A community based tuberculosis control project in children in urban and rural settings: A public-private mix approach

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**Background:** The control of tuberculosis in children entails a concerted effort of both the government and private sectors thus a public-private partnership was formed and will serve as a model.

**Methods:** One urban (Sta. Rosa City) and two rural (Florida Blanca and Mabalacat) were chosen for a pilot program for the control of tuberculosis in children by the Philippine Ambulatory Pediatric Association, Inc (PAPA) through the collaboration of the Department of Health National Tuberculosis Program (DOH-NTP), private groups and the Local Department of Education (DepEd). PAPA provided the logistics, trainings, medicines and project managers through funding from Pott’s Foundation and Alliance for the Control of Tuberculosis in Children (ACTC). The chosen areas were visited by PAPA and DOH for consultation with the Local Chief Executive (LCE) and the signing of memorandum of understanding. The Local Government Unit (LGU) provided the health personnel. Trainings of the health personnel were done by PAPA. Initial screenings were fully supervised by PAPA. Screening was done twice a week and complete allocation of medicines for active disease were provided using 2HRZ and 4HR. Directly observed treatment strategy (DOTS) approach was used and the barangay health worker (BHWs) served as treatment partners. Weight monitoring and symptom monitoring were done and recorded. Mid-project assessments and end-of-project reports in each area were also done.

**Results:** The areas yielded 1923 screened patients and treated 538 (28%). The project protocol was validated and later used for National Tuberculosis Control Program for Children in the Philippines.

**Conclusion:** It was demonstrated that the control of childhood tuberculosis through public-private partnership contributed a very significant role in the detection and monitoring component thus lessening the burden of the disease and ensuring success and possible future eradication of tuberculosis in children.

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Patterns of tuberculosis health problem in India: A gender perspective

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**Background:** Tuberculosis is the most common cause of infectious disease—related mortality worldwide. The WHO estimates that 2 billion people have latent TB, while another 3 million people worldwide die of TB each year. Although TB rates are decreasing in the India, the disease is becoming more common in many parts of the world. Tuberculosis is an airborne contagious disease that is transmitted by coughing or sneezing. Exposure to cooking smoke can increase the risk of tuberculosis by reducing resistance to initial infection or by promoting the development of active tuberculosis in already infected persons. Air pollution is a major public health problem in developing countries including India due to these TB patients has also increased. In India, there is high differential in reporting TB patients through sex as well as state wise.

**Methods:** This paper tries to see the levels and patterns of TB patients among men and women in India. This paper also examines the relationship between TB patients with selected background characteristics using data from National Family Health Survey-1998-99 and 2005-06. Bivariate and Multivariate statistical techniques were used to test the significance impact of selected background variables on prevalence of tuberculosis among men and women aged 15-49 years living in rural and urban areas of the country.

**Results:** The analysis suggest that the prevalence of TB patients has declined from 550 to 290 patients per 100,000 population during 1998-2006 time period among women; while in case of men, the prevalence is also declining from 420 to 350 patients per 100,000 population during same time period. The results from logistic regression analysis suggest that persons (male/female) belongs to scheduled caste/scheduled tribes, poor economic status, residing in rural area and illiterate are more likely to reported TB than their respective counterparts.

**Conclusion:** Hence we conclude that men has reported higher TB patients compared to women also it is reported higher side those who have low standard of living. Further, it reveals that the variables like number of persons per room, type of house, cooking under chimney, and caste significantly influence the likelihood of tuberculosis prevalence among Indian men and women.

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