November 2008.

NFELTP residents joined officers from the Federal Ministry, and Epidemic Intelligence Service (EIS) officers from CDC-Atlanta who visited the four affected states of Kaduna, Lagos, Oyo and Osun, where 111 cases were reported. There were 84 deaths.

The residents also participated in descriptive epidemiology of the outbreak, determination of the risk factors and designing of public health messages.

#### Lassa Fever outbreak investigation

Four residents of the NFELTP (one field epidemiologist, one laboratorian and two veterinary epidemiologists) joined the FMOH team to investigate reported cases of Lassa Fever in Nasarawa and the Federal Capital Territory. Over 50 suspected cases were reported between January and March 2009. The residents helped in case finding, contact tracing, laboratory confirmation, assessing Nosocomial transmission and investigating veterinary aspects of the outbreak.

#### Meningitis outbreak investigation

In March 2009, seven residents (four field epidemiologists, two veterinary epidemiologists, and one laboratory resident) were involved in investigation and response activities during a cerebrospinal meningitis (CSM) outbreak. The CSM outbreak began in December 2008. The residents identified the risk factors for the outbreak and participated in micro-planning activities of reactive vaccination and advocacy in seven affected states.

#### Investigation of Cholera outbreaks

Residents in the epidemiology division participated in investigation of suspected cholera outbreaks in Adamawa, Borno, Jigawa and Taraba states in the North East region of Nigeria. The outbreak was first reported in August and over 10,000 cases were reported in the subsequent four months. The residents also took part in determining the magnitude of the outbreak, defining risk factors and supporting response activities including public health education, case management and laboratory confirmation. The affected states share borders with Cameroon where a similar outbreak was reported.

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One resident joined an AFENET/ EIS team to support the Cameroon outbreak investigation team. The residents' experience after participating in outbreak investigation in a foreign country will enrich the program and his individual development. His experiences will also help to develop cross-border collaborative disease control activities with Cameroon.

#### Rabies and Dog Bites Control Program

Despite the fact that data on laboratory confirmation of cases of dog bites is available, there is no follow up on the human health side to ascertain the outcome of dog bites on human victims. In response to this, one of the residents of the NFELTP embarked on a study to determine status and distribution of rabies in dogs in Plateau State, Nigeria. The resident's study also aims at establishing a follow up linkage between the confirmed cases of rabies in dogs and humans. This will guide rabies control strategies.

#### H1N1 assessment among returning Hajj pilgrims

The program was involved in assessing and detecting cases of Influenza A (H1N1) among pilgrims returning from the Hajj pilgrimage in Mecca, Saudi Arabia in December 2009. This followed well documented reports of transmission of H1N1 during the pilgrimage, a possible threat to the country. The residents helped in detecting any influenza like illness among returning pilgrims as well as assessing their knowledge on influenza. The residents also undertook an assessment of available port health services.

#### Polio control activities

The residents have been involved in supplemental immunization activities, data quality self assessments and trainings. One of the residents evaluated the national polio surveillance system and found that the system has been meeting its operational targets in the last five years. The system is highly sensitive which is of great public health advantage because high surveillance sensitivity is required for a disease targeted for eradication.

#### Monthly Seminars for Residents, Abuja, Nigeria

The NFELTP organized three Residents' Seminars in February, April, and August.

During the first seminar, residents presented their progress reports on activities undertaken in their field sites. Among the participants were five university lecturers (two from University of Ibadan and three from Ahmadu Bello University), Resident Advisor, representatives from CDC-Nigeria, CDC-Atlanta, FMOH, FMAWR, and 13 residents.

The other two seminars focused on preparations for the 5th African Regional TEPHINET and 3rd AFENET Scientific Conference.

#### Official launch of Nigeria FELTP

The Nigeria FELTP was officially launched on 12 November 2009 by Nigeria's Minister of State for Health, Dr. Aliyu Idi Hong. Other guests at the launch included: United States Ambassador to Nigeria- Robin Renee Sanders, the Country Director CDC of Nigeria-Dr. Nancy Knight, the Permanent Secretary FMOH-Mr. Awute, AFENET's Executive Director-Mr. David Mukanga, WHO Representative in Nigeria-Dr. Peter Eriki, as well as Directors of FMOH, Federal Ministry of Agriculture and Water Resources and representatives from CDC Atlanta. Since its inception in 2008, the NFELTP has conducted seven short courses on practical epidemiological aspects of disease surveillance as well as disease outbreak detection and response. The program currently has 26 residents in its long course which leads to the award of a Master of Public Health (MPH) degree.

#### 58th EIS Conference, Atlanta, USA

Dr. Aisha Abubakar, a resident of NFELTP, made a poster presentation during the 58th Epidemic Intelligence Service (EIS) Conference in Atlanta, Georgia USA. Her poster was titled "Acute Renal Failure Outbreak in Children, Nigeria 2008". Dr. Abuakar was accompanied by the Program Director, the University Focal Person, and the Resident Advisor.

