MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)



INSTITUTE OF ALLIED HEALTH SCIENCES SCHOOL OF HYGIENE

SHORT COURSE ON HEPATITIS B AND C PREVENTION, CONTROL, AND SCREENING OF PEOPLE IN HIGH-RISK AREAS.

COURSE AIM AND OBJECTIVES

Participants in healthcare facilities are vulnerable to Hepatitis B and C infection, due to frequent patient interactions, exposure to body fluids, and handling of sharp objects. A recent study in Tanzania at MMRH revealed a high prevalence of occupational exposure to blood and body fluids among healthcare workers. Notably, 78% of participants reported exposure to particular diseases at some point in their careers, and 71% had been exposed in the past 12 months. Sharp objects, injuries, droplets, and splashes were the primary causes of these exposures. (https://journal.muhas.ac.tz/index.php/ejph/article/view/35.

Regarding the above situation of the great danger of infection of the above diseases, the School of Hygiene under the IAHS department in Muhimbili University of Health intends to provide education on the prevention and control of hepatitis B and C diseases stated above, with a special focus on healthcare personnel and other workers at High-Risk

At the end of this training, participants will be able to;

- → Understand the epidemiology and transmission dynamics of hepatitis B and C.
- Learn effective screening methods for early detection of hepatitis
 B and C infections.
- → Gain knowledge of treatment options and management approaches for hepatitis B and C.
- Enhance professional skills to improve performance and efficiency in high-risk environments.
- ★ To understand prevention and control measures

FACILITATORS

Expert trainers from Muhimbili University will guide participants through hepatitis screening, prevention, and control, covering epidemiology, diagnosis, and treatment, to meet the Learning Objectives.

INTENDED PARTICIPANTS (ToTs AND OTHER INTERESTED PARTIES)

Join us for a specialized one-week course on Hepatitis B & C Screening, Prevention, and Control tailored for Healthcare Workers (HCWs), Traffic Police Officers, University Students, Health Attendants/Orderlies, and others in high-risk roles and other interested.

All health care professionals (Nurses, Health officers, MD, CO, BME, Lab. Technicians, Radiologists, etc. (ToTs), and others such as Form IV & VI leavers, University students, Police officers, fire rescue attendants,

assistant Health workers, Cemetery workers, Community health workers, health and mortuary attendants, and other related groups are welcome.

COURSE METHODOLOGY

- The course will use participatory learning techniques.
- The dynamic sessions include short introductory presentations, discussions, group work, case studies, and practical exercises
 Training materials will be in English and Swahili.
- Both English and Swahili will ensure that everyone (participants) meets our goal.

VENUE: MUHAS, DAR ES SALAAM

- ☐ Traveling and Accommodation costs
- Per diem, Travel, and Accommodation costs will have to be borne by the participants.
- ☐ MUHAS will only cover lunch and breakfast for the course.
- NOTE: For any region with 15 or more applicants, the training may be arranged and conducted within that region

COURSE DURATION

The course will run for one week (5 days) from 29/09/2025 to 03/10/2025 (for ToTs and others separately). A certificate of completion with CPD points will be provided at the end of the course. Participants are encouraged to attend the course in full. at MUHAS, DAR ES SALAAM

COURSE FEES

The fees for this phase are **Tsh. 400,000**/= Tsh per participant for the course, while Foreigners are **USD 300**. The fees for locals should be deposited into the MUHAS NMB account, Muhimbili Branch, Account number 20901100002, after obtaining a control number for the payment. For foreigners, the fees should be paid via the **MUHAS NBC** account, Samora Branch, Account number **012105003582**. The applicant should scan and submit the payment slip at least two weeks before the course commences.

APPLICATION PROCEDURES

Prospective applicants must fill out the application form, available at www.muhas.ac.tz (attached for download). The duly filled application form, CV, and other accompanying information/attachments, i.e., Form IV/VI Certificate, Diploma, Advanced diploma, and degree certificates or equivalent in health-related fields, should be submitted to the course director via the contact details indicated below; -The closing date for receiving applications is 15th September, 2025.

All application letters/forms should be addressed to; Ms. Maryam A. Khamis Course Director, School of Hygiene –Muhimbili P.O. Box 65005 DSM.

Please send your application electronically using the following E-mails: maryam.khamis@muhimbilicohas.ac.tz, khamismaryam80@gmail.com, nuru.nkona@muhimbilicohas.ac.tz

For further information and verification, please use the contact (direct call or WhatsApp) via Tel. 255 654 525 179 or 0625879354 or 0685225275.



INSERT YOUR PASSPORT SIZE PHOTOGRAPH

HERE

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES SCHOOL OF PUBLIC HEALTH INSTITUTE OF ALLIED HEALTH SCIENCES

APPLICATION FORM FOR THE SHORT COURSE TRAINING ON SCREENING, PREVENTION, AND CONTROL OF HEPATITIS B AND C IN HIGH-RISK AREAS September, 2025

(Please read carefully the advertisement and instructions before filling this form. The deadline for receiving the application is 15^{th} September, 2025)

1.0		RSONAL PARTICULARS FULL NAME
	1.2	SEX: MALE [] FEMALE []
	1.3	DATE OF BIRTH
	1.4	PLACE OF BIRTH:
		COUNTRY REGION DISTRICT
	1.5	PLACE OF RESIDENCE:
		COUNTRY REGION DISTRICT
	1.6	RELIGION:
	1.7	MARITAL STATUS (Tick appropriately):
		1.7.1 Married
		1.7.2 Not Married
	1.8	POSTAL ADDRESS:
	1.9	PHONE NUMBER:
	1.10	EMAIL ADDRESS
2.0 EDUCATION (Tick):		
	•	oma in Environmental Health [] Diploma in Radiology [] Diploma in Laboratory ence [] Diploma in Clinical Officer [] Diploma in Pharmacy [] Diploma in Biomedical
		ineering [] Degree of Doctor of Medicine [] B.Sc. Environmental Health Sciences []
	Deg	ree of Pharmacy [] Degree in Radiology [] Degree in Laboratory Science [] Degree in
	Nurs	sing/Midwifery [] Degree in Biomedical Engineering [] Form VI leaver [] Form IV
	Leav	ver [] Other []

3.0 OCCUPATION (Tick Appropriately)
3.1 Nurses []
3.2 Clinical Officers []
3.3 Medical Doctors []
3.4 Health Officers []
3.5 Pharmacy tech/assistants []
3.6 Lab-technician/scientist []
3.7 Biomedical engineer []
3.8 Radiologist []
3.9 Health Attendant/ Orderly []
3.10 Other (Mention []
4.0 COURSE FEE: WHO WILL PAY FOR THE FEES OF THIS COURSE?
4.1 Self-sponsored []
4.2 Relative []
4.3 Employer []
4.4 Other (Mention) []
Details about the sponsorship
5.0 DECLARATION
I hereby declare that the above information provided is true and
correct to the best of my knowledge.
Signatura
Signature Date