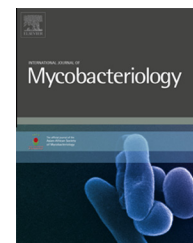


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Implementing joint tuberculosis projects in Somaliland and Sweden for mutual strengthening of programs and research



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ARTICLE INFO

Article history:

Received 13 November 2014

Accepted 17 November 2014

Available online 23 December 2014

Keywords:

Collaboration

Low-endemic country

High-endemic country

M. tuberculosis

Epidemiology

Aim and objectives: To implement a collaborative tuberculosis (TB) project involving a low- and a high-endemic country for improved prevention and treatment of TB in both countries.

Methods: Descriptive analyses in Somaliland and in Sweden based on the experiences of healthcare staff. The pattern of resistance of *Mycobacterium tuberculosis* (MTB) and the treatment outcome in the two countries will be compared.

Background: Somaliland has among the highest incidence of TB in the world. It is also a poor country which is why every measure has to be valued depending on its cost-effectiveness. A strict standardized approach for case detection and application of treatment is therefore necessary. Active case-finding focusing on smear positivity and contagiousness is given priority before preventive therapy, though the health authorities aim at ensuring easy access to TB care in all rural areas and detection at an early stage of the disease. The general circumstances and underlying social determinants are, however, of major importance in low-resource settings, though less possible to influence.

Sweden has among the lowest incidence of TB in the world, but TB is nevertheless not addressed properly among the most vulnerable and hard-to-reach groups, e.g., the newly arrived immigrants from high-incidence countries. The majority of new cases in Sweden are from the Horn of Africa. Cluster analyses have revealed a spread of TB in Sweden within the risk groups and delayed measures for preventing transmission have been observed. Patients' delay in seeking treatment is for many reasons common, and since TB is not a generally recognized disease in Sweden, doctors taking time to give a correct diagnosis may also occur. Identified priorities are to provide information about TB, particularly for those at risk and their providers and healthcare staff. In accordance with the recommendations by WHO and the European Respiratory Society, the Swedish healthcare system screens for active and latent TB in the most vulnerable and hard-to-reach groups and have a focus on the special needs of migrants.

Discussion and conclusions: Herein this study presents a planned TB project aiming at cooperation between healthcare staff from a low- and a high-endemic country. For such a

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<http://dx.doi.org/10.1016/j.ijmyco.2014.11.009>

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project, several baseline data are required, e.g., the pattern of resistance of MTB and the treatment outcome in Somaliland, as well as among immigrants in Sweden. The social circumstances for any patient with TB, whether in Somaliland or Sweden, during disease and when recovered is a main issue for health from a holistic perspective. Further, the nutritional status is not satisfactory for TB patients in either country, and a dietary intervention may be of importance in both countries. Baseline data according to the above are necessary for assessment of the interventions and are part of ongoing pre-studies. For the Swedish party the exchange of clinical knowledge is beneficial since TB is rare in Sweden and access to TB research and clinical implantation of new methods will be facilitated and possible through the joint project. Ultimately, an expanded project could curb TB at the source and decrease TB in both countries.

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