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5th African Regional TEPHINET and 3rd AFENET Scientific

Conference, Mombasa, Kenya Dr. Saheed Gidado was among the residents from NFELTP who made oral presentations at the conference. His presentation titled "Poliomyelitis in Nigeria: The trend and burden, 2009" won him the award of Third Best Oral Presenter. The program submitted 18 abstracts and 17 were accepted for presentation (six for oral presentation and 11 posters). All the 13 residents in the first cohort made presentations during the conference. They were accompanied by eight academic supervisors and eight field supervisors from CDC-Nigeria, as well as the Ministries of Health and Agriculture.

#### Short Course on Zoonoses Outbreak Surveillance and Management

The Short Course on Zoonoses Outbreak Surveillance and Management was held from 12-23 October 2009. The course was attended by participants from the Ministry of Health and the Ministry of Agriculture & Water Resources at federal and state levels. Dr. Monica Musenero, the Program Officer for Avian Influenza and Other Zoonotic Infections Project (AIZIP) was one of the facilitators during the course.

#### Faculty training

The program sponsored two of its faculty members to attend a three-week advanced training in epidemiology at Johns Hopkins University in June 2009.

NFELTP also supported another faculty member who attended the European Course in Tropical Epidemiology in Gothenburg, Sweden in August 2009.

In April 2009, a faculty member participated in a training workshop on Advanced Methods of Mortality Estimation held at the Institute of Health Metrics, University of Washington, USA.

#### Plans for 2010

The program will conduct several short courses, and admit its third cohort of residents in 2010.

The program will support collaborative activities between the ministries of health and agriculture to better address zoonoses.

The program will pass out its first set of graduates in 2010. Post-training placement and graduates career development will be subsequently addressed.

The program will continue to offer epidemiological services like outbreak investigations, assessments and capacity development as per the needs of the ministries.

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## Rwanda Field Epidemiology and Laboratory Training Program

The process of establishing the Rwanda Field Epidemiology and Laboratory Training Program (RFELTP) is ongoing. It is a two year fulltime training program in applied epidemiology and public health laboratory practice. The process which was started in 2008 has advanced tremendously and it is envisaged that by 2010, the program will be fully operational. The first cohort of residents will begin their training in January 2010. A number of institutions and organizations are collaborating to implement the program. These include the Rwanda Ministry of Health (MoH), Rwanda Ministry of Agriculture and Animals (MOAA), Treatment, Research on AIDS, Malaria, Tuberculosis and other Infectious diseases(TRAC Plus), National Reference Laboratory (NRL), National University of Rwanda School of Public Health, Rwanda Animal Resource Development Authority (RARDA), Centers for Disease Control and Prevention (CDC), and African Field Epidemiology Network (AFENET). An initial assessment was done by these partners in 2008 and the findings strongly indicated the need for capacity development in field epidemiology and public health laboratory management in the country.

The RFELTP is funded by the U.S. Presidents Emergency Plan for AIDS Relief (PEPFAR) and will offer tracks in field epidemiology, public health laboratory management, and veterinary field epidemiology. The program aims at training residents to assume leadership positions in the agriculture and health ministries. The Rwanda program was involved in the following activities in 2009.

#### Surveillance and Outbreak Investigation

The faculty of RFELTP provided technical support to the Ministry of Health in various ways. It played a vital role in the development of the Rwanda Weekly Epidemiological Bulletins, Pandemic Influenza A/ H1N1 Preparedness Plan and other surveillance activities. The faculty also provided technical support for various outbreak investigations in the course of the year. These included cholera, botulism and food poisoning outbreaks.

#### Short Courses

To build capacity for surveillance and response to acute events, the Rwanda Field Epidemiology and Laboratory Training Program conducted two short courses on outbreak detection, investigation and response in March and July 2009. These courses were a prelude to the two year Masters program in Field Epidemiology scheduled to begin in January 2010. The first short course was attended by 33 people while 38 participated in the second one. Participants were drawn from District Hospitals, the National Reference Laboratory, the Veterinary Services and TRAC Plus. Each course was organized for two weeks. The first and second short courses

were attended by the Permanent Secretary of the Ministry of Health and the Director General of RARDA respectively. Both dignitaries emphasized the need for the human and animal health sectors to work together and complement each other's effort in the fight against diseases. Following the two weeks short course, trainees carried out projects varying from simple data analysis to evaluations of outbreak investigations.

#### **Scientific Conference**

In July 2009, the RFELTP organised its first Scientific Conference. Participants from the first short course presented their work. The best presentation at the conference was titled "Prevalence of HIV among Pregnant Women Attending Antenatal Clinic at Kanombe Military Hospital". Two abstracts from the conference were accepted for poster presentation at the 5th African Regional TEPHINET and 3rd AFENET Scientific Conference in Mombasa-Kenya in 2009.

#### 58th Annual EIS Conference, Atlanta, USA

In April 2009, a delegation from Rwanda attended the EIS Conference in Atlanta, Georgia USA. The delegation included the Director of the National University of Rwanda School of Public Health, the Director General of TRAC Plus, representatives from RARDA, National Reference Laboratory and the Epidemiology Resident Advisor.

