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News

Kenya, Uganda to host TB clinical trials

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Kenya and Uganda will host a series of clinical trials geared toward the search for a new vaccine against Tuberculosis.

The trials will be conducted by Aeras Global TB Vaccine Foundation and the South African Tuberculosis Vaccine Initiative (SATVI) in partnership with local medical research institutions.

Kenya and Uganda, which hold position 13 and 15 respectively of the 22 worst hit countries globally — according to the World Health Organisation — are part of an international network of trial sites that include Cambodia, Mozambique, South Africa and India.

The new vaccine, expected to be ready by 2016, will replace the Bacillus-Calmette Guerin (BCG) vaccine that has been in use for the past 90 years.

But scientists say its ability to grant immunity against Tuberculosis fails by the time a child is an adolescent.

Videlis Nduba, a researcher at the Kenya Medical Research Institute, Centre for Disease Control says the vaccine is particularly unreliable in preventing pulmonary Tuberculosis.

According to Satvi's Sizulu Moyo, the drive to develop a new TB vaccine has been slow while an increasing number of people are getting infected.

“The presence and increasing rates of HIV/Aids especially in developing countries has created a platform to re-evaluate the effectiveness of BCG,” said Dr Moyo.

She added that the new vaccine will offer protection against all forms of TB and will be safe for use by persons living with HIV/Aids.

Fight Hiv/Aids

Dr Nduba said only half of the new patients can be detected through diagnosis and strains of the disease have emerged which are resistant to drugs.

Besides controlling TB, experts say the new vaccine will also contribute to the fight against HIV/Aids globally.

Official statistics indicate that 40 per cent of the people suffering from Tuberculosis are also HIV positive and that TB is the leading killer of people living with HIV/Aids.

Already, epidemiology cohort studies for the vaccine are ongoing in Kenya and Uganda.

A study of the disease amongst adolescents and infants is being conducted by KEMRI/ CDC in Siaya, Western Kenya, while Makerere University's College of Health Sciences and the Infectious Diseases Institute are involved in similar studies at Inganga in Uganda.

The facilities at the Siaya District Hospital are currently being upgraded in readiness for the trials. Uganda is also upgrading its facilities.

Dr Nduba said that a new clinical field site facility and case verification ward have been established at the Siaya District Hospital while a TB diagnosis laboratory is also being renovated.

A quality management system and data capture mechanism are also being put in place.

In addition, health workers are being trained on the handling of the trials according to principles of good clinical practice, while local communities are being sensitised on the disease presentation, detection, vaccination and management.

If successfully developed, the tuberculosis vaccine could have a lasting impact on the health situation globally.

“It could reduce TB infections in Africa and Asia by 20 per cent in the first 10 years and by up to 40 per cent by 2050,” Dr Moyo said.

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