

Kisumu Rotation 411

Kenya / Kisumu Vital Signs

Official languages: Swahili, English
Government: presidential representative democratic republic
Motto: "Harambee" (Swahili for "Let's organize together")
Anthem: Ee Mungu Nguvu Yetu ("Oh God of All Creation")
Tribes: Gikuyu, Luhya, Luo, Kalenjin, Kamba (Suba are a smaller tribe)
Currency: Kenyan Shilling, or KSh [US\$1 = 70.4 Ksh in 1/07]
Kisumu altitude: 1135 meters
Ave. Temp in Kisumu: 19-29°C (Feb-Mar), 18-28°C (Apr-May)
Rainy season: long= April-June, short= Nov-Dec
Water: stick to bottled or boiled water unless conditioned
Time zone: (GMT+3), or PST + 11 hrs, or 10 hrs in daylight savings
Call Kenya from US: 011 + 254 (Kenya) + 35 (Kisumu) + local number
To Call US from Kenya: 000 + 1 + area code + local number
Emergency: 999, Line problems: 980, Int'l operator: 0196
MCI Calling Card Access: 0800-220-111 (not from public phone)

Kisumu contact info

Kisumu housing: "one block down the street from the Hari Krishna Temple in Milimani, on the left" (tell this to taxi drivers), \$125/mo

Contact people:

-Veronica Achieng – Visiting staff liaison - vachieng@kemri-ucsf.org
-Jeremy Penner – FACES Dir - 254-733-622793 or 723-686430, jeremy@kemri-ucsf.org
-Reson Marima - FACES Asst Dir - 254-712-952-652, reson@kemri-ucsf.org
-Steve Aduadans - FACES Lumumba Dir - sadudans@kemri-ucsf.org
-Craig Cohen, FACES Fndr, UCSF - ccohen@globalhealth.ucsf.edu
-Rachel Mwakisha - Asst to Dr. Bukusi (Nairobi) 254-733-872-715

FACES: Lumumba Health Centre, KEMRI-UCSF building, Agoi Road
FACES, KEMRI-UCSF Building, P.O. Box 614-40100
Kisumu Kenya. * +254 (572) 021 036

Online Resources

***FACES website** <http://www.faces-kenya.org/index.php>
***HIV InSite:** <http://hivinsite.ucsf.edu/>
***UpToDate:** <http://www.uptodate.com/> (RL44043 / RL 44043)
***Kisumu group gmail account with articles, group documents:** [www.gmail.com](mailto:kisumu.ucsf@gmail.com); log in: kisumu.ucsf@gmail.com; password: jambosana
***Live documents to edit as a group:**
-list of teaching sessions (CMEs and journal clubs) done
-clinicians handbook
-rotation schedule and goals
-reader (collection of articles and an index)
-curriculum (handouts, Powerpoint slides)
-FACES "FACE-book"
-HIV derm photos
-Cases, photos and links to related articles and CME
***Blog site details: Blog site:** <http://kisumu-ucsf.blogspot.com/>
-go to the blogsite and click on "sign in", then using Gmail account: kisumu.ucsf@gmail.com; password: jambosana

Swahili Phrases

-**Greetings:** Jambo (hello), Habari yako? (How are you?), Sasa ('sup?)
-**Responses:** Sijambo (hello), Nzuri/Salama/Njema (good), Poa (cool)
-**Convo:** Jina lako ni nani? (What's your name?), Jina langue ni Daktari ... (My name is Dr. ...), Unatoka wapi? (Where are you from?)
-**Niceties:** Asante (thank you) sana (very), tafadhali (please), karibu sana (you're welcome), kwaheri (good bye), ndiyo (yes), hapana (no), samahani (excuse me), Sielewi (I don't understand), Je, unasema Kiingereza? (Do you speak English?), Sema (Tell me)
-**Unauywa wapi?** (Where do you hurt?), hapa (here), kwanini (why)
-**Market:** Kiasi gani? (How much?), Gali sana! (Too much!)
-**Transport:** boda boda (bike taxi), matatu (car/van taxi), Nalaka kwenda (I want to go to), Natafuta (I'm looking for...), wapi (where?)