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## South Africa Field Epidemiology and Laboratory Training Program

The South Africa Field Epidemiology and Laboratory Training Program (SAFELTP) was established in May 2006, and joined AFENET in March 2007. It was the second program to incorporate the laboratory track, Kenya being the first. The program's third intake of 13 trainees; 11 South Africans and two West Africans (one from Togo and one from Burkina Faso), enrolled in 2009, and below are some of SAFELTP's activities in 2009.

# First laboratory track field placement conducted

SAFELTP conducted the first laboratory track field placement in June 2009 with the aim of developing lab-track core competencies. Six residents from the 2008 cohort carried out their field work at the following laboratories: Infection Control Laboratory of Charlotte Maxeke, Johannesburg Academic Hospital, Specialized Molecular Diagnostic Unit, Special Pathogen Unit, GERMS-SA and TB Reference Laboratory at NICD.

#### **First SAFELTP Scientific Meeting, Johannesburg, South Africa** SAFELTP conducted its first Annual Scientific Meeting in March

2009 at the National Institute for Communicable Diseases, Johannesburg. The theme of the meeting was "Providing Evidence for Public Health Transformation."

Nine oral and 26 poster presentations focussing on Public Health investigations conducted during the students' training were made. The participants included representatives from South Africa's national and provincial health departments, the Ministry of Health of Zimbabwe and Mozambique, National Institute of Communicable Diseases (NICD), National Health Laboratory Services (NHLS), Universities of Pretoria, KwaZulu-Natal and Stellenbosch, Human Sciences Research Council (HSRC), Department of Agriculture, CDC Atlanta, residents of Zimbabwe FETP and SAFELTP.

# SAFELTP Advisory Committee Meeting

The SAFELTP conducted an advisory committee meeting during the Scientific Conference. The meeting was chaired by Prof. Barry Schoub-NICD's Executive Director. It was attended by:

- Dr. Okey Nwanyanwu-CDC Chief Of Party South Africa
- Dr. Peter Nsubuga- Branch Chief, Capacity Development Branch CDC-Atlanta
- Dr. Steven Knight, University of KwaZulu-Natal
- Dr. L. Louwna -University of Pretoria
- Dr. Bernice Harris-Program Director-SAFELTP
- Dr. Khin San Tint-Epidemiology Track Coordinator - SAFELTP
- Prof. Mufuta Tshimanga- Resident Advisor SAFELTP
- Dr. Faustine Ndugulile- Resident Advisor-SAFELTP
- Mr. Eric Gogstad-Public Health Advisor- Capacity Development Branch CDC-Atlanta

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During the Meeting, Dr. Bernice Harris-SAFELTP's Program Director, made a presentation on the progress of SAFELTP over the two years of its existence. The discussion focused on linkages between SAFELTP and the National and Provincial Departments of Health and other partners as well as sustainability of the program.

#### 58th Annual EIS Conference, Atlanta, USA

The SAFELTP participated in the 58th EIS Conference which was held in Atlanta, USA in April 2009. The program was represented by the Program Director and two residents namely: Ms. Genevie Ntsheo and Mr. Lucky Malaza. The residents made a poster presentation titled 'Diarrhoeal Disease Outbreak during a School White Water rafting trip – Zambezi River, Zimbabwe, August 2008'.

#### Training Course on 'Excellence in Reporting Science', Johannesburg, South Africa

The course on Excellence in Reporting

Science aimed at enhancing the ability and confidence of health professionals to write, package and present science that can stimulate results as well as convince audiences of the validity and value of the research findings and public health messages. The course used an interactive format, emphasising exercises that reinforce the theoretical content. The training was attended by 22 participants from Uganda, Kenya, Tanzania (all sponsored by AFENET), SAFELTP, and senior researchers from the National Institute of Communicable Diseases (NICD). The training facilitator, Elliot Churchill was also sponsored by AFENET. Other participants were Dr. Nicholas Ayebazibwe (AFENET Secretariat), Dr. Regis Magauzi, Dr. Joseph Mberikunash, Dr. Mohamed Ally Mohamed (Tanzania), Dr. Fausta Mosha (Tanzania), Dr. Gertrude Namazzi (Uganda) and Dr. Olivia Namusisi (AFENET Secretariat). To conclude the training, all participants made short oral

presentations to an audience of invited guests.

#### Linkage with West Africa FELTP

The SAFELTP established linkage with WAFELTP in 2008. As a result of this working and learning partnership, the first two residents from Togo and Burkina Faso joined the SAFELTP in January 2009. They are attending SAFELTP's two year program for the Master of Public Health degree with the University of Pretoria. The linkage has been further strengthened by developing SAFELTP field sites in the two countries.

