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Follow up of 742 Tuberculosis Patients

FOLLOW UP AT EIGHTEEN MONTHS OF 742 TUBERCULOSIS PATIENTS NOTIFIED IN MIDLANDS AND SOUTH-EASTERN PROVINCE IN SIX MONTHS IN 1964

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Between 1st January and 30th June, 1964, 742 persons were notified as suffering from tuberculosis, all forms, in the Midlands and South-Eastern Province of Rhodesia. The area covered by the two provinces is approximately 50,000 square miles, rather larger than England, and the population in round numbers is one million. The vast majority of the patients concerned in this review are either labourers in the mines or in industry, or living in the rural areas on a subsistence economy. In African society, as in European, the disease is commoner among the less privileged. The review includes no Europeans; the number of European cases notified every year is small and as a rule they remain under the care of their own personal physicians.

Notification is not confined only to the sputum positive, and the rule is simply that if the patient is on tuberculosis treatment he is notifiable. Unfortunately at this stage notifications did not record whether or not the patient was sputum positive. It will be seen, from the quite large number of patients still in hospital at 18 months, that we tend to over-treat rather than under-treat, and this suggests, too, that we tend to treat patients whose disease is really quiescent or is perhaps not tuberculosis at all. For this reason the relapse rate is not comparable with that of a series of sputum positive cases. It is hoped in a later series to record the fate only of proved cases.

It may be said, too, that a patient still in hospital after 18 months is not necessarily "satisfactory"; he may well be dying of cor pulmonale. However, "satisfactory" in this context is in the narrow public health sense, in that he is not out and about spreading his infection. Only the five-year follow up will show the true results of the work.

All cases are admitted in the first instance to special tuberculosis hospitals. There is no waiting

STATE AT EIGHTEEN MONTHS FROM DATE OF NOTIFICATION

	Adults	Children (Under 16)	Total
Not T.B.; treatment stopped	18	5	23
SATISFACTORY	379	189	568
Completed treatment	167	92	259
On treatment, still in hospital	90	38	128
" " attended last date due	104	50	154
Transferred elsewhere for O.P. treatment	18	9	27
UNSATISFACTORY	128	23	151
Dead	70	6	76
Relapsed sputum positive	6	0	6
Absconded from hospital, not found	19	5	24
Defaulted (O.P.) less than six months	18	4	22
" " six-twelve months	7	4	11
" " twelve months +	7	4	11
Defaulted, picked up elsewhere	1	0	1

list; most patients are admitted on the day of diagnosis. All adult type tuberculosis, whatever the site or however small the lesion, so long as it be judged active, is treated for a minimum of six months with streptomycin 1 gm., I.N.H. 300 mg. and P.A.S. 16 gm. daily. Many patients, especially those with advanced disease with cavities, or who are slow to convert, receive more prolonged triple chemotherapy.

Children are prescribed for individually; all truly active cases receive triple chemotherapy for four to six months, but many small children with equivocal evidence of active disease receive only P.A.S. and I.N.H.

The patient is normally discharged from hospital when he has completed his triple chemotherapy and thereafter attends one or other of the 19 outpatient clinics throughout the province. The clinics are held at monthly intervals, and during this series all but two of them, at mission hospitals, were attended regularly by the tuberculosis officer (J.C.A.D.). These clinics are strategically placed throughout the province and are accessible to all but the relatively small population living in the remoter parts of the Zambesi and Sabi Valleys.

Outpatient treatment consisted of P.A.S. and I.N.H. until November, 1964, when a change was made to "H.T. 3" (I.N.H. 300 mg. and Thiacetazone 150 mg.). On the same date "H.T. 1" (I.N.H. 100 mg. and Thiacetazone 50 mg.) was commenced for children, but was abandoned in August following some sudden and unexplained deaths in children who were taking the drug. Thereafter the children were treated with P.A.S. and I.N.H.

Recently circumstances have been exceptional and the day to day control of the clinics has to a large extent been handed over to Mr. Dzapata and Mr. Tanyanyiwa, health assistants, who are engaged exclusively in tuberculosis work. It is hoped to show in a later series that neither the defaulter rate nor the relapse rate has altered significantly despite the lack of close medical supervision.

The figures recorded in this series are derived from the tuberculosis register. All patients who are notified or are otherwise found to be suffering from any form of tuberculosis which requires treatment are entered on this register. Subsequent alterations in the patients' status are all recorded on the card, either by returns from the treating hospital or directly on the register cards which are taken to the clinics. The card is never closed except by death. Absconders are sought for at intervals for an indefinite period, and cases remain on surveillance for five years at least.

The interval between attendances at the clinics varies; normally it is two months with a reliable and well-controlled patient. Defaulting is counted from the date the patient should have come but did not, it being assumed he was taking his "pillies" until he had no more to take.

The great majority of the patients, over 75 per cent., live in rural areas, and many of them travel very long distances, up to 150 miles, to attend the outpatient clinics, the average distance probably being 30 to 40 miles. We try to make their journey as easy as possible by issuing bus warrants to those whom we know are not in employment and at times by arranging ambulance transport. Nevertheless the buses and the ambulances cannot get to every rural village and many patients do walk many miles in order to attend. The great majority of defaulters, so far as we can find out, fail to attend for some unavoidable reason such as illness or transfer to another part of the country or territory.

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