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**Objet:** Re: Demande Collaboration D MALVY

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Dear Colleagues,

I am currently preparing a JOB DESCRIPTION / TERMS OF REFERENCE for a colleague Nephrologist. Meantime, NCDC please find some background bullet points.

We are ALIMA. The Alliance for International Medical Action (ALIMA) <https://www.alima-ngo.org> is a medical humanitarian organization that works hand-in-hand with a network of local organizations to provide quality medical care to the most vulnerable populations in emergency situations and recurrent crises. Based in Dakar, Senegal, ALIMA has treated over 3 million patients in 12 countries since its creation in 2009, and launched more than a dozen research projects focused on malnutrition, malaria and Ebola. ALIMA has extensive experience responding to outbreaks, including Ebola in Guinea, Rift Valley Fever in Niger, Lassa fever in Togo and Dengue fever in Burkina Faso.

ALIMA is working alongside Nigeria's Centre for Disease Control (NCDC), as well as Federal and State health authorities. ALIMA's priority is to help Nigerian health authorities protect and train hospital staff, improve case management and facilitate actions in the community to control the transmission of the disease. The goal is to catch cases early, and improve the chances of survival for those who do become infected.

To support the government's response, an emergency team from ALIMA, including an epidemiologist, medical doctors, logisticians and a coordinator, are on the ground at the Owo Federal Medical Center in Ondo State and the Irrua Specialist Teaching Hospital in Edo State. Our teams are supporting case management, active case detection, patient triage, public awareness campaigns, and reinforce Infection Prevention and Control (IPC) measures.

ALIMA is supporting the rehabilitation of a 38-bed treatment center in Owo to improve treatment capacity, and also expanding the bed capacity at the Irrua Specialist Teaching Hospital. ALIMA is also supporting the Nigerian government's efforts by supplying hospitals and health clinics with materials to ensure basic hygiene standards, reinforce infection prevention and control at triage points, and helping with waste management. ALIMA is providing personal protective equipment (PPE), thermoflash thermometers, and 3,500 vials of Ribavirin, the recommended treatment.

Lassa fever is a very neglected tropical disease and we need to look beyond this emergency to launch research initiatives. ALIMA and INSERM created a research alliance to respond to immediate needs and support longer-term research efforts at the same time. Our goals would be to better understand the dynamics of this disease, assess rapid diagnostic tests, evaluate the potential of vaccine candidates and improve the therapeutic tools available to clinicians on the front lines.

### **Background in Nigeria**

Souther-Nigeria (Edo, Ondo and Abakaliki State) is currently facing an unprecedented outbreak of Lassa Fever (LV) with an in-patient mortality rate close to 25%. See attached NCDC week 7 sitrep / See my lecture on Lassa Fever also attached.

Care is not free in Nigeria. We aim to ensure a better and earlier access to care by insuring free care to LV patients. The average salary of a civil servant is around 114 € which is also the price of a sole dialysis session.

The overall aim of deploying nephrologists on the field is to enhance our programme of reducing avoidable fatalities linked to AKI (25% LF patients exhibit AKI, 15% LF patients require dialysis, w/o dialysis the mortality rate is 75%, with dialysis it drops to 50%) in Southern-Nigeria during this unprecedented outbreak.

### **Specific proposals in the field of AKI for**

- To assist local nephrologists on the management of acute cases of LF AKI: 3 nephrologists in the Irrua Specialist Teaching hospital (2 new Gambro AK97 generators), 2 in the Federal Medical Center Owo (soon an old Fresenius 5008-B generator that is being fixed by us), and eventually in Abakaliki hospital (no information on the types of generators).

- To optimize the process of dialysis itself (Gambro AK97 & Fresenius 5008-B) in terms of duration of sessions, flow rates (small femoral KT for drawing blood + hand catheter for returning blood), frequency of sessions (every 3 days), real indications of dialysis (we are puzzled by so-called "recoveries" after 1 or 2 or 3 session and query the indications) ?

- To interact with other local doctors in the field of prevention and education on the high need for forced rehydration in patients with LASSA to prevent AKI. as we are fully convinced that setting up dialysis is not useful

unless the prevention part is completely covered.

- To help deciphering the pathophysiology of LF AKI.

Bien cordialement / Best regards / Reciban un cordial saludo / Salut zot tout  
مع أطيب التحيات / С наилучшими пожеланиями / 你好! / בלבביות

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**ALIMA – The Alliance for International Medical Action**

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