

## TROPMEDEX round-trip excursion on tropical medicine in Tanzania 2019

From December 7th to 20th, 2019 I was on a tropical medicine excursion, again. After being already in Uganda in spring 2018 where I was able to gain invaluable experience for my tropical medicine consultations, this time I went to Tanzania (East Africa). In various hospitals and clinics on the mainland and in Zanzibar, I had the opportunity to experience the most important tropical diseases such as malaria, dengue, sleeping sickness, meningitis, typhoid, leprosy and schistosomias. We did not only see the patients with their symptoms, but also could train the diagnosis in the laboratory.

### Arrival in Tanzania

From Kempten to Munich Airport by train, further via Frankfurt and Addis Ababa by plane I arrived at Kilimanjaro Airport in Arusha on Sunday at 4:00 p.m. local time.



After the long journey, the heat hit me and we were directed to the Immigration Office. Presumably because I was entering via Addis Ababa, the yellow fever vaccination certificates were checked precisely before the passport and visa control. Later I learnt from colleagues who flew in directly from Europe that they were not checked for yellow fever vaccination.

After all the formalities were done, a driver picked me up and took me to Karama Lodge.



There **Dr. Kay Schaefer**, director and owner of [TROPMEDEX](#), the organization which is probably the only one of its kind in the world to organize such excursions on tropical medicine in Africa, was already waiting for us. He offers such round-trips for more than 25 years. Kay himself is an experienced tropical doctor and an absolute connoisseur of Africa. It is thanks to his expertise and his incredible relationships with doctors and nurses, hospitals and NGOs that such tropical medical trips has been

successfull over all these years. The group of 13 participating doctors could convince themselves of this network every day. Kay left nothing to chance and always responded promptly to any program changes that may be necessary due to climatic or organizational influences. With the saying: "TIA ... this is Africa" he explained the situation to us and asked for understanding for Africa.



Map shows our itinerary in Tanzania  
(Photo: Kay Schaefer)

So let's dive into Inside Africa and look forward to an exciting training trip.

### Monday December 9th

After a lecture on the African sleeping sickness visit and patient presentations at the **Selian Hospital** in Arusha.





Here we met patients who are seriously ill with malaria and children with severe malnutrition. In addition, we were able to get an insight into the entire hospital. Even the simplest examination methods and laboratory tests are only available to a very limited extent.

In the afternoon drive to the only snake clinic in the region. Especially in the rainy season - and currently there was rainy season with unusually heavy rainfall - the snake load increases enormously, since the snakes seek the warmth of the houses. We were introduced to patients who were bitten in their beds at night while sleeping.

In the **Meserani Snake Park Clinic, Arusha** , we were able to see an unusually large number of patients, including in particular numerous children with bad wounds after snake bites. Tanzania has the most dangerous venomous snakes in the world, such as B. the particularly dangerous Egyptian cobras, green and black mambas and puff adders. These snake bites require the immediate administration of an antiserum that is only available from South Africa.



In a snake and reptile park, also located there, we were finally able to see the most poisonous and dangerous animals in the world which live in Africa. The most dangerous venomous snakes are mistakenly associated with Australia. But that is not the case. Sub-Saharan Africa is in fact the most dangerous place in the world in this regard. In addition, there are hardly any help centers apart from the snake clinic mentioned above ... unlike in Australia.

Wound healing after bite of a puff adder. Severe skin and soft tissue infections usually occur  
(Photo: Kay Schaefer)

### **Tuesday December 10th**

Today we were at the **St. Elizabeth Hospital** in Arusha all-morning until noon . Again we were allowed to accompany the doctors on their ward rounds but also in the outpatient clinic. It was mostly about HIV, tuberculosis and other serious tropical diseases.

In the afternoon we went to the **Flying Medical Service** , which flies patients from the region to hospitals far away. Pat Patten founded this service many years ago, somewhat out of the way of Arusha.



Pat also set up a school for the disabled people, where locals can live and are trained to be seamstresses or joiners, for example. We had the opportunity to get an insight into this community, what kind of people they are and how they live there. After learning a craft, many residents return to their villages, where they can make a valuable contribution despite their disabilities.







