higher than for each of the other treatment strategies but this was likely to have been due to the selection of an elderly population in this trial rather than a result of the intervention. CONCLUSIONS: The large uncertainty around the potential benefits of DOT strategies prohibits a conclusive statement regarding their cost-effectiveness in comparison to SAT.

ASSESSMENT OF KNOWLEDGE ABOUT TUBERCULOSIS AMONG LIBYAN POPULATION IN NORTH EAST LIBYA

OBJECTIVES: To evaluate the knowledge of North Eastern Libyan population with regards to the etiology and treatment of tuberculosis (TB). METHODS: A cross sectional study was undertaken in 2009. A pre-validated questionnaire was sent to 1400 residents living in five cities of North East Libya. At the end of the study a total of 1000 questionnaire was collected. Questionnaire includes questions related to respondent’s demographics, general knowledge, transmission, diagnosis, risk factors, treatment and prevention of TB. All data was analyzed using SPSS version 15.00 Software package (SPSS Inc, Chicago, IL, USA) Chi-square test and one-way ANOVA were used as whenever appropriate, P-value less than 0.05 was considered significant. RESULTS: Almost all subjects (n = 965, 96.5%) in this study had heard about TB. The main sources of knowledge were television (n = 447, 44.7%), health workers (n = 224, 24%) and family members (n = 189, 19%). Majority of the respondents were Libyans (n = 883, 88.3%). Fifty percent of the respondents were males. For the purpose of this research the maximum score of the knowledge which can be obtained by any respondent is 23. Assessment of knowledge score reveals that the mean knowledge score was significantly higher among Libyans (11.7 ± 3.8) than non Libyans (9.7 ± 4.1, P < 0.001). In addition those respondents with tertiary education scored significantly higher knowledge score (11.8 ± 3.5) compared to those of intermediate (11.6 ± 4.4) and illiterate (7.7 ± 5.5), [F = 19.34, P = 0.001]. No significant differences between the demographic variables and knowledge score. CONCLUSIONS: The present study findings suggested that the level of knowledge about TB among residents in Libya was low. Therefore, there is a need for massive health education campaign to be undertaken by policymakers in order to improve the population’s knowledge toward TB.

HERPES ZOSTER-ASSOCIATED ILLNESSES, QUALITY OF LIFE AND HEALTH-CARE COSTS AMONG 180 THAI PATIENTS

OBJECTIVES: To determine the incidence of zoster-associated symptoms, as well as the impact of zoster on quality of life, work loss, health-care utilization and direct health-care costs among 180 Thai patients seeking medical care for herpes zoster. METHODS: Study design: prospective observational study conducted in seven hospitals in Bangkok and vicinity, Thailand Study population: patients recently diagnosed herpes zoster, and meeting at least one other criterion, as follows: aged ≥50 years; aged ≥20 years and ≥50% of patients with live children; those who were hospitalized were scheduled for five visits (i.e., at Day 1, Day 2, Month 1, Month 2, Month 3) for questionnaire based interview to determine zoster-associated pain (Zoster Brief Pain Inventory questionnaire), quality of life (EUROQOL 5-dimension questionnaire), work and productivity (multi-response questionnaire), and health-care utilization and cost. Statistical analysis: Descriptive statistics and Spearman rank correlation coefficients were used. RESULTS: Of 180 patients, whose mean (SD) age was 58.9 (13.82) years, 138 (76.7%), 34 (18.9%), and 8 (4.4%) were ≥50 years, ≥20 years and ≤50% of patients with live children, respectively. Thirteen (7.2%) and 35 (20.6%) patients had zoster ophthalmicus and post-herpetic neuralgia (pain that persisted beyond 3 months of illness), respectively. Peak QoL loss was observed during the first week of study and declined significantly thereafter. Correlations between worst-pain scores and QoL were moderately strong, r = 0.54. Of those 77 working patients, 37 reported that they were absent from work, either entire day or part of day, during zoster illness. Thirty patients reported sick leave and the median number of days off was 5.5 (1–52) days. Most patients required only two OPD visits for zoster illnesses. Other health-care services required included emergency-room visits (n = 2), ambulance services (n = 3), or hospital admissions (n = 7). The mean (SD) direct health-care cost was 3083.39 (5047.03) Thai Baht. CONCLUSIONS: Herpes zoster causes a significant burden among those who develop it.