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Epidemiological assessment of re-treatment pulmonary tuberculosis patients (Tehran, 1999)

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***Abstract**

Background: WHO divides tuberculosis into four categories according to involvement and treatment history : new patients with positive sputum and extra pulmonary as first category, re-treatment patients as second category, pulmonary tuberculosis with negative sputum as third category, and chronic tuberculosis with positive sputum as forth category.

Objective: This research was conducted to determine the epidemiological assessment of re-treatment pulmonary tuberculosis patients in Daneshvary hospital, Tehran.

Methods: The research was a cross-sectional study in nature. In this study 292 medical records were evaluated, consisting of 261 cases of new positive smear and 31 cases of re-treatment patients. All patients were registered during 1999.

Results: Of 292 positive sputum patients, 31 (11%) was re-treatment patients. About 35% classified as relapse cases, 10% as defaulters and 55% as failures. The percentage of cured patients in defaulters was more and in failures was less than other classes.

Conclusion: As the strongest risk factor associated with relapse is poor treatment, the strongest risk factor associated with default is disorganization and unavailability to health services and the strongest risk factor associated with failure is drug indication and drug resistance, more attention is appropriate for responsible organs.

Key words: Pulmonary, Tuberculosis, Epidemiology, Treatment, Patients, Hospitals

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9/7	3	g + d + c + a
3/2	1	g + f + d + c
3/2	1	g + d + c + b
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3/2	1	g + f + d + c + a
6/4	2	g + f + e + c + b + a
6/5	2	g + f + e + c + b
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3/2	1	f + e + d + b + a
3/2	1	g + f + d + c
9/8	3	f + d + c + a
6/5	2	f + e + d + c + b + a
6/5	2	g + f + e + d + c + b + a
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19/5	6	g + f + e + d + c + a
3/2	1	g + f + e + d + a
3/2	1	g + f + d + c + a
6/5	2	f + e + d + c + a
3/2	1	g + f + c + a
3/2	1	g + f + e + b + a
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1. WHO. Managing Tuberculosis at District Level (Facilator Guide). Tuberculosis Program Adminstering Treatment, 1996,51-2
- 2.WHO. Treatment of Tuberculosis. Guidelines for National Programs. 2 nd ed, 1997, 34-41

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16 -18 1375

7. Santha T, Garg R, Frieden TR et al. Risk factors associated with default, failure and death among tuberculosis patients treated in a DOTS program in Tiruvallur District,

: *

1373 -74

South India, 2000. Int J Tuberc Lung Dis 2002 Sep; 6(9): 780-8

22 -9 1375

8. Sevim T, Atac G, Gungor G et al. Treatment outcome of relapse and defaulter pulmonary tuberculosis patients. Int J Tuberc Lung Dis 2002 Apr ; 6(4): 320-5

.17

137 1375 -76

9. Enarson Donald A, Rieder Hand L, Arnadottir Tharidur. Tuberculosis guide for low income countries. 4th ed, Int Union Against TB and Lung Disease, 1996, 43-6

.10

52 -3 1374

11. Holmes co, Hausler H, Nunn P. A review of sex differences in the epidemiology of Tuberculosis. Int J Tuberc Lung Dis 1998 Feb; 2(2): 96-104

.12

.1373 -74

27 -39 1374

.13

.1374

50 75

14.Kopanoff Donald E, Sinder Dixic E, Johanson Martha. Recurrent Tuberculosis. Why Do Patients Develop Disease Against? A United States Public Health Service Cooperative Servery. Am J Public Health 1988 January; 7: 30-3

15.Mcintyre CR, Plant AY. Missed opportunities for prevention of tuberculosis in Victoria, Australia. Int J Tuberc Lung Dis 1997 Apr; 1(2): 18-22

.16

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