

ZAMBIA COLLEGE OF PHYSICIANS NEWSLETTER

QUARTER 1 2020



VISION



Training physicians to deliver the highest quality care to patients



Building, protecting and strengthening the values of the profession

MISSION



Lead the delivery of quality medical care, by setting standards for practice and promoting clinical excellence



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Welcome message



Dear Physicians,

You are warmly welcomed to the inaugural ZACOPH newsletter, which aims to keep the membership updated on the organisation's activities as well developments in the medical field and indeed any developments that may have an impact on health care delivery in the country.

Dr. Edna Chikoye – Kasolo
President ZACOPH

Congratulatory message



Prof. E.K Njelesani,
Founding President ZACOPH

I would like to warmly congratulate the Zambia College of Physicians (ZACOPH) on this maiden publication of its Newsletter. This Newsletter will form a forum for exchange of scientific knowledge among Physicians and other Health Professionals in Zambia and beyond.

ZACOPH being a local Chapter of the East, Central and Southern African College of Physicians (ECSACOP) is contributing immensely to the building of the much needed Human Resources for Health (HRH) through training in the country and region.

An effective HRH is crucial to the health outcomes of the services offered by Health Systems in our countries, especially during the current COVID 19 pandemic. Sharing of scientific knowledge is central to containment of major epidemics including the ongoing COVID 19 pandemic.

Congratulations on this significant initiative.

A handwritten signature in black ink, appearing to be 'E.K Njelesani'.

Prof. E.K Njelesani, MB ChB (UNZA), FCP (ECSA), FRCP
Founding President, ZACOPH
Founding President, ECSACOP

New Executive Committee

The 2019 AGM, which was an elective AGM, ushered in a new executive committee:



DR EDNA CHIKOYE-KASOLO: PRESIDENT

DR BRIGHT NSOKOLO: VICE PRESIDENT

DR SOMBO FWOLOSHI: SECRETARY

DR KONDWELANI MATEYO: TREASURER

DR IZUKANJI SIKAZWE: PUBLICITY SECRETARY

DR JUSTO BANDA: COMMITTEE MEMBER FOR TRAINING AND CONTINUING PROFESSIONAL DEVELOPMENT

DR DOMINIQUE CHIMANUKA: COMMITTEE MEMBER FOR LIAISON AND WELFARE COMMITTEE

DR PATRICK LUNGU: COMMITTEE MEMBER FOR PROJECTS AND FUND-RAISING COMMITTEE

DR LINOS MWIINGA: COMMITTEE MEMBER FOR REGISTRATION AND COMPLIANCE COMMITTEE

DR SIMON TEMBO: COMMITTEE MEMBER FOR DISCIPLINE AND PROFESSIONAL CONDUCT

DR LEVY MUCHEMWA: PAST PRESIDENT

Congratulations and best wishes to the new EXCOM as they take over. We are confident that their experiences drawn from the defence forces, NGO, MOH and the private sector will greatly enhance ZACOPH activities.

First Quarter of 2020 ECSACOP Training Activities update



A refresher course for active clinical supervisors was successfully held on January 31st – 1st February, in Harare, Zimbabwe, alongside the ECSACOP council meeting.

At this meeting, Dr. Chikoye, President of ZACOPH was elected as vice chair for the ECSACOP training committee.

During the first National Training Board meeting for 2020, Dr Justo Banda was elected as the new national coordinator for ECSACOP taking over from Dr. Kenneth Kapembwa.

We wish Dr. Banda the best of luck in his new role and thank Dr. Kapembwa for a job well done during his tenure and we will certainly call upon him for guidance.



Zambia and the University Teaching Hospital (UTH) in particular were chosen to conduct the inaugural FCP1 exams by the ECSACOP council. The exams were scheduled for the 20th - 21st July 2020.

Permission was sought and given by the UTH Chief Superintendent. However, due to the COVID-19 outbreak, a final decision on the fate of the clinical examinations is pending a verdict from the ECSACOP executive committee.

