Factors Associated with Maternal Mortality in Nyakabande Sub-county, Kisoro District in Uganda

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Pregnancy and childbirth should be viewed as a happy and joyous event but the majority of women who become pregnant experience pain, fear, suffering and even death. About one million women are estimated to get pregnant every year. Out of these, at least 1600 women die every day from pregnancy-related complications and childbirth. Of all maternal deaths that occur globally, 99% are in developing countries compared to 1% that occurs in developed countries (WHO, 1996; UNICEF 1996; CARE, 1998).

Uganda is a developing country with a very high maternal mortality rate. The revised UNICEF/WHO 1990 global, regional and individual country estimations maternal mortality rates put the Ugandan rate at 1200 maternal deaths per 100,000 live births.

The study was conducted in Nyakabande Sub County in Kisoro district in South Western Uganda to establish the main factors associated with maternal mortality. The study also sought to identify the socio-economic, cultural, physical and health care factors associated with maternal mortality.

Data was obtained from the office of the District Director of Health Services (DDHS) from 1998–2002, health units, health workers and pregnant women by means of pre-tested questionnaires and focus group discussion guides.

The study was descriptive and cross-sectional in nature. The population under study included women of reproductive age, pregnant women, nurses and midwives.

The main causes of maternal deaths (N = 29) were malaria in pregnancy (34.9%), post-partum haemorrhage (17.4%) purpural sepsis (17.4%), cerebral malaria (4.3%). Amniotic embolism (4.3%) pulmonary embolism (4.3%) pre-eclampsia (4.3%) HIV in pregnancy (4.3%).

There were frequent deaths among women with the third to sixth pregnancy: 3–4 pregnancies (30.4%), 5–6 pregnancies (26.1%). Most of the maternal deaths occurred in the age group of 20–29 years (52.2%).

The findings indicate a high maternal mortality in Nyakabande Sub-county that is related to several personal, socio-economic and health care factors.

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Health Behaviour and Infectious Disease Risk in Travellers Departing Australia

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Background: The volume and widespread nature of modern international travel is a factor in the emergence of infectious diseases. Through the surveying of departing passengers we aimed to describe traveller behaviour, providing relevant data to support prevention and control activities in travel-related infectious disease importation and spread.

Methods: Between August-September 2007, we conducted a survey of travellers departing from Sydney International Airport, including Australian residents and visitors to Australia. Passengers were randomly selected for

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Vaccine Preventable Zoster Burden of Illness and Health Care Resource Utilization: An Australian Perspective

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Incidence of zoster and post herpetic neuralgia (PHN) and associated health care resource utilisation were investigated using data from Bettering the Evaluation and Care of Health (BEACH) (April 2000—September 2006), pharmaceutical prescribing data, and hospital morbidity and emergency department databases (1998–2005).

Conclusions: The substantial burden of zoster and PHN described in this study supports the case for inclusion of the zoster vaccine in the Australian National Immunisation Program.
participation from the departure area with over-sampling of Asian destinations, due to interest in the region as a possible source of pandemic influenza. Participants completed a self administered survey which was collected at the airport.

Results: Respondents perceived the risk of disease transmission by coughing as carrying the highest risk (198/878; 22.6% medium-high risk) while sexually transmitted infections (STIs) the lowest (18/878; 2.1% medium-high risk). 214/878 (24.4%) respondents reported seeking travel health advice from a GP prior to departure. Pre-travel vaccination rates were low in both Australian travellers and residents of other countries, with 46/364 (12.6%) and 48/514 (9.3%) reporting at least one pre-travel vaccine respectively. Overall, the most frequently reported vaccines were for Hepatitis B (5.4%) and Hepatitis A (5.2%). There was a significant difference in reporting influenza vaccination between Australian residents and residents of other countries (17/364, 4.7% 95% CI 2.9–6.4% and 10/514, 1.9% 95% CI 0.5–3.4% respectively, p = 0.021).

Conclusion: Diseases can arise in areas of heavy tourism; travellers may undertake activities which place them at increased risk; and travellers can act as vectors to transport new diseases across borders. For these reasons, understanding travel behaviours can inform disease control efforts. In over 800 surveyed travellers, the perceived risk of infection and vaccination rates in general was low. Opportunities exist for intervention to increase traveller awareness and modifying behaviour.

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High Rate of Recent Infections in International Travelers Departing Bangkok

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Background: In 2006, over half a million of travelers departed Thailand to Australia. A concern of upcoming influenza pandemic poses a challenge for public health professionals to find effective measures for delaying a global spread. We conducted a study to determine potential risk of transmission and factors related to the spread of infection across international border.

Methods: During November-December 2007, 114 travelers aged over 15 years who departing Thailand to Australian were randomly selected at Suvarnabhumi International Airport in Bangkok. A self-administered questionnaire was used for collecting data on demographics, traveler patterns, diseases status and risk of acquiring infection.

Results: Of 114 surveyed, 74 (64.9%) entered Thailand for holidays. The majority of travelers (65.8%) spent less than 2 weeks in Thailand. Over half (55.3%) were males and the mean age was 37 years (SD 13.9). Common illnesses in the past 2 weeks reported were URI, (34.5%, 38/110) and diarrhoea, (12.7%, 14/110). For URI, 75.8% perceived that coughing/sneezing is a risk factor. Half of travelers believe that consumption of food and water is a possible cause of diarrhoea. About 39% (45/114) were never vaccinated against influenza. For various places visited, transportation used and events attended, only a history of visiting farm in the past two weeks increased a risk of having URI (adjusted OR 5.6; 95% CI = 1.2, 27.0). Type of accommodations and length of stay were not associated with any specific disease.

Conclusion: Nearly half of all travelers departing Thailand for Australia reported infections within 2 weeks of departure. URI was common among farm visitors. The possibility of a major antigenic shift and the emergence of human pandemic influenza, as well as emerging infections such as SARS, make the study of travelers and their role as vectors for infection important.

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Evaluation of Maternal and Child Health Services at Block PHC Harduaganj, Aligarh, (UP)

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Background: India has an excellent infrastructure for the delivery of MCH services in the community, but this system does not function effectively because of limited resources, communication delays, lack of commitment on the part of health professionals, political will and community participation. Keeping in view of all things present study was proposed with the following objectives-

- To study the MCH services coverage at PHC level and its utilization pattern.
- To study barriers in MCH programme utilization.

Material and Methods: A cross-sectional study was done at block PHC Harduaganj, Aligarh (UP) on women who were pregnant or in puerperium or having children of age of 12 months to 23 months and service providers in state Govt. sector from 1st August to 31st December 2007. Presence of staff, infrastructure, working equipments, availability of drugs and kits were also seen. Primary as well as secondary data were collected. 72 postnatal mothers, 181 antenatal women and 152 mothers having children of age 12 month -23 month were interviewed as per pre designed Performa. 3 medical officers, 28 ANMs, 14 ASHA and 12 AWW were also studied.

Results: Block PHC Harduaganj was serving a population of 2, 60000 against the IPH standards of 1, 20000. Regarding input indicators, 3 posts of ANMs were vacant against the IPH standards of 1, 20000. Regarding process indicators, early registration was 10%, 3 ANC visits were 1.4% and PNC visits were only 31.9%. Two doses of TT 75% and consumption of 100 IFA tablets were 23.6% among postnatal women and among antenatal women 15.5% consumed IFA tablets and 51.9% received two doses of TT.