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## Southern Sudan

AFENET is currently in the second year of its operations in Southern Sudan. It is still operating within the confines of the National Health Policy under the following objectives:

- Strengthening applied field epidemiology and laboratory management
- Strengthening communicable disease surveillance systems
- Improving the disease outbreak investigation and response

In May 2009, AFENET finally registered with the Government of Southern Sudan (GoSS) and the Southern Sudan Relief and Rehabilitation Commission - a government body responsible for all international and national Non Governmental Organizations (NGOs) operating in Southern Sudan.

# AFENET registers in Southern Sudan

AFENET completed its registration in Southern Sudan in May 2009 after going through a conclusive and thorough registration process. AFENET received a certificate from the Southern Sudan Relief Rehabilitation Commission, a government body which is responsible for the security of NGOs operating in Southern Sudan; and another certificate from the Government of Southern Sudan's Ministry of Legal Affairs and Constitutional Development. AFENET will now be able to carry out smooth operations of its objectives which include conducting disease outbreak investigations, capacity building in epidemiology and surveillance in the region.

AFENET supported the Southern Sudan program in various activities, some of which are highlighted below.

## Suspected Viral Hemorrhagic Fever (VHF) outbreak investigations

AFENET supported the Ministry of Health, Government of Southern Sudan (MoH/GoSS) with 50 pieces of Personal Protective Equipment during a suspected VHF outbreak in Bentui in January 2009. Investigations were carried out by FELTP residents with support from the Health Department.

The residents also participated in the response activities during Meningitis outbreaks in Yei and Kapoeta.

#### H1N1 outbreak

AFENET and the Southern Sudan program were actively involved in developing preparedness plans for the Influenza A (H1N1) soon after it was declared a pandemic. Some of the activities include:

• Development of Information,

Education, and Communication (IEC) materials, travel advisories, posters and regular preparedness meetings

• Developing work plans for response activities

Development and review of new training materials for IDSR training AFENET took lead in the review and development of new training materials for Integrated Disease Surveillance and Response (IDSR) at the counties. The GoSS/MoH has now simplified training materials to facilitate the training of health workers in the country.

#### Graduation of FELTP Residents

In July 2009, four FELTP residents completed their Master of Public Health course in the Kenya program. Dr. Mounir Lado, Dr. John Lagu, Dr. Arok Deng, and Dr. Abe Gordon were among the nine graduates from the Jomo Kenyatta University of Agriculture and Technology.

#### IDSR training, Juba, Southern Sudan

Residents participated in IDSR training of 38 health workers in Juba County in May 2009. This was a pilot training using the newly adapted and simplified training materials. Plans are underway to scale up this training to 79 counties.

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## Tanzania Field Epidemiology and Laboratory Training Program

The Tanzania Field Epidemiology and Laboratory Training Program (TFELTP) registered its first cohort in October 2008, with the support of the Global AIDS Program (GAP), CDC-Tanzania. The goal of the program is to strengthen the capacity of the Ministry of Health and Social Welfare (MOHSW) to collect and use surveillance data and manage national programs by expanding surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment and disease monitoring. A Steering Committee was formed to provide advice and direction to the FELTP. It is comprised of members from the following groups:

- Ministry of Health and Social Welfare (MoHSW), Tanzania
- National Institute for Medical Research (NIMR)
- Muhimbili University of Health and Allied Sciences (MUHAS)
- African Field Epidemiology Network (AFENET)
- CDC/Coordinating Office for Global Health/Division of Global Public Health Capacity Development
- CDC/Tanzania
- World Health Organization (WHO)

#### Outbreak investigations

Residents and faculty of the program were involved in surveillance and investigation of several disease outbreaks in Tanzania as highlighted below. Three residents were involved in cholera outbreak investigation and response activities in Kigoma District where a total of 921 cases and 15 deaths were reported. Students participated in surveillance, case management, laboratory service strengthening, community mobilization and sensitization.

Program staff were involved in the investigation of suspected cases of the Influenza A (H1N1) in Serengeti National Park in which a couple from Mexico reported signs akin to those of H1N1. However, their samples were found to be negative for Influenza A (H1N1).

Residents were involved in setting up a surveillance system for Influenza A (H1N1) at the Julius Nyerere International Airport in Dar-es-Salaam. The surveillance activities included receiving information on the health status of all passengers upon arrival at the airport and establishing a surveillance desk at the airport.

23rd Annual Joint Scientific Conference, Arusha, Tanzania In March 2009, two residents attended the 23rd Annual Joint Scientific Conference of the National Institute for Medical Research (NIMR) in Arusha, where they presented the following papers:

- Evaluation of Malaria Epidemic Detection Surveillance System in Mpwapwa, 2008
- Awareness of Road Safety Measures and Laws for Preventing Road

Traffic Accidents among Dar es Salaam Residents, Tanzania, 2008.

#### 58th EIS Conference, Atlanta, USA

Two papers from the Tanzania FELTP, "Awareness of Road Traffic Accidents" and "Measles Outbreak Investigation in Temeke District, Dar-es-Salaam' were presented during the EIS Conference in Atlanta, Georgia in April 2009. The FELTP was represented by Dr. Fausta Mosha, TFELTP Laboratory Resident Advisor, Dr. Janneth Mghamba, Field Coordinator, and one resident.