Enrolment for year 1 of the ECSACOP programme began on the 1st April 2020 and we look forward to welcoming the new trainees in September.

Training Activities update

Support to Trainees

In view of the current pandemic which has had an effect on training with reduced numbers of in and outpatients, ZACOPH is exploring innovative ways of supplementing the training activities in the different training sites via virtual means. The virtual avenue would also allow for trainees to have access to specialties that are not currently available in some sites. Additionally, this would be used as a platform to offer CPD.

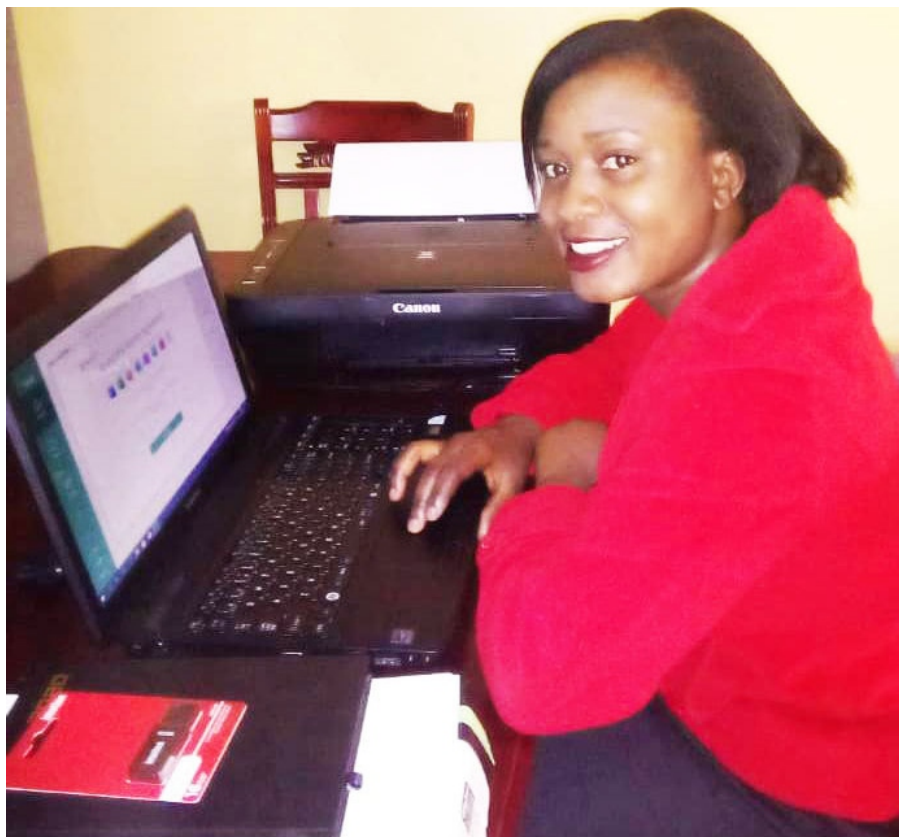
Annual membership subscriptions and database

A membership google form is available and members are encouraged to complete the form in order for the membership data base to be established.

The form also contains the ZACOPH bank details for annual membership subscription payments. Members are urged to make good on the payments. Additionally, ZACOPH has launched branded T-shirts in white, green and black as a way of enhancing our sense of belonging. These can be purchased through orders via the secretariat.



Establishment of a Secretariat



We are happy to inform the membership that a well-equipped secretariat has been established and will be run by one part-time personnel who will work remotely as ZACOPH presently does not have dedicated office space.

As the personnel has been seconded to ZACOPH, the organisation will not have any financial obligations. It is our hope that this development will enable the organisation to work more efficiently as well as enhance communication with the membership.

Targets for 2020

The main targets set for 2020 year are as follows:

- Development of the strategic plan,
- Drafting of the medical emergency treatment guidelines and;
- Drafting the financial policies and procedures.

