

Epidemiological pattern of tuberculosis and selected aspects of case management in the district of Colombo, Sri Lanka.

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This study composed of three components. First component was a descriptive study based on retrospective analysis of secondary data of all cases of tuberculosis registered in year 2002 with Programme for Tuberculosis Control and Chest Diseases in the Colombo district. The objective was to describe selected aspects of epidemiology of tuberculosis, current treatment practices and to (treatment outcomes. The second component was also a descriptive study, where data was co prospectively to identify delays in the diagnosis and initiation of treatment, and patients compliance treatment. The third component was a case control study to determine the risk factors, including contact history of smear-positive pulmonary tuberculosis. The study found that 92. Of the new c smear-positive PTB received DOT while re-treatment cases, who are generally believed to be i compliant and prone to lower cure rate a significantly lower (83.) proportion received DOT (r. 0.001)showing the selection of patients could have been improved. Ideally more patients belong treatment category should be given DOT. New cases of smear-positive PTB showed a median p delay of 40 days provider delay of 8 days and a total delay of 50 days. To shorten patient delay public should be educated about symptoms of tuberculosis and the importance of early medical consultation. Efforts should be made to improve the diagnostic skills and the awareness of TB of all doc particularly general practitioners, since most patients first seek treatment from them. In this study, h(belief model (HBM)was used to study factors' related to non-compliance. Patients and their close The objectives of the present study, comprising 2 components, were to assess the level of performance of selected food safety activities at Divisional level, to determine factors associated with the performance of these activities. The study was carried out in seven provinces in Sri Lanka except the Northern and Eastern Provinces. In component 1, the performance of selected food safety activities in 199 MOH areas was measured using a self administered questionnaire. Data on selected attributes of the MOH areas and the Authorized Officers were obtained concurrently and factors associated with the performance were determined using appropriate analysis. I component 2 of the study, the opinion on the relevance and the adequacy of the Divisional level food safety activities was obtained using a self-administered questionnaire. There was a wide variation in the performance of food safety activities at Divisional level and the strength and direction of the association of the factors predicting performance. The inadequacy of the number of Authorized Officers engaged in food safety activities at Divisional level was highlighted at many points of data collection. Opinions of different Authorized Officers on specific food safety activities' revealed the inadequacy of coverage and intensity, not giving priority on a scientific basis, and the need for better feed back and follow up actions as the most important that need improvement. Deficiencies of Authorized Officers, administrative, managerial, and supervisory deficiencies of the system, the lack of resources, process deficiencies of food safety activities, poor coordination among different agencies, the

attributes of the food industry, trade and the persons involved food handling, and the attributes of the MOH areas and the PHI areas were the road categories of reasons identified as responsible for the current deficiencies. Areas recommended for further study include performance of food safety activities in Northern and Eastern Provinces, factors that were not included in the present study due to practical reasons, and the study of performance of food safety activities at the level of the PHI range. The rules and regulations governing the sanitary situation at food handling establishments need to be reviewed and revised periodically. Current food safety activities should be expanded to cover a wider range of the food continuum including intervention at harvesting level and enhancing educational activities covering schools. Due publicity should be given through improved interaction with the consumers to maintain the consumer confidence at the highest level. Relatives should be educated and adequately counseled about the duration of treatment importance advantages of DOT, side effects of the drugs and the consequences of interrupting treatment to improve the treatment compliance.