#### 5th African Regional TEPHINET and 3rd AFENET Scientific Conference, Mombasa, Kenya

Eleven residents attended the 5th African Regional TEPHINET & 3rd AFENET Scientific Conference held in Mombasa, Kenya from 30 August to 4 September 2009.Three residents made oral presentations and nine residents made poster presentations.

#### President Jakaya Kikwete visits TFELTP

Tanzania's president, His Excellency Dr. Jakaya Mrisho Kikwete visited the TFELTP on 16 December 2009 during his tour of the National Institute for Medical Research (NIMR) where he officially opened a new building. The president commended the efforts of TFELTP and emphasized the importance of epidemiologists and laboratorians working together to help control disease epidemics in Tanzania.

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## Uganda Field Epidemiology Training Program

The Uganda Field Epidemiology Training Program is run by Makerere University School of Public Health (MUSPH), formerly Institute of Public Health (IPH). MUSPH is part of Makerere University College of Health Sciences (CHS) which was established in December 2007. MUSPH has five departments: Health Policy Planning and Management (HPPM), Epidemiology and Biostatistics, Disease Control and Environment Health, Community Health and Behavioral Science, and the Regional Center for Quality Health Care. The Master of Public Health (MPH) program was started in 1994 and it is housed in the Health Planning, Policy and Management department. Since its inception, about 200 trainees have gone through this program which is 60% field based. The trainees are attached to both urban and rural districts throughout the country where they work as part of the District Health Team. The Uganda program was involved in the following activities in 2009.

#### Malaria Outbreak Investigation, Kyenjojo, Uganda

A malaria outbreak was reported in Kisegenyi village, Kyenjojo District in July 2009. FETP trainees were part of the investigation team which conducted health education and treated the infected persons. All four samples tested were positive for P.falciparum. The team also visited health facilities to assess their capacity to handle the epidemic and made the following recommendations:

- Need to sensitize community on importance of timely seeking of treatment at health facilities
- The district should ensure that health facilities are well stocked with anti-malarial drugs
- District health workers should conduct outreach health services to the villages at least monthly
- District should lobby for funding to increase coverage of Insecticide Treated Nets in the district
- Sensitization of the community to clear surrounding bushes and improve sanitation in households
- Health facilities advised to have a surveillance rumour book to detect emerging disease trends

#### Dysentery Outbreak Investigation, Kyenjojo District, Uganda

The Uganda program was involved in investigations of a diarrheal disease

which was reported in Kyenjojo District in July 2009. The investigation team included residents of the Uganda program as well as officials from the Ministry of Health and WHO. The outbreak was caused by Shigella dysenteriae and transmitted through the fecal-oral route. To prevent further spread of the outbreak, the team discouraged the consumption of juice which was being prepared by one of the affected households. The team also provided treatment, conducted health education, and set up an Oral Rehydratration Treatment corner in the community. The following recommendations were made:

- The district health department should intensify community mobilization with involvement of local leaders and local media
- The District Health Team should conduct contact tracing and follow up of cases
- The district authorities should institute a multi-sectoral committee to plan and implement control interventions
- The DHT should strengthen outreach services especially to areas that are difficult to reach

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#### H1N1 Investigation, Bushenyi District, Uganda

Five trainees joined MoH officials to investigate the H1N1 outbreak in Kitabi Seminary, Bushenyi District, in September 2009. The trainees participated in case management, surveillance and laboratory coordination, planning, and public education. They developed a tool for managing and monitoring the use of Tami Flu tablets. An electronic database based on Field Information Management System (FIMS) for streamlining the management and follow-up of contacts to the cases was also developed. Thirteen of 26 cases (50%) and 78 of 138 (57%) of the contacts were followed up. Public information interventions like broadcasting sensitization messages on community radio stations and organizing radio talk shows were carried out. Review and implementation of a communication plan was also done.

#### H1N1 Contact Tracing

Three trainees were part of the MoH team which carried out H1N1 contact tracing in July 2009. This followed confirmation of the first case of the influenza in Uganda on 1 July 2009.

By 31 July 2009, 24 suspected cases/ contacts had been investigated. Eight of these were confirmed positive for H1N1. No death has been recorded since. Below are some of the control measures that were implemented to manage the outbreak:

- Creation of a National Task Force (NTF) to oversee public education/ information such as press briefings, and inquiries received through the hotline
- Communication of investigation updates to all DHOs, district veterinary officers, Civil Aviation Authority, airlines, transport agencies, and Ministry of Tourism
- Establishment of a surveillance desk at Entebbe International Airport
- Laboratory confirmation of cases by the UVRI, Entebbe
- Creation of an isolation unit at Entebbe Hospital and planning to create one at Mulago National Referral Hospital
- Caution of health workers to follow standard management protocol guidelines
- Mobilization of logistics and supplies

#### 5th African Regional TEPHINET and 3rd AFENET Scientific Conference, Mombasa, Kenya

Uganda FETP was represented at the 5th African Regional TEPHINET and 3rd AFENET Scientific Conference by a team of twelve including nine trainees, the Head of the Program, Dr. Sebastian Baine, the Field Coordinator, Dr. Christine Nalwadda, and the Resident Mentor, Dr. Raymond Tweheyo. During the conference, one of the residents, Dr. Edgar Kansiime, was awarded for the second Best Poster presentation. His poster was titled: Factors Associated with Clinical Stage Initiation of ARV Therapy Among HIV Patients in Busoga.