In his way and with his job, Pat is also an absolute connoisseur of the country and its people. Listening to him is more exciting than any book or film.

He has lived in Tanzania for tens of years and knows even the smallest landing sites. Among other things, he campaigned for understanding the individual tribal cultures and warned against prejudices without knowing the respective culture and the tribal tradition. More than 100 tribes live in Tanzania.

### Wednesday December 11th



Photo shows our bus

So ... today it starts early again. A full program with lectures and visits to hospitals was on the program. Then occupational medicine on the **BURKA coffee plantation**.

Morning lecture at the **Arusha Lutheran Medical Center** on worm diseases. Then guided tour of the department for newborns and premature babies. The ALMC is a new clinic with significantly improved facilities. Photos may not be taken in the hospital.





Arusha Lutheran Medical Center

After lunch, visiting the coffee plantation and lectures on occupational medicine.



At the coffee plantange





Then back to our accommodation



Before dinner, a lecture on dengue, a tropical disease that is spreading explosively and is now also occurring in southern Europe.

### Thursday December 12th

We continue our excursion by going to **Magugu Hospital** very early . It is further west.



shortly before departure



on the way, busy traffic



In this hospital we were presented two patients with severe sleeping sickness, which is transmitted by tsetse flies. We were also able to visit the rural hospital.



Treatment space / operation theatre



Dental treatment room: Drilling is not possible if you have a problem just pull it straight away.





Ambulance at the hospital

Afterwards, we went to Tarangire National Park to see how to fight the dangerous tsetse fly and where the source of the infection is. Antelopes are the main habitat of the pathogen causing sleeping sickness. This is why tourists who visit the national parks are repeatedly infected. In the places where these flies prefer to stay, blue-black traps are set up. The tsetse fly particularly affects blue and black objects.