Furthermore, we intend to prioritise making

ZACOPH more visible and relevant in the medical landscape and to this end ZACOPH will endeavour to participate in trainings of the lower cadre healthcare personnel in identified specialties in lower level health facilities as well as participate in raising public health awareness on various health issues through the use of social media. It is our hope that the membership can actively participate in these endeavours.

Medical Updates: COVID-19 PANDEMIC



In late December 2019 a pneumonia cluster was reported in the city of Wuhan in Hubei Province, China and by the first week of January 2020 the causative agent had been identified as a novel coronavirus named SARS-CoV-2.

The hope then by the rest of the world was that spread would be contained in China, however, the ease of global travel led to the rapid spread of the virus beyond China within weeks with the World Organisation (WHO) declaring it a global pandemic on the 11th March 2020.

As of 1st June 2020 WHO global data reported 6,057,853 confirmed cases, 371,166 deaths in 216 countries with the western world reporting most of these cases and deaths (www.who.int).

The outbreak on the African continent which is in its early phase has resulted in both imported and community transmission and as of 1st June 2020 144,702 confirmed cases, 61,164 recoveries and 4,149 deaths in 54 countries with south Africa affected the most with 32,683 cases (www.afro.who.int).

Although WHO and CDC estimate that prevalence will peak around August 2020, our hope is that the case load and deaths will remain low with the recommended public health measures in place in many countries.

Additionally, home grown solutions and capacities for the covid19 response such as;

- The development of cheaper and validated test kits,
- Innovate ways of collecting samples such as the testing booths in Nigeria
- Innovative ways of quick turnaround of results
- The ability to rapidly escalate hospital bed space with cardboard beds in the event of an upsurge of cases
- The development of cheaper ventilators and;
- Through continued information and experience sharing by countries (WHO Afro,2020)

Zambia Scenario

Zambia Scenario

Zambia reported its first case of Covid 19 on the 18th March 2020. This was an imported case from France and as of 1st June 2020 the statistics were as follows;

- o 28, 236 tests done
- o 1, 089 confirmed cases
- o 912 total recoveries
- o 170 active cases
- o 7 deaths.

The pattern of spread of Covid19 in Zambia has been described as imported and community transmission with the hotspots being Nakonde and Lusaka where majority of cases have been reported. Testing has been decentralized to include Ndola TDRC, Lusaka UTH, CIDRZ and Chinsali General Hospital. For case management, every district has the capacity to treat cases with main treatment centres located in provincial hospitals.

Based on the currently pattern of spread, there is need to scale up and decentralize the response, and promote the recommended public health measures of social distancing, wearing of masks

in the crowded places, washing of hands and nasal etiquette. Contact tracing should also be systematically done with contacts self-quarantined at home or designated facilities especially if social distancing at home cannot be guaranteed.

Following the outbreak, a lock down was introduced, with all educational institutions shutdown on the 17th March 2020 and cinemas, restaurants, bars and gyms shut down on the 20th March 2020.

Currently the lockdown is being eased with the opening of examination classes from June 1st and the opening of restaurants, cinemas and gyms on the 8th May 2020. Following the easing of the lockdown measures, there needs to be increase in vigilance, testing and general preventative measures in order to ensure that the ease of lockdown measures does not result in an increase in Covid 19 cases, as other Countries easing measures have recorded rapid increases in Covid 19 cases.

