CASE-FINDING AND TREATMENT OF TB PATIENTS IN MEDICAL COLLEGES IN PONDICHERRY, S. INDIA: PATIENT AND HEALTH SYSTEM DELAYS UNDER THE REVISED NATIONAL TB CONTROL PROGRAMME (RNTCP)

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Introduction Early diagnosis of TB and prompt initiation of treatment is essential for an effective tuberculosis control programme. Delay in the diagnosis may worsen the disease, increase the risk of death and enhance tuberculosis transmission in the community.

Objectives
1. To study the factors associated with case finding and treatment of TB patients under RNTCP in Medical colleges of Puducherry.
2. To study the referral and feedback mechanism under RNTCP in and around Puducherry.

Material & Methods From the 875 TB patients diagnosed at four Medical colleges during 2009, we selected 324 patients by systematic random sampling and could contact 216. They were personally interviewed by trained field health workers, using a semi-structured questionnaire.

Results The study group had 147 (68%) males and 69 (32%) females. 140 (64.5%) were receiving Cat I, 45 (20.5%) Cat II, 50 (15.5%) Cat III and 1 (0.5%) Cat IV treatment. The mean and median patient delay was 59.2 (SE 5.7) and 36.5 days, diagnosis delay was 37.2 (SE 4.9) and 12 days, treatment delay was 24.2 (range 7–90) and 18 days, health system delay was 44.1 (range 7–90) and 31 days and the total delay was 84.2 (range 17–140) and 74 days. Longer delays were not associated with knowledge about availability of DMC’s but were associated with accessibility of diagnostic/treatment facilities. Impact on Policy: Regular sensitisation is required for medical personal in private health sectors where large number of patients seek treatment and RNTCP in Puducherry requires strengthening to reduce patient and health system delays.

MATERNAL CHARACTERISTICS IN RELATION TO LOW BIRTH WEIGHT INFANTS IN A JAPANESE COHORT STUDY

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Introduction Avoidable early deaths can be classified as preventable (due to behaviour) or amenable to treatment (Page, Tobias and Glover, 2007). Recent work from England to Wales (Wheller et al 2007) has shown that there have been differing trends for over the period 1993 to 2005 by types of avoidable death. For both men and women there was no trend for unavoidable death rates. Amenable death rates decreased more steeply for men than for women. Preventable causes of death had a downward trend for men, but had no change with time for women.

Methods We use data from the Scottish Longitudinal Study (SLS) (see http://www.lscs.ac.uk/sls/) to examine equivalent trends for Scotland and to relate them to socioeconomic factors. We used a sample of almost 250 000 SLS members who were aged 0 to 74 from the 1991 Census linked to early deaths to 2008.

Results Overall, 9% of men and 6% of women have died before the age of 75. The proportion of early deaths classed as amenable to medical treatment were 43% (men) and 44% (women), which compares with 36% and 39% for England and Wales. The proportion of early deaths classed as preventable 35% (men) and 30% (women) was more similar to England and Wales (35% and 28%). We will present trends in standardised death rates by these causes and relate them to sex and to socioeconomic status at the time of the 1991 Census.

Conclusion Scotland seems to lag behind England and Wales in reducing mortality due to amenable causes.
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Corrections

Purty AJ, Singh Z, Kisku KH, et al. P1-296 Case-finding and treatment of TB patients in medical colleges in Pondicherry, S. India: patient and health system delays under the revised national TB control programme (RNTCP). *J Epidemiol Community Health* 2011;65:A149. The seventh author’s name was published incorrectly as A Senthilvel. The correct name should be V Senthilvel.

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