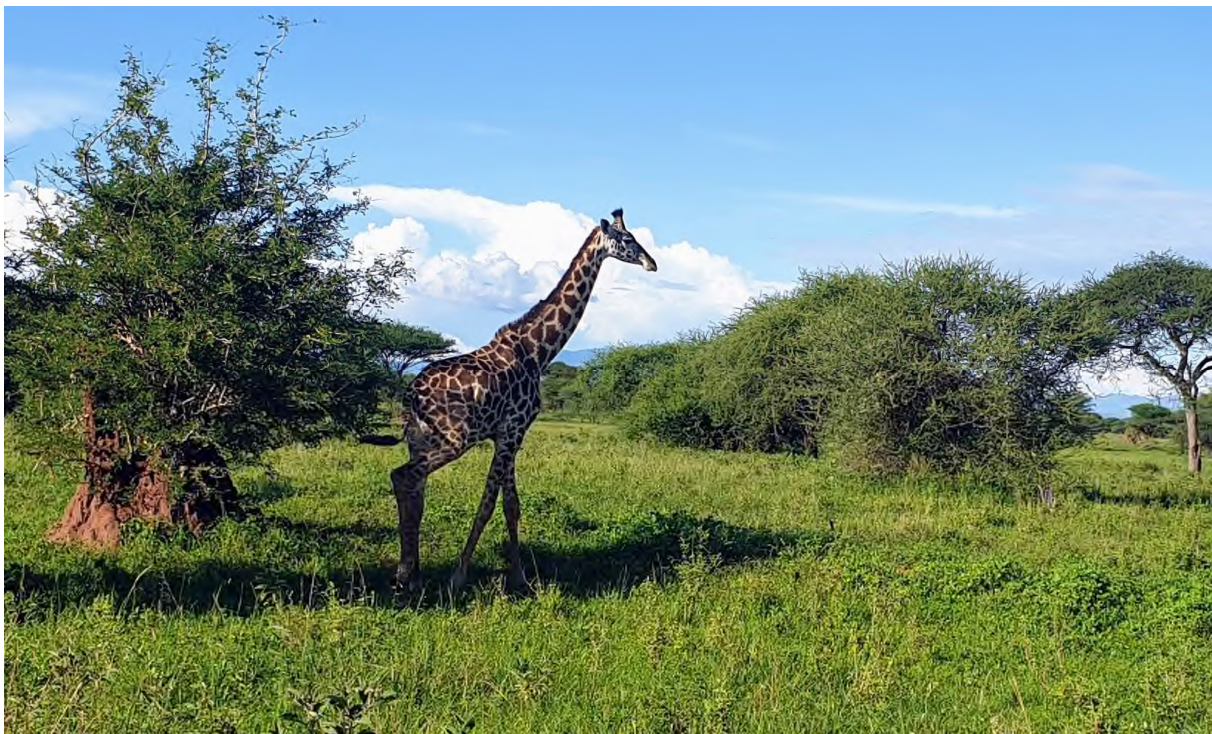


Catch trap for tsetse flies





Tsetse flies (Photo: Kay Schaefer)



in the Tarangire National Park



**Friday December 13th**

In the morning at first to the **FAME Medical Health Center**.



In this hospital, which is quite well equipped for rural conditions, patients from the surrounding area can be cared for. In addition to a detailed tour of the hospital, we had an intensive laboratory internship.

Afternoon visit to the **Hadzabe**, a Bushman people on Lake Eyasi. Here we could get an insight into the simplest way of life of a still remaining natural people and let ourselves be impressed by traditional naturopathic treatments.







Drive into the dry savannah to the Hadzabe





with the Hadzabe



Bushmen of the Hadzabe



### Saturday December 14th

Early morning 2 hour drive through Ngorongoro National Park to **Endulen Hospital** . It is far from the tourist trails in a Masai area. Driving there is only possible with off-road vehicles.



past Masai villages



on the way to the Endulen Hospital





Endulen Hospital



During ward rounds, we were also introduced to patients with brucellosis, a serious illness that is transmitted by untreated milk products. Then lectures on brucellosis and malaria. Unfortunately we had to leave the area earlier than planned because the sandy paths could become impassable due to rain. And being stuck in the bush overnight is very dangerous because of the wildlife.





Return in increasingly bad conditions



Thank god the weather slowly improved and we came back safely.



## Sunday December 15th

Today we left mainland Tanzania to continue our training trip in Zanzibar. Interesting cases in local hospitals awaited us here as well.



Landing in the tropical, humid Zanzibar

When we got out of the small propeller plane that took us from Arusha to Zanzibar in less than an hour, the very hot and humid tropical air hit us. There had been heavy rain shortly before landing. The East African plateau lies at 1,000 to 1,500 m above sea level and it is not so hot there and especially the nights can be quite fresh.

The climate is different in Zanzibar. Daily high temperatures of 36 degrees and hardly cooling nights with 26 degrees as well as a very high humidity characterize the hot and humid tropical climate.



### Monday December 16th

While people in Germany were preparing for Christmas 6,600 km away from us, we had two lectures in the morning about filariasis and leprosy, two important tropical diseases that are of no importance to tourists. All the more so with the local population, since, in addition to severe symptoms, they unfortunately also lead to social exclusion.



Filariasis patient in Zanzibar (Photo: Kay Schaefer)

After the lectures, we visited a leprosy ward in the **Kizimakazi / Dimbani Health Center**, where we saw patients with both diseases. We were also able to get an overview of the entire infirmary.





Drug blister for leprosy (Photo: Kay Schaefer)

Once again I was amazed at how consistently and gratefully basic vaccinations are offered and carried out here. You can only shake your head if you hear the incredible pseudo-arguments of the opponents of vaccinations in Germany. Out of respect for the patient and the infirmity, there are no photos this time either.

Of course, tourists are not aware of this. Not even the backpackers or individual travelers. I visited the country like backstage... I got impressions and insights that are only made possible thanks to a network of personal relationships that our training manager has built up over decades.