COVID-19 Treatment and Vaccines

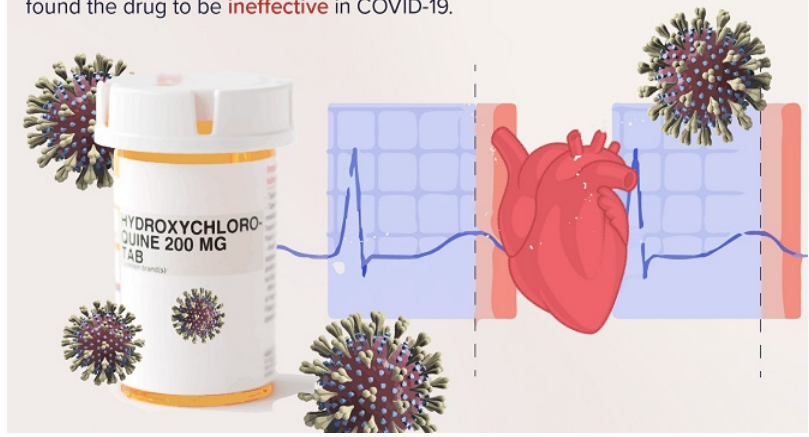
Presently, potential vaccines and treatments for COVID-19 are undergoing evaluation by many different clinical trials.

Hydroxychloroquine was initially touted as a potential treatment for Covid-19 however, a report from a multinational, observational, real world study of patients with COVID -19 showed no evidence of benefit and was associated with significant cardiac related side effects and a greater hazard for in patient death with COVID-19 (Mehra et al, 2020).

Following the above results WHO suspended the hydroxychloroquine arm of the “Solidarity” international clinical trial which it had launched with partners to evaluate the following treatment options:


HYDROXYCHLOROQUINE

A recent study found that **93%** of patients with **COVID-19** treated with **hydroxychloroquine** had **increased QTc intervals**. Several other studies have found the drug to be **ineffective** in COVID-19.



1. Lopinavir/ritonavir 400mg/100mg PO BID for 14 day plus optimized supportive care, OR
2. Hydroxychloroquine 800mg BID for 1 day then 400mg BID for 10 days plus optimized supportive care, OR
3. Remdesivir 200mg IV on day 1, followed by 100 mg IV daily infusion for 9 days plus optimized supportive care, OR
4. Optimized support care all or until discharge from hospital, whichever occurs first

<https://clinicaltrials.gov/ct2/show/NCT04330690>



In the light of the aforementioned results and action taken by WHO, it will be interesting to see whether The Indian Council of Medical Research, will review its current recommendation for the prophylactic use of hydroxychloroquine (400 mg twice on day 1, then 400 mg once a week thereafter) for asymptomatic health-care workers treating patients with suspected or confirmed COVID-19, and for asymptomatic household contacts of confirmed cases.

This recommendation is already being questioned as there is no peer-reviewed publication that evaluates the drug for exposure prophylaxis of SARS-CoV-2 infection although some in-vitro evidence supports the antiviral activity of hydroxychloroquine and its precursor chloroquine. (Rathi S et al. 2020).

Preliminary results from the Adaptive COVID-19 Treatment Trial (ACTT-1 Study) looking at intravenous remdesivir in adults hospitalized with Covid-19 with evidence of lower respiratory tract involvement, suggest that a 10-day course of remdesivir is superior to placebo in the treatment of hospitalized patients with Covid-19.

This benefit was seen in the number of days to recovery (median, 11 days, as compared with 15. However, given the high mortality despite the use of remdesivir, evaluation of additional strategies which combine antiviral agents with other therapeutic approaches in Covid-19 are needed in order to improve patient outcomes. (Beigel et al. 2020).

Impact on Acute Care, Routine and Essential Health Services

Evidence from previous outbreaks such as Ebola have shown disruption of vaccination programs, emergency admissions and routine care for HIV, tuberculous and non-communicable diseases.

Furthermore, South Africa for example, has reported that up to 15% of patients on ARV are failing to access this treatment due to fear of contracting Covid-19 when attending the health facility. As such, it is important to look to

history for lessons on how best to protect these essential services. Moreover, it is incumbent upon every healthcare to use every available opportunity to encourage regular patients to attend the various clinics while observing social distancing and other public health measures.

Additionally, the redirection of human and financial health resources to Covid-19 response should be well managed to ensure the continuation of essential medical services.

