



MAKERERE UNIVERSITY

**Infectious Diseases Institute  
College of Health Sciences  
Makerere University**



# THE IDI BULLETIN

A quarterly newsletter of activities and achievements



## MESSAGE FROM THE EXECUTIVE DIRECTOR

Greetings from the IDI McKinnell Knowledge Centre at Makerere University Main Campus! I would like to highlight the evolution of our work, from the vantage point of having been at the Institute since its inception. In nearly two decades, our fundamental mandate of freeing Africa from the burden of IDs has not really changed. However, to maintain relevance to societal needs, particularly here in Uganda, IDI has proactively embraced a strategic shift in the disease areas of focus. As we envisaged achieving epidemic control of HIV (based on encouraging data from well-conducted surveys), we elected to embark on newer areas of contribution. That is why we created the Global Health Security (GHS) Programme to prevent, detect and respond to diseases like Ebola, and the rising tide of antimicrobial resistance. Our contribution to the prevention and managing HIV has been immense and undisputed. Yet, the whole HIV/AIDS experience - in its own right a deadly and devastating experience - may just have been a practice opportunity for more devastating infectious diseases. Adversaries such as like Ebola or SARS



**Dr Andrew Kambugu**

or the novelSARS-COV-2, the cause of COVID-19! With its long incubation period (anywhere between 7 and 11 years), HIV's can be viewed as an epidemic in slow motion compared to Ebola and now COVID-19, which has an incubation period of just days. Comparatively, HIV allowed up the opportunity to set-up prevention, surveillance and health care delivery systems. I am convinced more than ever that our HIV experience is highly relevant to the COVID-19 response. Led by our Global Health Security Programme, IDI has supported the Government of Uganda since COVID-19 was anticipated. We have done this by enhancing systems at points of entry and are leading efforts to protect healthcare workers through IPC training, provision of personal protective equipment (PPE) and alcohol-based hand rub. I invite you to read our quarterly newsletter to bring you up to speed with our contributions.

**COVID19  
GLOBAL  
SITUATION  
28TH APRIL 2020**  
2,995,056 -  
**LABORATORY  
CONFIRMED CASES**  
**207,000 - DEATHS**  
**213 - COUNTRIES  
WITH CASES**

Uganda's situation - COVID19



Tested Contacts Cases Recovered Deaths

**Investing in the Future — Impacting Real Lives**

## BACKGROUND OF COVID-19 - A SITUATION REPORT APRIL, 2020



Handwashing points with soap and water, sanitiser or diluted Chlorine solution were set up all over the city

COVID-19 is caused by the novel Corona Virus (SARS-COV 2) was declared in China in December 2019. By 31st January 2020, it was declared to be a public health issue of international concern of International Concern and a pandemic in February 2020 by the World Health Organisation.

The Government of Uganda established early and proactive measures for timely detection and prevention including screening of international travellers at the airport.

On 18th March 2020, H.E the President of Uganda, Yoweri Kagut Museveni declared COVID-19 a national emergency and put in place several measures, which included closing schools, banning public gatherings, among others. Subsequent measures included initial 14-day curfew, ban on public transport and closure of non-essential businesses and work places.

On 21st March 2020, the Ministry of Health of Uganda confirmed the country's first case of COVID-19; a traveller on board Ethiopian Airlines. To date, from 7589 samples tested, 56 COVID-19 cases have been identified. Of these 36 are active, 20 discharged and no death recorded.

Check <https://covid19.go.ug/> for updated details.

## Internal response to COVID19 at the Infectious Diseases Institute

The Executive Director guided the organization's Business Continuity Plan, by choosing a member of staff to create and manage the BCP committee.

From the preparedness phase into the three phases of the government response, Dr Kambugu met regularly with members of the senior management team to plan for worst case scenarios. The plan developed emphasised that essential IDI activities are ongoing to ensure that continued support to clients and field teams is available.

Following the extension of the lockdown for 21 more days, Dr Kambugu communicated with all staff via zoom and email. The mode of work changed to home-based delivery or taking annual leave when communicated with supervisors virtually following the division of staff into categories based on level of essential skills to the pandemic.

Response is coordinated under six pillars:

- Coordination
- Surveillance/lab
- Case management
- Infection prevention control
- Psycho social support
- ICT and innovations

Teams were formed under each pillar with specific SOPs to undertake the implementation. As part of shift from preparedness to response phase, the IDI response teams were integrated with the national and district levels teams. This has helped smooth operations, ensured receipt of timely information from stakeholders and rapid response.