#### IHR Stakeholders' Meeting

Eight trainees and two faculty of the Uganda program attended the Preassessment of International Health Regulations (IHR) stakeholders' meeting in October 2009. It was organized by MoH and WHO. The meeting was facilitated by resource persons from WHO-Uganda, WHO-AFRO and WHO-Headquarters (Geneva). The participants took part in a data collection exercise of baseline data from 12 districts, MoH, National Environmental Management Authority (NEMA), Central Public Health Laboratory, Ministry of Agriculture, and Entebbe International Airport.

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## West Africa Field Epidemiology and Laboratory Training Program (WA-FELTP)

AFENET has continued to support the West Africa Field Epidemiology and Laboratory Training Program with the goal of strengthening surveillance, outbreak investigation, and response in the French speaking countries in West Africa. This program was established in December 2007 and currently includes Burkina Faso, Mali, Niger and Togo. Over the past year, AFENET has been working with the WA-FELTP to launch the full time two year Field Epidemiology and Laboratory Training Program course by developing FELTP curriculum, conducting short courses in outbreak investigation, and strengthening the institutional capacity at University of Ouagadougou. Advocacy trips to neighboring countries and continuous resource mobilization were also done.

#### Short courses

Two short courses on Outbreak Investigation were organized at WHO's Multi Disease Surveillance Center (MDSC) in Ouagadougou, Burkina Faso. The trainings were designed to bring together veterinarians, epidemiologists, microbiologists, and laboratorians. Over 19 participants from four countries (Burkina Faso, Mali, Niger and Togo) were trained in the first short course which was held in March 2009. The course was facilitated by officials from participating countries and universities, research centers, Ministries of Health, WHO and CDC. Participants presented their miniprojects during a scientific conference and the three best presenters were:

- Dr. Sawadogo Yacouba- Médecin Chef de District, Séguénéga, Burkina Faso
- Dr. Ouédraogo Arsène- Pharmacien, DRS Centre Est, Burkina Faso
- Dr. Ly Bocar- Médecin chargé de la surveillance, Kénéba, Mali

The second short course was attended by 20 participants from Burkina Faso, Mali, Niger and Togo. The three best presenters were:

- Dr. Eléonore Kafando, Microbiologist, University of Ouagadougou (Role of Laboratory in Epidemiologic Surveillance of Measles in 2008, Burkina Faso)
- Dr. Soufiane Sanou, Pharmacist, DRS Hauts Bassins, Burkina Faso (Contribution of Reference Laboratories during Meningitis Epidemic Season in 2008, Hauts Bassins region)
- Dr. Gisèle Badoum, Pneumologist, CHU-YO, Burkina Faso (Investigation of Multiresistant TB cases, Neurology Unit, CHU Yalgado Ouédraogo)

The enthusiasm of participants and high numbers of applicants to the above short courses confirmed the need for a Field Epidemiology Training Program in West African countries. This proposal was supported by the Ministry of Health, University of Ouagadougou, and WHO.

The short courses focused on the following topics:

- Describing the structure of surveillance in participating countries (including Integrated Disease Surveillance and Response (IDSR) and International Health Regulations)
- Interpreting laboratory results in the context of an outbreak investigation
- Formulating hypotheses that identify the potential source of outbreaks
- Collecting and describing epidemiologic data during outbreak investigations
- Selecting the appropriate analytic study design to test hypotheses
- Applying analytic measures to determine frequency and association
- Describing the key elements required for documenting an outbreak and how these may be used to prepare concise reports and recommendations
- Improving communication skills during and after an outbreak

**5th African Regional TEPHINET and 3rd AFENET Scientific Conference, Mombasa, Kenya** Following the short courses, five abstracts (two oral and three posters) were presented at the 5th African Regional TEPHINET and 3rd AFENET Scientific Conferences in Mombasa, Kenya.

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## Zimbabwe Field Epidemiology Training Program

In 1992, the Rockefeller Foundation funded the Public Health Schools Without Walls (PHSWOW) initiative. The first PHSWOW was created in Zimbabwe in 1993 with four trainees. The goal was to pass out public health practitioners to assume leadership roles within the Zimbabwe public health system. The training program consists of 30% classroom based learning and 70% field training. Strong partnership exists between University of Zimbabwe and Ministry of Health and Child Welfare. The Health Studies Office, which houses the Zimbabwe program, is located within the Ministry of Health and Child Welfare Headquarters in Harare. Most of the field supervisors and persons who hold influential positions in the Ministry are alumni of the program.