Shortages of Supplies and Equipment



One of the key challenges facing every country, irrespective of income levels, is shortages of the supplies, goods and equipment needed in the context of COVID-19.. Shortages of equipment and supplies not only undermine infection prevention and control efforts but also directly impact health workers who are at a heightened risk of exposure and infection where PPE is not sufficient. The protection of our frontline health workers is paramount and therefore the provision of PPE, including medical masks, respirators, gloves, gowns, and eye protection, must be prioritized for health care workers and others caring for COVID-19 patients (www.who.int/publications).

Implementation of Public Health Strategies: Human Rights Preservation

Many countries have successfully suppressed transmission by the implementation of the recommended public health strategies in the control of COVID-19 of;

- Active case finding, testing, isolation and treatment
- Contact tracing and quarantine
- lock down measures and physical distancing.

However, the implementation of the aforementioned measures present unique

and rapidly changing challenges to the promotion and protection of health and of human rights of people globally. To this end the WHO Director General has advised that “All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights”. Implementation thus should be in accordance with the law; pursue a legitimate aim; proportionate; and not arbitrary or discriminatory (www.who.int/publications).

Special Interest Groups Considerations

Current guidance, suggests that older adults and people with certain pre-existing conditions have a higher risk of contracting Covid-19, however, people of all ages with disabilities, the homeless, refugees, migrants, mental health individuals, elderly in residential homes and prisoners may have greater vulnerabilities to COVID-19 due to their living arrangements, financial instability and lack of specific safeguards impacting their risk of infection.

Therefore, they need additional attention in the broader COVID-19 response with special measures in place to ensure protection

from discrimination and to ensure access to information, social services, health care, social inclusion, and education (www.who.int/publications).

More than a Health Crisis

The COVID-19 pandemic is more than a health crisis, it is a human, economic and social crisis and if not addressed in this context and without comprehensive social protection systems in place, inequality, exclusion, discrimination and global unemployment may be heightened in the medium and long term. (un.org, Nicola et al., 2020).

Stigma and Discrimination in COVID-19



Stigma and discrimination have been directed at people diagnosed with COVID-19, those with a history of travel to affected countries including healthcare professionals which can negatively influence health behaviours, and result in negative physical and mental health consequences for stigmatized groups.

Availability of accurate information and public sensitisation can help eliminate stigmatizing and discriminatory behavior and practices (www.who.int/publications).

Increase in Domestic Violence

The economic and social stresses and restricted movements have resulted in a surge in domestic violence especially against women and girls in many countries resulting in a call by the WHO DG urging governments to put women's safety first as they respond to the pandemic.

Implementation of measures including help lines, psychological support and facilitating access to other support services are important to mitigate the ensuing harms (<https://news.un.org>)

Looking to the Future

It is generally accepted globally that Covid-19 is not going away any time soon even if a vaccine or treatment is found. Therefore, for the foreseeable future, we must seek and be open to new ways of delivering and receiving healthcare through a dual track system for COVID-19 and; routine and essential services. This way no one will be left behind and a wave of increased ill health and death from traditional diseases will be avoided.



Personal Protective Equipment (PPE) Fund Raiser Campaign

One of the key global challenges in the fight against COVID19 is the shortages of the relevant supplies, goods and equipment. Insufficient supplies of testing kits and Personal Protective Equipment (PPE) in particular, not only undermines infection prevention and control efforts but also puts healthcare workers at a heightened risk of exposure and infection.

Acknowledging that physicians are in the frontline of case management of COVID-19 and that one infected healthcare worker is one too many, in addition to accepting that “charity begins at home”, ZACOPH embarked on

GoFundMe PPE campaign to raise money to purchase PPE items for donation to selected health facility with much success.

