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Alla Abstracts

Comment on:

Malnutrition and childhood mortality in developing countries.

Muller O, Becher H.

Publication Types:
Comment
Letter

PMID: 16782482 [PubMed - indexed for MEDLINE]


Clinical simulators: applications and implications for rural medical education.

Ypinazar VA, Margolis SA.

University of Queensland, School of Medicine, Rural Clinical Division, Rockhampton, Queensland, Australia. v.ypinazar@uq.edu.au

Medical education has undergone significant changes globally. Calls for the revitalisation of centuries old pathways of learning have resulted in innovative medical curricula. Didactic modes of teaching which involved the learning of copious amounts of facts have given way to curricula that focus on the horizontal and vertical integration of basic and clinical sciences. Increasing concern for patient care and safety has led to a 'gap' between the needs of medical students to acquire necessary psychomotor skills and the safety and wellbeing of the patient. This has resulted in alternate teaching methods that include non-patient based training for the acquisition of clinical skills. The use of computerised, full-sized human simulators provides medical students with the necessary psychomotor and clinical reasoning skills in a realistic learning environment, while remaining risk free to patients. These clinical simulators are powerful learning tools that have applications at all levels of medical education across multiple disciplines, emphasising the multidisciplinary
approach required in many medical situations. This article reviews the literature on medical simulation and provides the contextual basis for the establishment of a Clinical Simulation Learning Centre (CSLC) in a rural clinical school in Australia. The educational program, as well as the design, layout and equipment of the CSLC are described, as well as implications for rural practitioners. The CSLC has been a major capital investment in a relatively under-resourced part of regional Australia and has provided opportunities for ongoing education across a range of healthcare professionals in the community.

Publication Types:
Review

PMID: 16764503 [PubMed - indexed for MEDLINE]


Human development index adjusted for environmental indicators: case study in one Egyptian village.

Gamal El-Din MM.

Department of Environmental Health, University of Alexandria, Alexandria, Egypt.
dskgroup@alexnet.com.eg

The Egypt Human Development Report 2003 does not take account of the impact of the environment on human development indicators. A case study was made in one village in El-Montaza district, Alexandria governorate, Egypt. The environmental indicators used for calculating the human development index were access to safe water, access to sanitation and environment surrounding the house. The human development index for this village decreased from 0.622 to 0.595 after adjustment for environmental factors.

PMID: 16761685 [PubMed - indexed for MEDLINE]

Management of source and drinking-water quality in Pakistan.

Aziz JA.

Faculty of Civil Engineering, Bahauddin Zakariya University, Multan, Pakistan.
jaaziz@hotmail.com

Drinking-water quality in both urban and rural areas of Pakistan is not being managed properly. Results of various investigations provide evidence that most of the drinking-water supplies are faecally contaminated. At places groundwater quality is deteriorating due to the naturally occurring subsoil contaminants or to anthropogenic activities. The poor bacteriological quality of drinking-water has frequently resulted in high incidence of waterborne diseases while subsoil contaminants have caused other ailments to consumers. This paper presents a detailed review of drinking-water quality in the country and the consequent health impacts. It identifies various factors contributing to poor water quality and proposes key actions required to ensure safe drinking-water supplies to consumers.

Publication Types:
Review

PMID: 16761680 [PubMed - indexed for MEDLINE]


Evaluation of a programme for control of schistosoma haematobium infection in Yemen.

Nagi MA.

National Schistosomiasis and Endemic Diseases Control Programme, Sana'a, Yemen.
nagi112000@yahoo.com

An intervention study was conducted in Khamir, north of Sana'a, for control of urinary schistosomiasis using chemotherapy and health education. The validity
and cost-effectiveness of reagent strips as a rapid
diagnostic tool to screen
for Schistosoma haematobium infection was also assessed
along with visible
haematuria. Prevalence of S. haematobium infection 14
months post-intervention
fell from 58.9% to 5.8% and frequency of heavy infection
from 40.0% to 18.9%.
Health education sessions resulted in significant decrease
in the frequency of
contact with water sources and greater adherence to
preventive measures. Mass
chemotherapy plus health education is a feasible and
effective method for
reducing S. haematobium infection in Yemen. Reagent strips
and visible
haematuria could be cost-effective in remote areas with
limited access to health
services.

Publication Types:
  Evaluation Studies
  Validation Studies

PMID: 16761668 [PubMed - indexed for MEDLINE]

Jun 5.

Impact of chronic disease on quality of life in the Bella
Coola Valley.

Thommasen HV, Zhang W.

UBC Faculty of Medicine, Vancouver, British Columbia,
Canada. thommash@unbc.ca

INTRODUCTION: North American rural residents have higher
rates of chronic
disease and they report being ill more frequently compared
to their urban
counterparts. We recently studied health-related quality
in residents living in
the isolated, rural community of Bella Coola, Canada.
OBJECTIVE: To assess
health-related quality of life parameters in adults
suffering from chronic
disease and living in the rural, remote community of Bella
Coola. METHODS:
Design, mixed methods: (1) mailed health-related survey;
(2) retrospective chart
review. Study population: people aged 17 years and older
living in the Bella
Coola Valley and having a chart at the Bella Coola Medical Clinic as of September 2001 were asked to complete a detailed health-related quality of life survey during the period August to December 2001. Main outcome measures: demographics (age, sex, weight [BMI], ethnicity). Health-related quality of life was measured using the MOS 36-item Short Form Health Survey (SF-36), and the US Centers for Disease Control healthy day's items. Chronic diseases studied included diabetes mellitus, hypertension, chronic obstructive lung disease, coronary artery disease, hyperlipidemia, depression/anxiety, cancer, osteoarthritis, inflammatory arthritis and chronic back/neck pain. RESULTS: Response rate to the survey was 38% (675/1770). Compared to total clinic population relatively more female (57% vs 49%), non-Aboriginal (63% vs 57%) and older people (48.9 vs 43.5 years) answered the survey. The most prevalent chronic diseases among the survey respondents were hypertension (17%), depression/anxiety (13%), hyperlipidemia (11%), chronic back/neck pain (11%), and osteoarthritis (9%). Linear regression analysis was performed for each of the SF-36 domains and CDC healthy day items. The presence of chronic disease is associated with significant differences in HRQOL item scores and the greater the number chronic diseases present the worse the HRQOL item scores. CONCLUSION: People living in the rural remote community of Bella Coola who have chronic disease experience significant impairment in their health-related quality of life. The greater the number of coexisting chronic diseases a person has, the more likely that poor HRQOL scores will be reported.

