بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

SOCIO MEDICAL ASPECTS OF PULMONARY TUBERCULOSIS PATIENTS IN KALYOUBIA AND BEHIERA GOVERNORATES, AN EPIDEMIOLOGICAL STUDY

THESIS

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INTRODUCTION

Tuberculosis is an infectious disease Caused by the tubercle bacillus **(Groth &Wilbek, 1959)**.

Robert koch disclosed to the world on March 2, 1882 his epoch making discovery of the tubercle bacillus. In December 1890 koch produced tuberculin as a line of treatment and described koch phenomena **(Seaton, 1989)**.

Tuberculosis Continues as a worldwide health problem. Despite the efforts in the past to control it, tuberculosis remains an important world health problem with an estimated 8 millions new cases and 3 millions deaths each year **(Levyo et al, 1988)**.

With the increased control of malaria, tuberculosis has become the world's most important communicable disease. In economically developed countries the mortality from tuberculosis has fallen dramatically and there has been an appreciable fall in morbidity **(Crofton et al, 1989)**.

However, in most developing Countries tuberculosis is now so widespread and its transmission is so frequent that it is

rare occurrence to find a family that has not been affected by tuberculosis **(WHO, 1993)**.

With the development of modern transportation and the frequency with which people now move around the world, no country can afford to regard tuberculosis as a purely parochial problem. The relatively high degree of control of tuberculosis in economically developed countries is mainly due to the use of effective chemotherapy, and drugs. Drug resistance at present is not a major difficulty in the economically developing countries, drug resistance is becoming a very formidable challenge **(Fox, 1977)**.

The reasons for the deterioration of the tuberculosis problem, in both developed and developing Countries, are mainly due to the improper diagnosis and treatment **(UNICEF, 1994)**.

The year 1995 shows the highest tuberculous mortalites in comparison to other years. At least 30 millions will die from tuberculosis in the next ten years if current trends continue. More millions will watch helplessly their friends and family

members wasting with coughing and sweating with fever. **(WHO, 1996)**.

In Egypt, tuberculosis is one of the most important problems second to schistosomiasis. There were 20000 new cases every year **(MOHP,1995)**. So,studying the sociomedical aspect of patients suffering from pulmonary tuberculosis is an important issue in a trial to put suitable recommendation for prevention and control of this disease.

REVIEW OF LITERATURE

years chemotherapy, B.G.G. vaccination and improved medical services have impressively accelerated the decline of the disease. In developing countries the situation remains grim. **(WHO, 1990)**.

In 1995, more people died of TB than in any other year in history. More than thirty million people will die from tuberculosis in the next ten years if no cooperation between governments and NGOs to control tuberculosis **(WHO, 1993).**

Three years ago in London, the World Health Organization declared tuberculosis a global emergency, it was the first time that such an urgent pronouncement had been made **(WHO, 1996).**

MAGNITUDE OF THE PROBLEM

Tuberculosis remains one of the foremost causes of disability and death throughout the world especially in the developing countries **(Delibero & Kaufman, 1988).**

Pulmonary tuberculosis is the most important manifestation of the disease, because patients with pulmonary tuberculosis are the principal sources of infection. WHO estimated that there are 15 - 20 millions infectious cases in the world at any time with about three millions deaths every year. More than three-quarters of cases are in the developing countries. **(WHO, 1984).**

The number of tuberculosis cases in 1990 is estimated to be 7.5 millions cases, one million in Africa. Mediterranean regions are higher in incidence than previously thought while the western pacific region is lower 44% of all case occurred in China and India **(WHO, 1993).**

Annual incidence is predicted to be 8.8 millions cases by 1995, 10.2 millions cases by year 2000 and 11.9 millions cases by year 2005. Increasing incidence rates, particularly in Africa will account for 23 % of the increase in new Cases **(WHO, 1993).**

It is estimated that the number of tuberculosis cases at 1990 for sub-saharean Africa was 992000 cases (incidence is 191/100000 population) **(WHO, 1993).**

In Egypt, the estimated number of pulmonary tuberculosis cases at 1993 were 400.000 cases. About 20.000 new cases were sputum positive. In addition, there were about 10.000 chronic cases (the chronic case is defined as a person who received treatment and discontinued, so still sputum positive) **(MOHP, 1993).**

Table (A): Reveals notification data in the areas of Africa during the year 1990.

Table (A) : Notification data in Africa at 1990

Area	Notification rate for 100.000 population	The mean for 100.000 population
Eastern Africa	*50 - 220*	*110*
Central Africa	*50 - 200*	*80*
West Africa	*20 - 140*	*50*

(WHO, 1993).