Conclusion: Within a major immigrant-receiving country, Beijing/W strains appear to pose no more or less of a public health threat than non-Beijing/W strains. The findings also suggest that current TB control programmes within low incidence settings can appropriately manage Beijing/W strains.

doi:10.1016/j.ijid.2010.02.1817

33.012
Evaluation of the performance of TB Control in Apac District in 2008 using Direct Observed Therapy (DOTS)
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Background: DOTS is a WHO Global TB monitoring, treatment and surveillance strategy based on case detection at lower treatment levels. One of its tools is detection of pulmonary TB by sputum smear microscopy. Research questions for the study were: Can we use the DOTS strategy to predict the TB burden in Apac District annually?; Did the TB control program in Apac District measure up to WHO standards recommended for areas under DOTS?; How useful is DOTS as a planning, monitoring and surveillance tool for TB control in Apac District?

Methods: This was a cross sectional study carried out in Apac District in Northern Uganda. The district has Kole, Maruzi and Kwania HSD. Main study subjects were persons who went for sputum smear examination and were recorded in laboratory registers and HMIS Forms 055a and 055b (HMIS 055a is the laboratory summary forms per health unit; 055b is the district summary for all laboratories reports from district health units).

Results: The highest prevalence (877 TB cases per 100,000 people) and incidence (280 TB cases per 100,000 people per year) were in Kole Health Sub District (HSD). District incidence was 66 cases per 100,000 persons per year. Maruzi HSD had the highest case detection (93%) while Kole HSD (27%) registered the lowest. District case detection was 49%. Kwania HSD had the highest number of sputum examinations (1,628) but with lesser sputum smear positives than Maruzi HSD.

Conclusion: The district case detection rate of 49% compared well with the national figure but was below the WHO target of 70%. The incidence of TB was 66 new sputum smear positives per 100,000 people in the district. However, the same must be established in the different HSD to know where the highest burden is found. DOTS tools are applicable to Apac district useful planning and can be used by the district Health Teams to monitor and evaluate progress in TB control. More intense case finding and surveys are needed in the district to establish the actual prevalence of TB. A study should be done to include treatment outcomes as required in the DOTS strategy.

doi:10.1016/j.ijid.2010.02.1818

33.013
Analysis of the decentralization of tuberculosis control program in the sanitary district of Cabula-Beiru (SDCB) Salvador-Bahia-Brazil, 2008
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Background: The National Program of Control of Tuberculosis (PNCT) decentralization process began in the decade of 1980 from the federal level to the state level, extending to the municipal level since 1990. OBJECTIVE: Describe the process of decentralization of Tuberculosis Control Program in SDCB, Salvador - Bahia-Brazil.

Methods: A descriptive qualitative and quantitative study has been done with views to produce information on the process of decentralization of PCT in SDCB of the municipal district of Salvador-Bahia-Brazil in 2008. Techniques for interviewing were applied in questionnaires and analysis of content of the speeches for the collection of the primary data, the secondary data were obtained consulting the Book of Registration of PCT, Report of Administration 2005-2008, Municipal Plan of Health and the database of the confirmed cases of tuberculosis registered in SINAN. The quantitative data were treated and analyzed using the programs EPI-INFO and presented under the form of tables. The qualitative analysis was accomplished starting from the depositions of the informers.

Results: 1,781 cases were confirmed from (2000 to 2008) of these 1,131 they presented positive bacillus-carriers. From (2005 to 2008) 1,924 cases were confirmed of these 86, 64% (1,667 cases) bacillus-carriers. It was observed that PCT of DSCB was implanted in one unit in 2004 and seven in 2008. In relation to the diagnosis in 2004 73% of the bacillus-carriers were positive in 2008 for the three studied units. 59.2% of the bacillus-carriers that tested positive, the rates of discharge for the cure were from 71.3% (2004) to 68.3% (2008) the adhesion tax to the treatment was from 75.6% (2004) to 83.6% (2008) and the tax of abandonment 5.9% (2004) and 5.5 (2008). The factors that caused obstacles to the decentralization of PCT: the medical professional’s absence, structures inadequate physics, disabled team and the stigma of the disease for the professionals of health.

Conclusion: The program was decentralized for seven units of health, with increase in the adhesion taxes. That process guaranteed larger access to the diagnosis and the treatment supervised by the population, with the reduction of the taxes of abandonment for the District.

doi:10.1016/j.ijid.2010.02.1819