

December 18-28, 2006 Joanne Leung and Jeff Spiers teamed up with 4 other members of AMAVM to design and carry out a demographic and health related survey. Tuberculosis patients were interviewed in French, Kiswahili or Lingala.

Survey team members include:

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The survey was designed to provide general information on the tuberculosis patients that are under Direct Observational Therapy (D.O.T.) at the four hospitals listed below:

Centre de Santé de Référence de Kigoma
Centre de Santé de Référence de Ruashi
Hôpital Général de Référence Kenya I
Hôpital Général de Référence Kenya II

Of 364 patients, who gave their consent for this survey, we elicited the following information:

Demographics

Sex and Age

Male:Female 145:219 (39.8%:60.2%)
Median Age: 31
Mean age: 32.2

Distance patient travel from their home to the health centre where they receive their D.O.T.:

301 (82.7%) reported that they lived less than 2 km from the health centre
43 (11.8%) reported that they lived between 2-5 km from the health centre
20 (5.5%) reported that they lived greater than 5 km from the health centre

12 (3.3%) reported that were displace (to Lubumbashi) because of the war

Socio-economic class:

223 (61.3%) were considered to be low socio-economic class, defined as unemployment
115 (31.6%) were considered to be middle socio-economic class, defined as day-to-day work permitting daily subsistence
26 (7.1%) were considered to be high socio-economic class, defined as salaried workers with some job security.

Health related information

Known contagious contact prior to diagnosis:

212 (58.2%) patients reported that they were aware of someone in their immediate surroundings with active pulmonary tuberculosis.

151 (41.5%) patients reported that they were not aware of anyone in their immediate surroundings with active pulmonary tuberculosis.

1 patient did not answer the question.

Balanced diet:

281 (77.2%) patients reported that they do not eat balanced diet. A balanced diet was defined by eating at least two meals per day of sufficient quantity to satisfy hunger and above mediocre quality.

81 (22.3%) patients reported that they eat a balanced diet.

2 patients did not answer the question.

Co-infection with HIV:

We were not able to gather reliable data in this area for several reasons: some patients had not been tested for HIV and did not know their status, some patients had been tested for HIV and knew their status but did not wish to disclose their status with us, some patients had been tested for HIV and did not appear to know their status. We did not have medical files on all patients.

Conclusion:

This cross-section of D.O.T. tuberculosis patients shows that a majority of them live in poverty and are not able to support their health with good nutrition. Because the majority of these patients live in very close proximity to several other people on a parcel of land, there is a concern over the transmission of tuberculosis by respiratory droplets.

Although we were unable to quantify the incidence of HIV co-infection, we observed that the majority of patients seen were not under continued medical care for other infections and illnesses that they have. These D.O.T. patients represent the vulnerable and marginalized sick that Fair Aid Society and AMAVM aim to support.