In 2009, 12 trainees with different professional backgrounds joined the Zimbabwe program. Despite the political and economic challenges that the country was experiencing, the program consistently fulfilled one of its key mandates; ensuring that all trainees on field attachment are supervised, assessed and supported on a quarterly basis.

#### Zimbabwe cholera epidemic

In December 2008 and January 2009, MoHCW received donations from AFENET to assist in the control of cholera. The donations came through the Zimbabwe FETP and included Oral Rehydration Salts, personal protective equipment like gumboots, facemasks, aprons, surgical gloves and laboratory antimicrobial sensitivity testing discs.

Since 1972 when the first cholera outbreak was reported in Zimbabwe, the country has had many cholera outbreaks which have left many dead. Since the millennium, cholera outbreak occurrence has been annual. However, in 2008/09, the cholera outbreak affected all provinces of the country. Nine trainees of the program participated in outbreak investigations throughout the country.

# Influenza A (H1N1) outbreak investigations

The H1N1 outbreak in Zimbabwe was first reported in a private school called Hillcrest where the virus caused great absenteeism among the school children. Being a multi racial school with pupils and staff having high chances of interaction with external visitors who may carry the virus; the school was considered high risk. The cases were treated with TamiFlu and all contacts were followed up and suspected cases recovered without medication.

Another outbreak was detected at Driefontein mission in Midlands province in October 2009. The outbreak recorded 412 cases and no deaths. One trainee from the Zimbabwe program, Ms. Chipo Chimamise, was involved in surveillance and investigation of this outbreak. To help control the outbreak, AFENET donated Personal Protective Equipment to the Ministry of Health and Child Welfare in September 2009. Items received included goggles, N95 masks, overalls, and head gear.

#### 58th Annual EIS Conference, Atlanta, USA

Three residents from the Zimbabwe FETP, in the company of the Assistant Field Coordinator, Mr. Notion Gombe, attended the 58th Epidemic Intelligence Service (EIS) Conference which was held in Atlanta, USA.

The residents made the following poster presentations:

Name

Mrs. Rangarirai Shanzi *Topic/ Poster title* Cholera Outbreak in a Rural District in Zimbabwe, 2008

Name

Dr. Lazarus Kuonza *Topic/ Poster title* Non-adherence to the Single Dose Nevirapine Regimen for PMTCT in Bindura town, Zimbabwe

#### Name

Dr. Ngoni Mashumba *Topic/ Poster title* Cholera Outbreak Investigation in Chitungwiza, Zimbabwe, 2008

# SMDP workshop, Harare, Zimbabwe

Thirty four participants attended the SMDP/AFENET training workshop held in May 2009. The workshop aimed at enhancing

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management capacity of the Ministry of Health's district staff in Planning and Surveillance units to improve data utilization. The workshop was facilitated by Dr. Nicholas Ayebazibwe from the AFENET Secretariat in Uganda and Ms. Audrea Kgodotshi, a consultant from Botswana. The process improvement tool was used in this workshop to come up with ways to improve Health Information Management Systems (HIMS). Participants developed district plans to ameliorate the low reporting rate (29%) in Manshonaland Central region.

#### The 5th African Regional TEPHINET and 3rd AFENET Scientific Conference, Mombasa, Kenya

Residents and faculty from the Zimbabwe FETP attended the conference held in Mombasa, Kenya from the 30 August to 4 September 2009. Prior to the conference, the program's delegation attended a preconference workshop on Zoonotic Diseases on 30 August 2009. During the conference, the six residents from the Zimbabwe FETP made six oral and five poster presentations.

#### 15th Annual Maternal and Child Health Epidemiology (MCH EPI) Conference, Florida, USA

A team of five people from the Zimbabwe FETP attended the conference which was held in December 2009 in Tampa Florida, USA. The team included one trainee, Mr. Emmanuel Tachiwenyika, and AIZIP National Focal Point, Mr. Notion Gombe. The team made four presentations (three oral and one poster). *Name of Participant* 

Name of Participant Mr. Emmanuel Tachiwenyika *Title of presentation (Type)* Determinants of Perinatal Mortality in Marondera District, 2009 (Oral)

#### Name of Participant Dr. Masimba Mwazha

*Title of presentation (Type)* Factors Associated with Uptake of Postnatal Care in Shamva District, Mashonaland Central Province, 2009 (Oral)

Name of Participant Mrs. Stella Ngwende Title of presentation (Type) Factors Associated with HIV Infection among Children Born to Mothers Participating in the PMTCT Programme at Chitungwiza Hospital, Zimbabwe, 2008 (Oral)

Name of Participant Mr. Tasiyana Nyadzayo Title of presentation (Type) Determinants of Mixed Feeding Practices in Women attending Family Health Clinics in Harare City, Zimbabwe, 2007 (Poster)

