



Mobile Field Site as a Model for Enrolment and Follow up in a Tuberculosis Adolescent Incidence Cohort, Western Kenya: Preparation for Future TB Vaccine Trials

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Background

- Kenya is ranked 13th on the list of 22 high-burden tuberculosis (TB) countries
- Siaya district case notification is 440/100,000 as reported by the TB program
- Adolescents are considered a difficult group to enrol in research studies
- Identifying an optimal strategy of recruiting and enrolling of adolescents in a TB vaccine trial is important

Exploring optimal ways of enrolling adolescents

- Should we enrol adolescents in schools?
- Should we enrol adolescents at a home?
- Should we enrol adolescents at a central place within their villages?
- Should we enrol adolescents at health facilities?



Study site (Karemo Division, Siaya District)

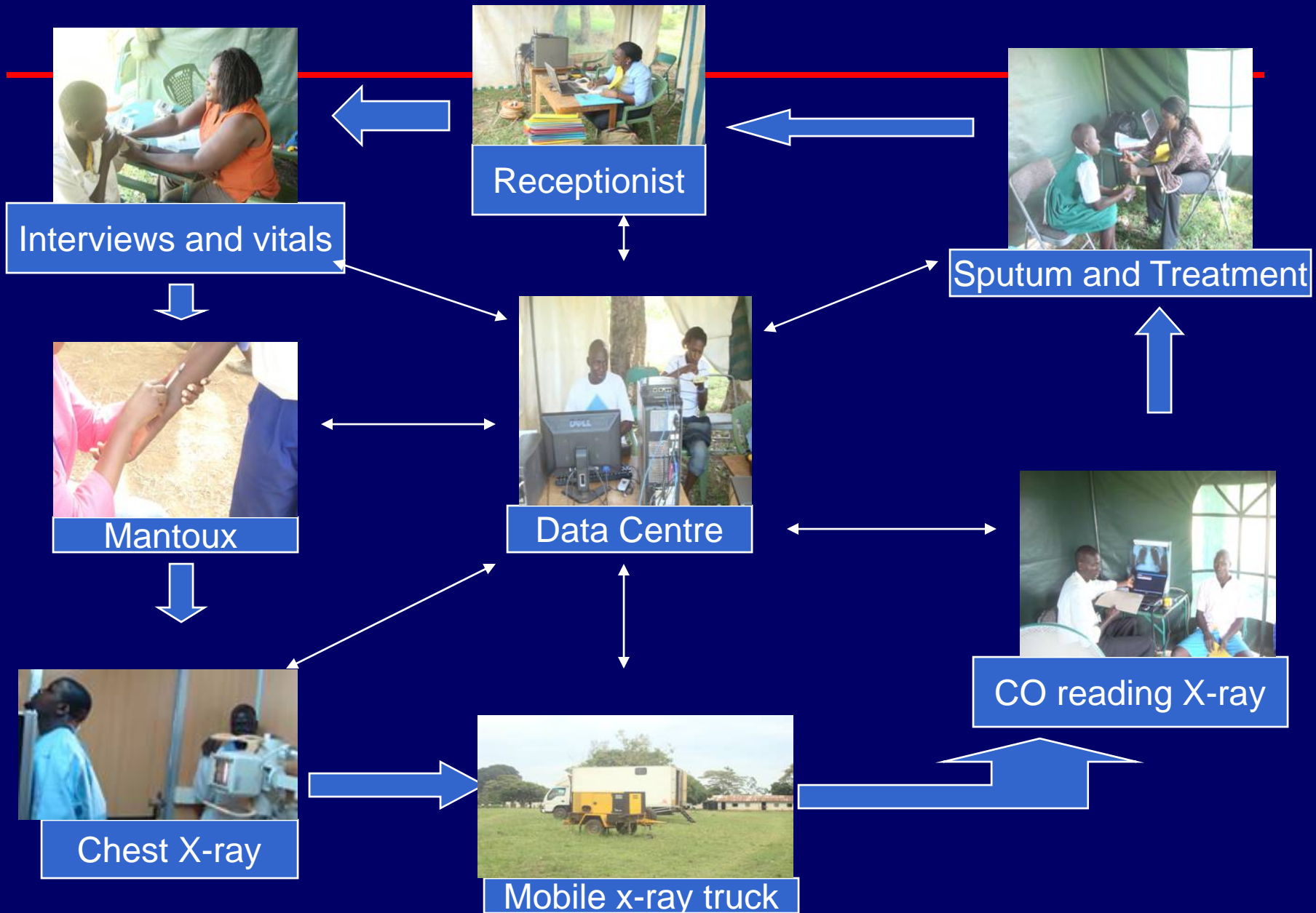


- Total Population 85,000
- 13,000 adolescents aged 12-18

Approaches to enrolment

- We sought to enrol 5000 adolescents
- Divided the study area into 17 clusters
- A cluster had approximately 800 adolescents
- Parental consent was obtained at home while assent at school or home
- Enrolment occurred at Mobile field sites (MFS) located within schools in the cluster and was completed within one year

Mobile Field Site (MFS)



Challenges of the MFS

- Interruption of learning activities
- Members of the community mistake it for a medical camp
- Breakdown of equipment while moving from one site to another
- Setting up of the site takes a lot of time
- Travelling to the field site especially during the rainy seasons
- Study staff start their day very early and work late

Overcoming challenges at the MFS

- Work closely with the school authorities
- Have community meetings and explain what you are doing
- Have backup equipment in case of breakdown
- Setting up of the site a day prior to study activities
- Improvement in time management and handling of logistics to decrease long work hours

Results

Targeted Vs Consented summary	Total number	%
Adolescents approached	5541	100.0%
Total Adolescents Consented	5320	96.0%
Total Adolescents refusals	51	0.9%
Total adolescents moved out of study area	103	1.9%
Died	1	0.02%
Resident but not found	50	0.9%
plans to move out of study area	16	0.29%
Total Adolescents enrolled	5004	90.3%

Discussion

- Having an MFS within the school compound minimizes class time lost for the adolescents
- Allows maximum retention since enrolment and follow up are within the schools where adolescents learn
- The MFS acts as a clinic where all the procedures are done at the same place saving time that could be used taking participants to a health facility for medical procedures

Conclusion

- Conduct of all study procedures within one setting might have increased willingness to participate in the study
- A large number of adolescents approached consented to participate indicating a high uptake of research, raising the feasibility of conducting TB vaccine trials in this population

Acknowledgement

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Thank you

