

**Type: Poster Presentation**

Final Abstract Number: 51.025

Session: *Emerging Infectious Diseases***Date: Friday, April 4, 2014**

Time: 12:45–14:15

Room: Ballroom

**Perceptions, health care seeking behaviour and the implementation of a tuberculosis control program in Lambaréné, Gabon**A.L. Cremers<sup>1,\*</sup>, S. Janssen<sup>2</sup>, M.A.M. Huson<sup>3</sup>, G. Bikene<sup>4</sup>, S. Bêlard<sup>2</sup>, R.P.M. Gerrets<sup>5</sup>, M.P. Grobusch<sup>1</sup><sup>1</sup> Academic Medical Centre - University of Amsterdam, Amsterdam, Netherlands<sup>2</sup> Academic Medical Center Amsterdam, Amsterdam, Netherlands<sup>3</sup> Academic Medical Centre, Amsterdam, Netherlands<sup>4</sup> Centre de Recherches Médicales de Lambaréné, Gabon, Lambaréné, Gabon<sup>5</sup> University of Amsterdam, Amsterdam, Netherlands

**Background:** In Gabon, Lambaréné, tuberculosis (TB) remains a major issue despite the ostensible availability of free anti-TB drugs. Based on analysis of TB perceptions and health care seeking behaviour of TB patients, this case study demonstrates how cultural, social, and economic factors influencing patient adherence and compliance prevent successful implementation of the TB control program.

**Methods & Materials:** TB patient recruitment was linked to an ongoing TB epidemiology study (PanEpi) and took place at the Albert Schweitzer Hospital, the General Hospital and the HIV/TB-clinic. The study group consisted of 30 TB patients, 36 relatives, 11 biomedical health care providers, and 18 traditional/spiritual healers. Qualitative methods were used like in-depth semi-structured interviews, focus group discussions and participant observation.

**Results:** Examination of local terms of TB revealed five etiological principles: (1) *a vampire* or *fusil nocturne* (night rifle), (2) *poison*, (3) *a demon* (4) *a microbe*, and (5) *God*. According to most respondents, the first three principles were categorised as *magical TB* and should be treated by a spiritual/traditional healer. The latter two were called *natural TB* and could alternatively be treated in the hospital. Twenty-one patients (70%) made use of pluralistic health care combining several of the following healing methods: herbal self-medication, pharmacy, antibiotics without prescription (FoKoro), hospital, and/or a spiritual/traditional healer. Patient adherence and compliance at the hospital was problematic hindering effective TB control. Patients arrived after a period of coughing and/or being ill [2 weeks - 2 years] generally ignorant of (having) TB (27/30, 90%). At arrival, eighteen patients (60%) had developed a severe TB. Four patients (13%) died of TB during the four-month study period. Eight patients (27%) abandoned anti-TB treatment because of financial constraints, drug shortage of the national program, stigmatisation, ignorance regarding treatment, or change of health care service.

**Conclusion:** There is an urgent need in Lambaréné to bridge the gap between patients and the hospital through structural improvements regarding adequate hospital diagnostics, availability of drugs, and reducing transport costs. Besides, it is important to provide cultural sensitive TB education, to embed medical perspectives into the cultural context, and to enhance cooperation between hospitals, patients, traditional/spiritual healers and communities.

<http://dx.doi.org/10.1016/j.ijid.2014.03.893>**Type: Poster Presentation**

Final Abstract Number: 51.026

Session: *Emerging Infectious Diseases***Date: Friday, April 4, 2014**

Time: 12:45–14:15

Room: Ballroom

**Clinical characteristics, risk factors and outcome in elderly experiencing dengue infections**S. Iqtadar<sup>1,\*</sup>, N. Akbar<sup>2</sup>, S. Abaidullah<sup>1</sup><sup>1</sup> King Edward Medical University, Lahore, Pakistan<sup>2</sup> Sir Ganga Ram Hospital, Lahore, Pakistan

**Background:** Dengue is a mosquito borne viral illness that affects all age groups and both sexes worldwide. In Asian population most cases occur in children below 15 years of age but in Pakistan, dengue primarily affects adults.

This study aimed to determine if older dengue patients in Pakistan have greater morbidity and mortality.

**Methods & Materials:** 150 laboratory diagnosed dengue patients admitted to Mayo Hospital Lahore, Pakistan during epidemic were retrospectively reviewed. Cases were re-classified into dengue fever and dengue hemorrhagic fever based on SEARO World Health Organization criteria 2011. Demographic, clinical, laboratory, and outcome data of patients aged >60 years and <60 years were collected.

**Results:** Of 150 laboratory confirmed dengue cases, 21 were aged >60 years. Older patients were significantly more likely to be male (72% vs. 28%), and more likely to have diabetes (18% vs. 6%), hypertension (43.7% vs. 17.7%), ischemic heart disease (12.6% vs. 6.2%). Clinical features were similar except older patients were significantly less likely to report fever (92% vs. 99%), rash (9% vs. 30%) or have leukopenia (32% vs. 51%) or bleeding manifestations (18.7% vs. 25.6%) on admission. Dengue hemorrhagic fever, length of hospital stay, intensive care admission, need for blood transfusions and outcome of death were not significantly higher in elderly. Severe thrombocytopenia (<20,000) and elevated transaminase rates difference were also not statistically significant.

**Conclusion:** Despite greater co-morbidity older dengue patients in Pakistan did not have higher morbidity or mortality.

<http://dx.doi.org/10.1016/j.ijid.2014.03.894>**Type: Poster Presentation**

Final Abstract Number: 51.027

Session: *Emerging Infectious Diseases***Date: Friday, April 4, 2014**

Time: 12:45–14:15

Room: Ballroom

**The public health and socioeconomic burden of Taenia solium cysticercosis in Northern Tanzania**

B.J. Mwangonde\*, M. Chacha, G. Nkwengulila

University of Dar es Salaam, Dar es Salaam, Tanzania, United Republic of

**Background:** *Taenia solium* cysticercosis is a serious public health and pork industry concern in endemic resource poor