#### AIZIP Training Workshop, Harare, Zimbabwe

A two-day AIZIP workshop was held in Harare in July 2009. About 44 participants from different organizations attended the workshop including AFENET's Senior Program Officer, Dr. Monica Musenero. She gave an overview of AFENET and shared the Ugandan experience on handling H1N1 cases at the country's Entebbe International Airport. The objectives of the workshop were:

- To share information on the H1N1 pandemic among humans and animals
- To discuss infection prevention, control, and personal protection
- To update participants on available laboratory procedures for H1N1 diagnosis
- To discuss public health measures in response to H1N1 pandemic
- To discuss coordination mechanisms with public and private organizations

#### National Malaria Conference, Nyanga, Zimbabwe

The National Malaria Conference was held this year in Nyanga, Manicaland Province. Three trainees of the Zimbabwe FETP made presentations at the conference which was attended by participants from health departments from all provinces in the country. Below are the presentations:

#### Name

Mr. Emmanuel Tachiwenyika *Title of Presentation* Determinants of Perinatal Mortality in Marondera District

Name

Mr. Edward Dembedza *Title of Presentation* Factors Associated with Mortality in a Cholera Outbreak in Beitbridge

Name Dr. Ngoni Mashumba *Title of Presentation* Evaluation of the National Vector Control Programme

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# AFENET Board Of Directors 2009-2011

![](_page_51_Picture_1.jpeg)

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Dr. Frederick Wurapa Director, Ghana FELTP

ABU	Ahmadu Bello University	Ν
AFENET	African Field Epidemiology Network	
AI	Avian Influenza	Ν
AIZIP	Avian Influenza and Other Zoonotic	_
	infections Project	N
BL	Burkitt Lymphoma	Ν
BLIS	Basic Laboratory Information Management	N
	System	
CDC	Centers for Disease Control and Prevention	Ν
CTC	Cholera Treatment Centers	
EIS	Epidemic Intelligence Service	N
EMBLEM	Epidemiology Of Burkitt Lymphoma In	Ν
	East African Minors (EMBLEM) Study	
ENHRI	Ethiopian Health and Nutrition Research	N
	Institute	Ν
EPI	Expanded Programme for Immunization	N
FAO	Food and Agricultural Organisation	
FELTP	Field Epidemiology and Laboratory	C
	Training Program	Р
FELTPK	Kenya Field Epidemiology and Laboratory	Р
	Training Program	Р
FETP	Field Epidemiology Training Program	R
FMAWR	Federal Ministry of Agriculture and Water	R
	Resources	S
FMOH	Federal Ministry of Health	
GAP	Global AIDS Program	S
GHS	Ghana Health Service	
GOARN	Global Outbreak and Response Network	S
GoSS	Government of South Sudan	
HMIS	Health Management Information Systems	Ί
HSRC	Human Sciences Research Council	
ICU	Intensive Care Unit	Ί
IDSR	Integrated Disease Surveillance and	U
	Response	U
IHR	International Health Regulations	U
IHVN	Institute of Human Virology Nigeria	U
KEMRI	Kenya Medical Research Institute	
MAAIF	Ministry of Agriculture, Animal Industry	U
	and Fisheries	
MDG	Millennium Development Goal	U
MDSC	Multi-Disease Surveillance Centre	_
MLM	Mid Level Managers	U
MOAA	Ministry of Agriculture and Animals	U
MoH	Ministry of Health	W
MOHPS	Ministry of Health and Public Sanitation	

MUHAS	Muhimbili University of Health and Allied Sciences	
MUSPH	Makerere University School of Public Health	
NACP	National AIDS Control Program	
NCI	National Cancer Institute	1
NCZVED	National Center for Zoonotic Vector-Borne	
	and Enteric Diseases	
NFELTP	Nigeria Field Epidemiology and Laboratory	
	Training Program	
NHLS	National Health Laboratory Services	
NICD	National Institute for Communicable	1
	Diseases	
NIH	National Institute of Health	
NIMR	National Institute for Medical Research	1
NURSPH	National University of Rwanda School of	
	Public Health	
OPV	Oral Polio Vaccine	
PHSWOW	Public Health Schools Without Walls	
PI	Pandemic Influenza	
PPE	Personal Protective Equipment	
RA	Resident Advisor	
RARDA	Animal Resource Development Authority	
SAFELTP	South Africa Field Epidemiology and	
	Laboratory Training Program	
SLMTA	Strengthening Laboratory Management	
	Towards Accreditation	
SMDP	Sustainable Management Development	
	Program	
TEPHINET	Training Programs in Epidemiology and	
	Public Health Interventions Network	
Trac Plus	Treatment Research AIDS Center	
UHI	Uganda Heart Institute	
UI	University of Ibadan	
UITP	Uganda Immunization Training Program	
UNEPI	Uganda National Expanded Program on	
	Immunization	
UNICEF	United Nations International Children's	
	Emergency Fund	
USAID	United States Agency for International	
	Development	_
UVRI	Uganda Virus Research Institute	
UWA	Uganda Wildlife Authority	1
WHO	World Health Organisation	

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