Ongoing COVID19 sensitization



First virtual All-staff meeting hosted by the ED on March 23 to address business continuity. The meeting was broadcast via zoom to all field offices



A training of the fleet team on the 18th of April. officers in the field joined via zoom while others attended from home



## IDI response coordination during pandemic lockdown - external

Representatives from IDI participated in the national Incident Management Team (IMT) meetings and provided updates on various response activities. For daily zoom meetings, IDI provided an uninterrupted power supply(UPS) for the situation room. Following activation of the district response structure, MoH shared the responsibility of surveillance activities with the districts. At national level, IDI was able to support digitalizing of the incident log of cases so far in the country to ease tracking. IDI also supported 15 teams comprised of participants from MoH and IDI rapid response members to decentralize activities to all the 135 districts. This involved dividing the teams by region to cover 6 to 8 districts per region. National level Training of Trainers took place followed by dispatch to the field with a training package. In line with these trainings face to face training sessions were paired with the nationally held online trainings (using zoom) of the District Rapid Response Teams (DRRT). Areas emphasized during the orientation included surveillance, contact listing, identification and tracing, lab sample collection and Infection Prevention and Control (IPC).



The IDI support team assessing of the current state of Tororo isolation unit and hospital lab COVID-19 Client management.

The institute provided guidance on the filling in COVID-related case investigation forms, contact tracing and data summary forms. They also assessed the preparedness at district level to respond to COVID-19 outbreak. Support was accorded to the point of entry teams by geo-tagging their locations and identifying their host districts.

A task force meeting for Arua and Zombo districts to perform rapid assessment of the isolation facilities in Nyapea hospital and Warr HCIV was held. IDI response teams also conducted meetings in Koboko with Oraba Immigration point of entry officials and the district health officer to introduce sample collection from truck drivers at the Oraba. These protocols have since been adapted and staff trained – sampling has started.



Two-day COVID-19 training for the Uganda People's Defense Forces (UPDF) to build their capacity to reach communities in case of an outbreak. (March 18)

## IDI contribution to case management and IPC



IPC team visited Malaba Health Centre and Tororo hospital to orient security personnel on the proper use of PPE

While the points of entry screening strategy was established before Uganda reported any cases, laboratory sample collection was needed to ensure travellers are safe.

Following an urgent request by the Health Minister, IDI has worked with MoH to activate sample collection at 53 PoEs. IDI supported the teaming and dispatch of regional teams to build capacity of the districts with the PoEs and train the PoE staff to conduct screening and lab sample collection, packaging and transportation.

A team of 37 personnel (from IDI, UPDF medical, MoH) are supporting Malaba and Busia PoEs with over 1,300 travellers from Kenya to hasten screening, sample collection, electronic data management and real time reporting. Two computers and printers were delivered to support this system and efficiency has improved.

## Support of MoH surveillance measures

Case management and IPC team members from IDI were integrated into the COVID-19 care facilities in Mulago National Referral Hospital and Entebbe Grade B Hospital. The recovered patients (20) have been discharged and are receiving psychosocial support (one session per week) to integrate back into the communities.

IDI has also supported the Nationwide Alert Management at Alert Desk and worked with MoH and AFENET to;

- Review of the Ministry of Health emergency dash board
- Call contacts (infected or possibly infected) and link them to the tracing team
- Preparation and compilation of alert reports
- Follow up of districts with poor reporting rates using Open Data Kit
- Verify and investigate alerts

### Personal protective measures by IDI

- Two- day training of 120 completed for UPDF medical team before the outbreak
- A total of 100 litres of alcohol based hand rub provided to the IDI response team members and the surveillance team to ensure safety while in the field.
- Following gross stock out of personal protective equipment (coveralls) at the isolation facility in Mulago Hospital, 50 sets of coveralls were given to the team to support patient care.
- Training of health workers and other responders in the Regional Referral Hospitals is ongoing; with practical demonstration of patient care, donning and doffing PPE, chlorine mixing etc.
- The Joint Mobile Emerging Disease Intervention Clinical Capability (JMEDICC) and MoH team completed Fort Portal regional referral hospital training.
- Contact tracing (316 contacts) is ongoing in various sites with support from national teams. IDI is supporting follow up in Wakiso and Tororo districts for some identified contacts.