The money raised will go in procuring the needed material and these in turn will be donated to identified health facilities.

https://www.gofundme.com/f/covid19-ppefund-for-zambian-health-care-workers?utm_source=customer&utm_medium=copy_linktip&utm_campaign=p_cp+share-sheet

Thank you

ZACOPH wishes to thank most sincerely all (diaspora and home) who donated generously. Lusaka Helps, your generosity is very heart-warming indeed.

It is also very uplifting to note that the fund raiser was spearheaded and driven by young people who additionally donated generously. We give a big “shout out!” to all of them;

- Pembuzga Comfort Mwandila : The brave face of the campaign
- Aibaki : The first young person to donate
- Fareeda, Mwansa and Kamima : for creating and managing the campaign
- Bwalya : A gallant nurse who had been very ill with COVID-19 and donated generously



- Dr Yande, Chiedza, Amina, Lesa, Etah, Temwani, Mukami... and the list goes on. Thank you, thank you, all!!

ZACOPH recognises the role of the youth as important “Agents of Change” and it is therefore, our hope that these young people can become ZACOPH ambassadors in health promotion campaigns amongst their fellow youth.

Being a trainee in the time of Covid 19: Dr Naluca Mwendaweli (STP Trainee and ECSACOP Trainee Representative)

I never expected that the novel coronavirus would become a global pandemic of this magnitude. I first heard about it in the last week of December 2019. Before the pandemic, I participated in daily ward rounds from Monday to Saturday and reviewed patients in the outpatient specialised clinics once a week. Bedside tutorials with my trainers were held at least twice a week.

Things quickly changed when Zambia recorded its first two confirmed cases of Covid-19 on 18th March, 2020.



With many precautionary measures in place, the flow of patients reduced so the amount of time spent reviewing patients was lower compared to the period before the pandemic.

This also reduced the face to face interaction time with my trainers for bedside tutorials and teaching rounds came to a standstill. Most of the training was shifted to online platforms.

However, this meant that I needed to have good internet access all the time, both at work and at home.

I now had to buy more bundles to access online training. With problems of power supply due to load shedding, I sometimes have to drive back to the hospital to access power in order to charge my electronic device.

Psychologically, when I heard about the rise in confirmed cases in Zambia, I was filled with panic and was afraid to be in contact with patients who presented with respiratory symptoms.

Despite my training site being a non covid centre , it was still possible to be exposed to unsuspecting covid 19 patients.

During to my fear of possibly contracting the novel coronavirus from a patient, I found it hard to concentrate on my studies. With more and more articles being published worldwide, the information was quite overwhelming and my anxiety grew, making it difficult to study.

The environment at home had changed too. My loved ones were afraid I would contract the virus from the hospital and not only infect them, but possibly die from it. I was mentally affected for a few weeks and felt like quitting.

After some self-assurance, I motivated myself to stay focussed on my training and prepare for my exams.

No one teaches you how to really handle anxiety or stress during a life- threatening pandemic in medical school.

I think there should be a deliberate policy to look at psychology of trainees during such times and not only focus on academia and clinical skill acquisition.

A message to the Physician Trainees from the President

I hope that you are all trying your level best to keep your learning on track in the given circumstances. As the saying goes “Young trees are the future forests”, ZACOPH is as much your organisation as it is for the specialist physicians and you are therefore invited to join ZACOPH as associate members. We look forward to your participation on our social media platforms and it is our hope that as young minds who are social media savvy, you can be the driving force behind our intended public health campaigns which aim to increase health awareness particularly amongst the youth. Additionally, please feel free to purchase some T-shirts as well.

A message to the General Membership from the President

ZACOPH can only be as successful as your participation as the general membership and therefore, it is our hope that membership can play an active role in the affairs of the organisation in whichever way possible. Please visit our website and social medias regularly and contribute to their content.

ZACOPH stands by you and salutes you all for the great work you are doing in managing the COVID-19 pandemic. Please continue to keep your morale up and as history has shown, this pandemic too shall come to pass.

ZACOPH merchandise for sale

The following merchandise are available for sale at ZACOPH





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