In the afternoon we learned about malaria prevention. Zanzibar was once a hotspot for malaria. A Prevention Center was established that started to raise awareness among the population about malaria and its prevention. The main focus was on the free distribution of mosquito nets to households. With massive clarification and control of the implementation of the mosquito nets, malaria was almost completely suppressed. A few years ago, Zanzibar was temporarily considered malaria-free. The individual cases that still occur are mostly people who have become infected on the mainland. Since the malaria carrier, the *Anopheles* mosquito, continues to exist, sick people must be treated immediately, otherwise they will be a source of further transmission.





The Prevention Center

After a lecture on this topic, we were able to visit several houses and see how the mosquito nets are stretched over the beds.





Prevention of diarrheal diseases was also discussed.

From a medical point of view, all these measures have made Zanzibar a safe travel destination.

### **December 18th**

Today we were leaving Jambiani on the east coast as more hospitals and a field trip to the **Kidichi Spice Farms** were on the program.



Coffee plant

At Spice Farms, in the tropical rainforest, we were shown a professional tour of all the important aromatic plants that have healing powers in addition to the aromatic spice. From pepper to vanilla, to eucalyptus, ginger and hibiscus, everything that spices and heals can be found on Zanzibar.

After three hours on the farms we went to the hotel and after a short breather we went to the **Tasakhtaa Hospital**, a private clinic in Stone Town with the most comprehensive facilities in Zanzibar. Here we took part in the visit to the children's ward, where we were introduced to a toddler with acute malaria.





There is also an intensive care unit with ventilation stations and monitoring.





## December 19th

After yesterday's heavy rainstorms in the rainforest, sunny but humid weather awaited us again today. First two exciting lectures on schistosomiasis, a tropical disease transmitted by parasites. Intermediate host is a freshwater snail. Humans become infected through the cercariae excreted by the snails in stagnant waters.

The first lecture brought us closer to the disease and its transmission, while in the second lecture a team from the local health authorities informed us about the measures that are being taken to prevent further transmission of the disease.

After the lectures we went to the country, to be precise to **Kinyasini**.



Once there, we looked for a nearby river, in which the water snails, that is the intermediate hosts, were suspected.







Protected with high rubber boots and gloves, one of the experienced workers quickly found the first water snails.



the little snail half-left on the sheet

Then we went to a nearby village, where children were spontaneously examined using urine samples.





Children are most at risk because they go swimming in their free time and get infected quite often. In fact, a urine sample was positive and the team doctor was able to treat the child immediately.







A team member examines the urine



Blood in the urine is a sign of schistosomiasis infection (Photo: Kay Schaefer)



Both children and adults are regularly tested for the disease and treated with praziquantel prophylactically every 6 months. In addition, the population is trained how to prevent infection. In the afternoon we went to **Stone Town**, the old town of Zanzibar City, to get an overview of culture and way of life. Among other things, this also concerned the hygiene conditions on the market.







In the evening we came back pretty tired for dinner.

### **Friday December 20th**

In the morning again lectures on the current malaria situation in Africa and worldwide, as well as an update on Chikungunya, which like dengue belongs to the so-called hemorrhagic fevers. It's not as dangerous as dengue, but it can also severely limit your vacation enjoyment. Finally, there was an overview of West Nile fever, which is becoming increasingly important in our latitudes and in the Mediterranean.

The training trip ended in the early evening and at 11:45 p.m. local time the plane went back to Frankfurt and then on to Munich. I would soon be home again, in a completely different world.





It was an exciting and interesting training trip, almost an expedition to East Africa. What I was able to experience first hand in terms of clinical pictures and the discussions and the processing both with local doctors and nurses, my colleagues, whom I got to know and appreciate in the group, but also with our highly experienced training manager, Dr. Kay Schaefer, even right at the bedside, are invaluable for my travel and tropical medicine consultations.

But also the humanity of the Africans among each other and the incredible hospitality towards us as well as their almost unintelligible patience have - as in Uganda - again deeply impressed me and ... yes ... also changed something again. It was not my first trip to Africa and it will not be my last! Next time I will go to West Africa at the latest in January 2021. More will not be revealed yet!

Günter Böcking  
Zanzibar City Zanzibar / Tanzania  
in December 2019

---

All articles and photos on this blog are protected by copyright and may not be copied, published or otherwise used without the author's consent.