Supporting sample transportation



Training Kabale laboratory staff in the donning and doffing of Personal Protective Equipment (PPE) using a Zoom

## Logistics and communications

### Logistics and Supplies

The necessary supplies are coordinated centrally at IDI and dispatched to the requesting team through fleet. Some of the staff has been allocated stickers and work continues as normal. In other instances, critical members of staff have been picked up and dropped at their workstations in compliance with government lock down regulations.



### Communications

The Communications Office has supported the COVID-19 awareness and sensitization with both internal and external communication.

### Internal communication

- Email to all staff 4 of which have been shared for WHO trainings in conjunction with ESACORP
- Support infographics have been shared on how to handle the lockdown.
- 4 All- staff Zoom meetings coordinated with IS and minutes shared

### Media Insights

Opened an Instagram account  
 Linked Page has been revived  
 Twitter Verified   
 Facebook verified 



Staff at the Points of Entry in Malaba, Busia, Namisindwa undergoing training in safe sample collection and management



**IN CASE YOU MISSED IT...**

**Over UGX300M to support surveillance at border points of entry**



Handover of equipment to the Ministry of Health

With support from Resolve To Save Lives, Dr Andrew Kambugu on Friday March 13th, 2020 handed over equipment worth and UGX310M to the Ministry of Health (MoH) to prevent, detect and respond to public health threats at Points of Entry (PoE) in light of the novel coronavirus and one health. The handover preceded a press conference at the Ministry Headquarters in Nakasero where the Health Minister Hon. Dr Jane Ruth Aceng was present.

Dr Kambugu, accompanied by his team including the Head of the Global Health Security Programme, Dr Mohammed Larmode, thanked the Minister for the tireless efforts that led to the successful containment of the Ebola Virus Outbreak of June 2019. "This achievement was made possible under the guidance and leadership of the Ministry of Health officials, working hard to ensure importation of cases does not result in onward local transmission," he said.

**Health workers trained in COVID19 response**



Naguru Referral hospital rapid response teams participated in the training. Photo taken March 5, 2020

A two-day COVID 19 training organised by IDI in collaboration with the World Health Organization and Ministry of Health was held 5th and 6th of March 2020 at China-Uganda Friendship Hospital.

The training was organized to build capacity of front line health workers in the care of patients with COVID19 disease.

"Health workers need the knowledge and right attitude to respond to the Corona Virus cases (whether suspected or infected patients). They also need to appreciate the causes, spread and how to prevent themselves from being infected," Dr Emmanuel Batiibwe, Hospital Director, said.

Health workers from Naguru Referral hospital and rapid response teams participated in the training. It was intimated that more training will be handled in other regional referral hospitals across the country.

The focus areas for this training include understanding practice to prevent the spread, lab specimen collection, clinical management of patients, and many more. At the meeting MoH expressed plans to involve other groups such as the Police and UPDF in the strategy designed to ensure rapid response in case of an outbreak.

**BD and Fleming Fund Collaboration to Help Combat AMR**

Uganda received three pioneering laboratory machines to speed up the process of testing and treating patients for bacterial infections as part of the Fleming Fund Country Grant, which is aimed at helping low and middle income countries tackle antimicrobial resistance (AMR).

One of the machines, a mass spectrometer MALDI-TOF, is the first of its kind in Uganda and identifies bacteria in just two minutes, compared with 18-48 hours for conventional testing.

"The partnership between Fleming Fund and Becton, Dickinson and Company (BD) will bring much-needed diagnostics for antimicrobial resistance to human and animal health laboratories. I have no doubt that these will have a direct positive impact on clinical care and generate surveillance data to inform policy and practice," Dr Mohamed Larmode, the head of the Global Health Security Programme IDI said.

The launch of the Fleming Fund Country Grant in Africa's partnership with BD took place on February 20th, 2020 at Serena Hotel Kampala and attracted both local and international guests.



Members of the IDI team were each awarded a plaque to recognise different categories of excellence

## IDI team wins award for pharmacovigilance

On the 3rd Annual Pharmacovigilance Stakeholders Round-table Meeting, IDI was awarded an institutional award for its passion, unconditional commitment and dedicated service towards pharmacovigilance. This event took place at Golf Course Hotel on the 26th February 2020 where also the MedSafety App was launched. Top performing individuals within IDI were also awarded as follows:

Dr Arnold Arinaitwe (Accumulated the highest number of reports at a facility) Swalha Namanda (the most cases of drug reactions reported) Dr Edna Auma (constant support of HIV vigilance, Kawaala Health Centre IV) Dr Bridget Ainembabazi (Recognized for the contribution towards monitoring & reporting of adverse drug reactions) Shamim Nakadde (Recognized for the contribution towards monitoring



IDI plaque received at the Pharmacovigilance stakeholder meeting

& reporting of adverse drug reactions). IDI Mulago was identified among the top 10 facilities with outstanding drug reporting in Uganda and all facilities that IDI works with were selected as best in their categories (Kiswa and Kitebi).

