



## Supporting the Leicester-Gondar Link

### PROJECT UPDATES

**Project Name :** *(please highlight accordingly)*

- Operating Theatre (Jane & Peter Aires)
- Bio-Medical Engineering Dept (Nick Brown)
- Ophthalmology (Geoff Woodruff)
- University Projects (Mark Goodwin)
- Patient Safety (THET/DFID) / Nursing & IPC (Sandra Kemp)
- Orthopaedics & Trauma (Laurence Wicks)
- Mental Health (Lynn Wroe)
- Kolladiba (Christine Iliffe)
- Collaborative Teaching Programme / Endoscopy / Dietetic (Barrie Rathbone)
- **Laboratory – Microbiology (Steve Hardy)**
- Global Women's Health Collaborative (Doug Tincello)

**Period Covered :** 9<sup>th</sup> November 2017 – 15<sup>th</sup> March 2018

**Activity :** E mail correspondence with Birhanemeskel Adanke (contact provided by Nick Brown).

**Birhane** replied 30/01/18:-

First of all, thank you for writing this email and I would like to also re-establish the laboratory link again and please support us the laboratory service in any way that you can as usual. For that matter, I have been involved in the Gondar Leicester link previously when I was laboratory head that means before Ato Ayenew and Ato Desalegn Andargie

Concerning to your question I can find someone, who will take a lead in the laboratory link for the future. This is should not be the barrier to start the link. I can handle this issue seriously. But the other Good news that you raised through your email is that you are start looking at TB related service.

Since am the head of TB culture laboratory, am try to respond the following question point by point.

- Yes! We do have a level three facility/lab under negative pressure
- Yes! We are carried out both liquid and solid culture for TB
- We use PCR for molecular technique (for genotypic drug susceptibility testing)

*Kathy Astbury – Leicester-Gondar Link & HALE Administrator  
International Office, University of Leicester  
Tel: 0116 252 5321 / Email: ka289@le.ac.uk*

- Personally I don't have any accesses and not familiar with PHE National UK Standard methods
- We have plans to start phenotypic drug susceptibility testing

#### **Issues for Discussion :**

Follow up emails have been sent to Birhane in both February and March along with useful documentation.

To date there has been no response from Birhane or further contact details to enhance or progress other areas of laboratory support.

What has been revealed is a change in the diagnosis of TB from purely a ZN stain to having a containment level 3 facility and Mycobacteria being propagated in both liquid and solid culture.

Personally, I do have some concerns regarding the following aspects of a containment level 3 facility and the potential risk and dangers in propagating TB to the laboratory workers and staff within the locality :-

- maintenance and regular checks
- safety policies being robust for such a facility
- checks relating to room integrity
- procedures should a spillage occur
- Facility Standard Operating Procedures

I am not sure of the infrastructure or expertise for the maintenance of a containment level 3 facility or the handling of an uncontrolled spillage in Ethiopia.

Following a second e mail request in March, I await further contact