Rotation Schedule

Day1: orientation, walk-thru clinic, participate in reception, CHW, etc.
Day 2: AM- sit in on HIV Ed/Adherence session, PM- see pts with CO
Days 3-5: see patients with COs, precept with MOs, see pts on own
Week 2: set CME and journal schedule and topics with CO/MOs
Week 3: CME and/or journal club
Week 4: CME and/or journal club, complete *Clinicians' Guide* section(s)

Suba Schedule

Islands: Mon- boat to Mfangano, Sena Clinic; Tues- boat to Ringiti, Ringiti Clinic; Wed- Sena Clinic or Ugina clinic; Thurs- Remba island; Fri- Sena CME and staff meeting

Sindo: Mon- Sindo Clinic (peds day), or Mbita or Ogongo; Tues- Sindo Clinic or Kitare; Wed- Sindo grand rounds and CME, or Mbita, or Magunga, or Tom Mboya; Thurs-Sindo Clinic or Mbita or Nyadenda or Kiseji; Fri- Sindo clinic or Mbita clinic (peds day) or Lucky Youth

Rotation Expectations

- sit in on one HIV education session
- one adherence session
- set up CME/journal club schedule and topics with CO/MOs
- participate in in-patient hospital rounds
- home visit
- CME session (Tuungane, FACES staff, or FACES + CDC staff)
- Journal Club session with relevant article
- Develop 1-2 sections for the *Clinicians' Pocket Guide to Medicine*
- Update the rotation schedule, CME list, Journal Club list on Google
- add your *Clinicians' Guide* section(s) on Google documents
- Update the rotation blog!
- Upload your articles, PowerPoint presentation
- Optional: HIV InSite case report write-up

Pre-trip Checklist

- passport valid for >6 months after entry
- Kenya Visa:
 - in advance (best): give it a month, need to send passport, 2 passport photos, visa application Form V, \$50 for single entry up to 3 months, certified return envelope [kenyaembassy.com, check LA office]
 - upon arrival: avoid for evening arrivals, prepare to wait at least one hour, have the above items ready, and beware of corrupt officials asking for bribes.
- Vaccines** to get: Typhoid, Hepatitis A, Yellow Fever, Meningiti
- Malaria prophylaxis:** mefloquine (250 mg qweek) start 2 wks before trip, doxycycline (100 mg daily) or atovaquone/proguanil (Malarone 250/100 mg daily) start 1-2 days before trip. Contdoxy, mefloquine for 4 wks after, cont. atovaquone for 7 days after trip.
- Call your **cell phone** (tri/quad-band) company to get unlock code in order buy SIM card and use your own cell phone while in Kenya.
- Internet Telephony:** Consider setting up Skype telephony so you can contact and conference with folks around the world for free - if you're bringing your laptop. (Skype.com)
- Consider **travel insurance:** STAtravel.com, though you may be OK with just the evacuation insurance provided by UCSF. Carry your evacuation info with you. www.medjetassist.com/ucsf
- PEP kit:** get from previous resident or it's available in Kisumu site.
- Get **DEET** (25-50%)
- Prep **med pack**, 2 month supplies of your own meds, cipro 500 mg (bring >10 tabs for 2-3 rounds of infectious diarrhea or UTIs)
- Money:** bring some dollars to exchange at a bank there, and your Plus, Cirrus, Visa ATM cards for Standard Chartered or Barclay's banks - ATMs = best exchange rates. Ensure you have plenty of money in the ATM account.
- Donations:** check the latest list of donation requests from FACES staff

FACES Pharmacy Formulary

ANTI-MALARIALS:

- * Coartem tabs
- * Quinine tabs
- * Amodiaquine tabs/syr

ANTIBIOTICS:

- * Amoxicillin caps/syr
- * Erythromycin tabs/syr
- * Clavam (375/625mg) tabs
- * Clavam syr 156mg/5ml (amox/clav)
- * Norfloxacin tabs
- * Cloxacillin 250mg
- * Ciprofloxacin 500mg
- * Doxycycline 100mg
- * Nalidixic acid 500mg
- * Nitrofurantoin 100mg
- * Ampiclox 500mg
- * Clotrimazole pessaries 200mg (v3)
- * Dapsone
- * Tinidazole 500mg
- * Metronidazole 200mg

ANTI-FUNGALS:

- * Ketoconazole 200mg
- * Griseofulvin 500mg
- * Nystatin oral drops.
- * Miconazole 10mg matt
- * Fluconazole 200mg
- * Clotrimazole pess 200mg
- * Podofilyne
- * Caustic pencil

ANALGESICS:

- * Diclofenac 50mg
- * Brufen (ibuprofen) 400mg
- * Paracetamol (acetaminophen) 1g
- * Piroxicam
- * Codeine phosphate 30mg
- * Indomethacin 25mg
- * Amytriptiline 25mg

ANTIHELMINTICS

- * Albendazole 200mg
- * Mebendazole 100mg

ANTIEMETICS

- * Metochlopramide 10mg
- * Phenergan 25mg
- * Domperidone

ANTI-HISTAMINES:

- * Phenergan 25mg
- * Chlorpheniramine 4mg

HAEMATINICS:

- * Folic acid 5mg
- * FeSo4 200mg
- * HB-tone syr

ANTISPASMODICS:

- * Buscopan tabs 10mg

ANTIMOTILITY

- * Loperamide

VITAMINS

- * B12 injection
- * Multivitamin tabs/syrup
- * Vit B6 200mg

CREAMS AND OINTMENTS

- * Hydrocortisone oint
- * Chlorhexidine KED
- * Clotrimazole cream

FACES Labs



Rapid HIV, CD4
 qualitative PCR (not quantitative) for babies
 liver (ALT) and renal function (Scr)
 hematocrit
 serum cryptococcal antigen
 RPR syphilis testing
 malaria smear
 urine pregnancy testing
 urinalysis

FACES Staff

Nyanza Dir: Dr. Jeremy Penner (FP MD from BC)
 Nyanza Asst Dir: Dr. Reson Marima, MO
 Kisumu Dir: Dr. Steve Adudans, MO
 Migori Dir: Dr. Kwaro, MO
 Receptionists: Veronica Achieng, Patrick Mbullo
 Clinical Officer in Charge: Caroline Kendi
 Pharmacist in Charge: Roseline Oyuga
 Nurse in Charge: Beatrice Odera
 CHW Coordinator: Christine Osula

FACES Kisumu Weekly Schedule

Monday: 8:00 am – 5:00 pm Lumumba Clinic
Tuesday: 7:30am – 9am Tuungane Clinical Meeting / CME, then clinic
Wednesday: 8:00 am – 5:00 pm Lumumba Clinic
Thursday: admin, CME and home visit day
 7:30am – 8:30 am Clinical Meeting / Journal Club
 9:00am - 10:30am Staff meeting
 11:00am - 12:00pm Community Care Meeting
 12:00pm - 2:30pm Home visits and hospital rounds
 3.00pm – 4.30pm Continuous Medical Education
Friday: 8:00am - 5:00pm Clinic hours with special emphasis for expectant mothers and children (but there are plenty of adults to see).

WHO Staging for HIV in Africa

Clinical stage 1

Asymptomatic
 Persistent generalized lymphadenopathy (PGL)

Clinical stage 2 (requires cotrimoxazole)

Moderate unexplained weight loss (<10% body weight)
 Recurrent URIs (incl. sinusitis, bronchitis, otitis media, pharyngitis)
 Herpes zoster
 Angular cheilitis
 Recurrent oral ulcerations
 Papular pruritic eruptions
 Seborrhoeic dermatitis
 Fungal nail infections of fingers

Clinical stage 3 (requires cotrimoxazole, ARVs if CD4 <350)

Conditions where a presumptive diagnosis can be made
 Severe weight loss (>10% of presumed or measured body weight)
 Unexplained chronic diarrhoea for longer than one month
 Unexplained persistent fever (intermittent or constant for > 1 month)
 Oral candidiasis
 Oral hairy leukoplakia
 Pulmonary tuberculosis (TB) diagnosed in last two years
 Severe presumed bacterial infections (e.g. pneumonia, empyema, pyomyositis, bone or joint infection, meningitis, bacteraemia)
 Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis

Conditions where confirmatory diagnostic testing is necessary

Unexplained anaemia (<8 g/dl), and or neutropenia (<500/mm) and or thrombocytopenia (<50 000/ mm) for more than one month

[WHO staging, cont.]

Clinical stage 4 (requires cotrimoxazole, ARVs)

Conditions where a presumptive diagnosis can be made

HIV wasting syndrome
 Pneumocystis pneumonia
 Recurrent severe or radiological bacterial pneumonia
 Chronic herpes simplex infection (> one month's duration)
 Oesophageal candidiasis Extrapulmonary TB
 Kaposi's sarcoma CNS toxoplasmosis
 HIV encephalopathy

Karnofsky Score

- * 100% - normal, no complaints, no signs of disease
- * 90% - capable of normal activity, few symptoms or signs of disease
- * 80% - normal activity with some difficulty, some sx's or signs
- * 70% - caring for self, not capable of normal activity or work
- * 60% - requiring some help, can take care of most ADLs
- * 50% - requires help often, requires frequent medical care
- * 40% - disabled, requires special care and help
- * 30% - severely disabled, hosp admit indicated but no risk of death
- * 20% - very ill, urgent admission, req supportive measures or tx
- * 10% - moribund, rapidly progressive fatal disease processes
- * 0% - death.

NVP/d4T/3TC or Triomune: 1 tab BID

[for pts WHO Stage 4, Stage 3 + CD4 < 350, any stage CD4 <250]

*Pts < 60 kg, D4T 30 mg, 3TC 150 mg, NVP 200 mg [Triomune-30]
 *Pts > 60 kg, D4T 40 mg, 3TC 150 mg, NVP 200 mg [Triomune-40]
 -must give initial lead-in dosing of nevirapine 200 mg once daily for 2 weeks; do this before starting Triomune!
 -avail alternates: AZT (instead of d4T), EFV or Kaletra (inst of NVP)