## Core Lab hosts open-day - #OneIDI

On Thursday 13th of February, the Core lab under the Laboratory Programme at the Infectious Diseases Institute in Mulago hosted a tour around its facilities in a bid to present its achievements. The tour also presented an opportunity to create awareness of the services offered and their contribution towards patient safety through quality laboratory service delivery. Guests were treated to a tour of the many highlights of the lab, including sixteen successive years of College of American Pathologists (CAP) accreditation.



The liquid mass spectrometer has increased lab capacity

## Inaugural IDI Science Fair 2020 - Career Pathways and Opportunities

The inaugural IDI Science Fair run from February 11-12 with the theme "Career Pathways and Opportunities in Scientific Research". Dr Barbara Castelnovo, head of Research was the emcee of the day where different mentors presented to the audience about advancements in their respective fields. A few highlights broken down below.

**Dr Mohammed Larmorde - GHSP:** He spoke about strengthening approaches to control Ebola which following an outbreak at the Congo border. He cited prioritisation of locations through extra surveillance to allow follow up on population movement marking.

**Dr Daudi Jjingo - ACE Lab:** Dr Jjingo presented on the use of bioinformatics as a tool in light of the vast amount of

information that has been collected by IDI. He mentioned that molecular evolution could be used to track cycles in different outbreaks.

**Dr Lydia Nakiyingi - Research:** The challenge of TB diagnostics. Most HIV positive patients are not diagnosed in areas with resource deficiency. The Urine TB-LAM is an easy test developed for checking for TB. TB-LAM test was very good for patients with advanced HIV. Less than 100 cd4.

**Prof. David Meya:** Presented on the burden of advanced HIV disease, with a 15,000 to 25,000 estimated global incidence of cryptococcal infection.

**Dr Miriam Laker - Research:** Sub Saharan Africa relies on clinical "visual" diagnosis for Kaposi Sarcoma alone,

which harms both current and future patients. Many people in rural areas die without receiving treatment for Kaposi Sarcoma. Individuals are not informed about these diseases (assumptions that it is witchcraft). 23% diagnosis made and confirmed as Kaposi Sarcoma is wrong.

**Dr Lydia Namatende, Research Supervisor at Faculty of Education, Uganda Christian University:** Qualitative gender analysis. Behavioural factors also affect the way patients react to medicine delivered. It is important for organisations to fight gender-based violence and discrimination within the work environment. Develop policy to protect all individuals.



# Pictorial



David Mugerwa, Transport Assistant receiving a long service award #OneIDI team building



Annual general meeting of the Makerere University Infectious Diseases Institute - March 4



The one IDI team building activities



Dr Umar Ssekabira and PACT Karamoja Chief of Party at Moroto DHO's Charles Omuddu Onyang



Dr Mary Mudioppe Chief Party PACT- Karamoja greeting the elders enroute to Kaabong



Dr Waitt Catriona and Hon. Dr Jane Ruth Aceng at the World breast feeding week in Kiboga



A member of the IPC team demonstrates how to mix chlorine to get a disinfectant for COVID-19



Renuka Gadde, Vice President of BD, Dr Lisa Nelson, country director CDC Uganda flanked by Drs Lamorde and Kambugu at the Flemming Fund kick-off meeting



Women's week finale group photo. The IDI Women's [video](#) can be watched



PresTB campaign in commemoration of World TB Day

<p><b>Contact people with regard to COVID-19</b></p>	<p><b>Dr Mohammed Larmorde</b> Head GHSP t: +256772185590 E: mlarmode@idi.co.ug</p>	<p><b>Dr Solome Okware</b> Coordination Leader t: +256782127281 E: sokware@idi.co.ug</p>	<p><b>Mr Richard Walemwa</b> Programme Manager GHSP t: +256770985450 E: rwalemwa@idi.co.ug</p>	<p><b>Ms Tracy Ahumuza</b> Corporate Communications Specialist t: +256782148257 E: tahumuza@idi.co.ug</p>
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