

EXPERTS CALL FOR LOCKDOWN OF 75% OF UGANDANS TILL OCTOBER

By Gerald Tenywa

Makerere University scientists have recommended another lockdown of 75% of the population in Uganda for the coming months until October to contain the coronavirus.

"If we are going to be careful, we can lock down up to 75% of the population up to October," said Prof. Joseph Mugisha, from the College of Natural Sciences, Makerere University.

"If we do not do that, then there is a possibility of a second wave of coronavirus infections," he added.

Mugisha was addressing reporters at the Makerere University Main Hall yesterday. He was presenting a mathematical modelling of COVID-19 done by the college's mathematics department.

Apart from Mugisha, the co-investigators included Dr Amos Ssematimba, Dr Juliet Nakakawa Nsumba, Dr Joseph Ssebuliba and Dr Cliff Richard.

The model predicts that if 75% of the population is kept in quarantine until October, Uganda will have between 2,000 and 3,000 COVID-19 cases.

Locking down 75% of the population will have to be accompanied by the effective wearing of masks and social distancing. Taxis, buses and bodabodas will also have to adhere to the safety guidelines.

The numbers could swell to more than 8,000 if less than 75% of the population is under lockdown

Prof. Joseph Mugisha and Dr Amos Ssematimba of Gulu University during the release of the research report on COVID-19 in Uganda at Makerere University in Kampala yesterday



PHOTO BY ABOU KISIGE

and effective standard operating procedures are not emphasised, Mugisha added.

He said the lockdown should cover a total of 210 days from the first outbreak in order to avoid the second wave of the infection.

Mugisha pointed out that a second wave of the coronavirus is likely to occur if a lockdown is imposed for only 150 days (from March to August).

"When lockdowns are hurriedly lifted to 75% susceptible level, the yet to be detected cases in the community (no longer matter how few), have

the potential to start a second and more disastrous epidemic wave," he explained.

Mugisha said the second wave of infectious diseases such as the coronavirus, is always more dangerous than the first phase.

He said Uganda had imposed a lockdown before the outbreak of the disease in the country. However, the lockdown is being eased in phases and Uganda needs to be conscious in order to avoid the second wave.

Mugisha said students, who account for about 30% of the population

estimated at 43 million, have been locked at home. In addition, there are workers in arcades who have been restricted from working as well as commuter taxis that are supposed to carry less than half their capacity.

Previously, there was only 10%-15% of the population, who were referred to as essential workers that were working during the lockdown.

However, some people are violating the measures that are supposed to disperse the population in the urban areas.

In parts of Kampala, some of the

WHAT SHOULD BE DONE?

The Government should set up treatment and isolation facilities as close as possible to the testing border points.

"This will stop the overwhelming of the existing regional facilities and optimise deployment of the scarce resources," Mugisha said.

Also, information should be obtained from truck drivers coming from high-risk areas in neighbouring countries.

Dr Ssematimba said more awareness is needed to ensure better application of face masks and social distancing.

This comes hot on the heels of another computer modelling report by scientists from Makerere University School of Public Health, warning against a policy that only emphasises wearing face masks.

According to the report, released last month, the country could register 1,534 new COVID-19 cases in the first 100 days after lifting the lockdown if the population was required to wear face masks only, without strict observation of other preventive measures such as social distancing and frequent sanitisation procedures.

However, combining face masks and other social distancing measures could lead to manageable COVID-19 cases.

bodaboda cyclists continue to carry passengers helping people with infections to spread the diseases much faster, according to Mugisha.

Barbers and some salon operators and bars also work undercover.

LOCAL SOLUTIONS

Dr Charles Olaro, the director clinical services at the health ministry, stressed the need for local solutions in fighting the coronavirus

By Cecilia Okoth

In the next four months, Ugandan scientists will be able to give the country feedback on whether the use of convalescent plasma (blood donated by people who have recovered from COVID-19) is viable for treating the disease.

The scientists in a project codenamed "COVIDIT" (COVID-19 Immune Therapy) have called on people who recovered from COVID-19, to take part in the study by donating blood.

Plasma is the clear, straw-coloured liquid portion of blood that contains antibodies.

Antibodies are substances (proteins) produced by the body's defence (immune) system in response to the

Medics to use recovered patients' blood for treatment

PHOTO BY ALFRED OCHWO

presence of a foreign substance (antigen) in the body.

Antibodies recognise and attach themselves onto those antigens and neutralise them.

Speaking at the launch of the first phase of the project at Mulago Hospital yesterday, Dr Bruce Kirenga, the principal investigator, said: "Research in other countries has shown that treating COVID-19 patients with plasma from persons who have recovered from the disease leads to faster recovery and prevents death."

Uganda had registered 724 cases of COVID-19 as of Monday. Of these, 351 patients have recovered. There are no deaths yet. There are still 373 active cases admitted in various hospitals across the country.

ELIGIBLE DONORS

Scientists recommend that plasma donors must have fully recovered and be aged between 15 and 65 years.

An eligible donor must also



Annette Akiror of the Uganda Blood Bank checks on Laura Nagasha Barumba, one of the first to recover from COVID-19, as she donates blood for use in treatment of the coronavirus. This was on at Mulago Hospital, yesterday

weigh 55kg and above, and who has never been pregnant as well as be in general good health.

By press time, one person had

responded to the call.

The project was initiated by Makerere University through its centre of excellence in lung

Lung Institute in collaboration with the Uganda Blood Transfusion Services (UBTS).

Other partners include Mulago Hospital, Uganda People's Defence Force Medical Services and the Joint Clinical Research Centre.

Dr Winters Muttamba, the project manager, said the project is being funded by Makerere University Research Innovation Fund.

PHASED PROJECT

He said the project will run in four phases.

The first phase, to be conducted by the UBTS, will involve collecting the plasma, processing and storage.

UBTS will, thereafter, distribute it for use when trials begin. The second phase, which involves trials, will assess and determine the effectiveness

of the plasma in treating COVID-19, as measured by the time it takes to clear the virus from the body.

The third phase will isolate potent monoclonal antibodies from peripheral B cells of Ugandan COVID-19 survivors for use in the prevention and treatment of the disease.

The last phase will establish a COVID-19 survivor registry to support the study of the long-term impact of the coronavirus infection on survivors.

CALL FOR LOCAL SOLUTIONS

Prof. William Bazeyo, the Makerere University deputy vice-chancellor in charge of finance and administration, said the project team is part of the group that treated patients who were discharged from both Entebbe and Mulago hospitals.

Dr Charles Olaro, the director clinical services at the health ministry, stressed the need for local solutions towards fighting the disease.

"The earlier we find remedies which will help us alleviate and improve the outcome of the patients, the better," Olaro said.