

**Military & Hospitaller of St Lazarus of Jerusalem
Grand Priory of England & Wales
Commandery of Wales**



Bursary Student Elective Report 2019

Elective at Hope Clinic Lukuli in Kampala, Uganda – Week 5

DAY 1

A fantastic first day! This morning was an immunisation clinic for babies. The immunisation schedule in Uganda is a bit different to the UK. Babies are given a BCG injection and an oral polio vaccine at birth, then DPT which is Hep B, whooping cough, Diphtheria and Tetanus at six weeks, along with pneumococcal vaccination, rotavirus and another oral polio. They have this again at 10 and 14 weeks, except that at 14 weeks they are not given the rotavirus vaccination and they are given intramuscular polio vaccination instead of oral. They also only get one measles vaccination, at 9 months. I sat with the nurse for this, and helped by drawing up the medications she was giving. Towards the end, when I had observed enough and knew the sites well enough, she let me give the vaccinations. I was also able to give the vitamin A oral drops, which are given at 6 and 10 months. Hope Clinic Lukuli has a maternity ward as well, so this afternoon I went there to assist with delivery of a 27-year-old G2 P1. The baby came really quickly! The nurse-midwife was very good. She asked me to clamp and cut the cord and then help dry and dress the baby. We then filled out the birth register, and I gave the baby its first oral polio and BCG vaccination. Later that day, I was called by the doctor to assess a 12-year-old with shortness of breath. He had a widespread wheeze and had had a nocturnal cough for a week. He had a family history of asthma. We treated him for an acute asthma attack, putting in a cannula and giving IV hydrocortisone and aminophylline. Today was a real mix, and I feel very lucky to have experienced it!



Feeling satisfied after an exciting first day

Miriam



Hope Clinic Lukuli offers free treatment for HIV, TB and free immunisations for children

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Inside the delivery room

DAY 2

Hope Clinic Lukuli serves a community of several thousand people, a proportion of whom are living with HIV/AIDS. This morning I spent time with the clinical officer, who taught me the basics of the treatment regimen, including how they diagnose someone with HIV, how they manage HIV in pregnancy and newborns with HIV positive mothers. It was very useful as tomorrow there is a HIV clinic which I will be able to sit in on and help with where I can. This afternoon we visited patients on the ward. Hope Clinic Lukuli has a 3 bedded female ward, a male ward and a children's ward. We saw the woman who had given birth yesterday. She was doing well and was to go home soon, later in the day. We also saw a 20-year old girl who was being treated for malaria and typhoid. She had come in during the night, very dehydrated. She was much better this morning. The clinical officer told me that it is typhoid season, so they are getting a lot of cases at the moment.

DAY 3

Today was the HIV clinic. The clinical officer showed me how to fill out the forms so that I could help clerk the patients. I had to find out how well they were adhering to treatment, if they had any problems or side effects, check their weight and BMI and write down the viral load. With this information, the clinical officer could decide whether they needed to switch medication, or if there was something we could treat them for, such as malaria. I learnt that viral load is a more important indicator of treatment, and that the most common regimen is TDF/3TC/DTG (tenofovir, lamivudine and dolutegravir) unless it is a woman of child bearing age, in which case they are given efavirenz instead of dolutegravir, as it is less harmful in pregnancy. I found today really interesting, as I really didn't know that much about HIV and HIV treatment before. There is a lot of good education work that Hope Clinic Lukuli does, such as working to reduce stigma in the community and teaching people about what does and doesn't spread HIV, and how to manage the condition.

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*Hope Clinic Lukuli from
the outside*



In the pharmacy

DAY 4

This morning was the Prevention of Mother to Child Transmission (PMTCT) clinic. This clinic is for HIV positive mothers to bring their babies to ensure they have the best outcome. The babies come to the centre once a month for health checks, and are tested using PCR at 9 months. They then have the routine adult antibody test at 18 months, which can confirm whether the child is HIV positive or negative. They are also given nevirapine syrup at 6 weeks and all are given co-trimoxazole prophylaxis until 18 months. I spent time helping to clerk the mothers and their children. It was really interesting to hear their stories. All of them wanted the best for their child, but sometimes found attending such regular appointments difficult, especially when they had their own health to manage as well. In the afternoon I helped in the treatment room, cannulating and giving IM injections to patients with malaria. We also had an antenatal check, where the mother's blood pressure and weight were checked and we listened to the baby's heart beat using a pinard. I learnt to ask a few basic questions in Luganda such as "Wasuze otya" – Good morning, "Wasibi otya" – Good afternoon and "Bakuyita ani?" – What is your name? I have really enjoyed my time at Hope Clinic Lukuli. I would definitely like to go back there in the future. The cases were a real mix, as the clinic is a stage 3 health centre, so deals with a bit of everything from their community – obstetrics, paediatrics, sexual health and infectious diseases. The staff were lovely, and worked really hard, making the best of often very limited resources. Uganda's immunisation rates have increased drastically over the last few years, which is largely thanks to staff at centres like these.