PMID: 16749870 [PubMed - indexed for MEDLINE]


Improved plausibility bounds about the 2005 HIV and AIDS estimates.

Morgan M, Walker N, Gouws E, Stanecki KA, Stover J.
BACKGROUND: Since 1998 the Joint United Nations Programme on HIV/AIDS and the World Health Organization has provided estimates on the magnitude of the HIV epidemic for individual countries. Starting with the 2003 estimates, plausibility bounds about the estimates were also reported. The bounds are intended to serve as a guide as to what reasonable or plausible ranges are for the uncertainty in HIV incidence, prevalence, and mortality.

METHODS: Plausibility bounds were developed for three situations: for countries with generalised epidemics, for countries with low level or concentrated epidemics (LLC), and for regions. The techniques used build on those developed for the previous reporting round. However the current bounds are based on the available surveillance and survey data from each individual country rather than on data from a few prototypical countries.

RESULTS: The uncertainty around the HIV estimates depends on the quality of the surveillance system in the country. Countries with population based HIV seroprevalence surveys have the tightest plausibility bounds (average relative range about the adult HIV prevalence (ARR) of -18% to +19%). Generalised epidemic countries without a survey have the next tightest ranges (average ARR of -46% to +59%). Those LLC countries which have conducted multiple surveys over time for HIV among the populations most at risk have the bounds similar to those in generalised epidemic countries (ARR -40% to +67%). As the number and quality of the studies in LLC countries goes down, the plausibility bounds increase (ARR of -38% to +102% for countries with medium quality data and ARR of -53% to +183% for countries with poor quality data). The plausibility bounds for regions directly reflect the bounds for the countries in those regions.

CONCLUSIONS: Although scientific, the plausibility bounds do not represent and should not be interpreted as formal statistical confidence.
intervals. However in order to make the bounds as meaningful as possible the authors have tried to apply reasonable statistical approaches and assumptions to their derivation. An understanding of the uncertainty in the HIV estimates may help policy makers take better informed decisions to address the epidemic in their respective countries.

PMID: 16735297 [PubMed - indexed for MEDLINE]
8: Sex Transm Infect. 2006 Jun;82 Suppl 3:iii64-70.

National population based HIV prevalence surveys in sub-Saharan Africa: results and implications for HIV and AIDS estimates.

Garcia-Calleja JM, Gouws E, Ghys PD.

Evidence and Information for Policy Department, World Health Organization, Geneva, Switzerland. callejaj@who.int

BACKGROUND: Sentinel surveillance among pregnant women attending antenatal clinics (ANCs) has been the main source of information on HIV trends in sub-Saharan Africa. These data have also been used to generate national HIV and AIDS estimates. New technologies and resources have allowed many countries to conduct national population based surveys that include HIV prevalence measurement, as an additional source of information on the AIDS epidemic.

METHODS: The authors reviewed the reports of 20 national population based surveys from 19 countries carried out in sub-Saharan Africa since 2001. They examined the sampling methodology, HIV testing and response rates, and female:male and urban:rural prevalence ratios. They also constructed adjusted prevalence scenarios assuming different relative risks for survey non-responders. RESULTS: The national population based surveys vary considerably in quality, as reflected in the household response rate (ranging from 75.4% to 99.7%), women's testing rate (ranging from 68.2% to 97.3%), and men's testing
rate (ranging from 62.2% to 95.4%), while for some surveys detailed response information is lacking. While 95% confidence intervals around the female:male and urban:rural prevalence ratios in individual countries are large, the median female:male ratio of the combined set of surveys results is 1.5 and the median urban:rural ratio 1.7. A scenario assuming that non-responders have twice the HIV prevalence of those who fully participated in the survey suggests that individual non-response could result in an adjusted HIV prevalence 1.03 to 1.34 times higher than the observed prevalence. CONCLUSIONS: Population based surveys can provide useful information on HIV prevalence levels and distribution. This information is being used to improve national HIV and AIDS estimates. Further refinements in data collection, analysis, and reporting, combined with high participation rates, can further improve HIV and AIDS estimates at national and regional level.

PMID: 16735296 [PubMed - indexed for MEDLINE]


Estimating the number of men who have sex with men in low and middle income countries.

Caceres C, Konda K, Pecheny M, Chatterjee A, Lyerla R.

cacceres@upch.edu.pe

OBJECTIVES: To collect and analyse published and unpublished surveillance and research data on the prevalence of same sex sexual activity among male adults (including male-to-female transgenders and sex workers) in low and middle income countries. METHODS: Key indicators were operationalised (ever sex with a man, sex with a man last year, high risk sex last year (as defined by unprotected anal sex or commercial sex)) and a database was designed for data collection. Searches were conducted (PubMed, databases (US Census Bureau, World Bank,
conferences)) and regional informants helped. Reference reports were used to assess the methodology and quality of information in each record. The best data available per region were identified and indicator estimates were used to propose regional range estimates. RESULTS: Of 561 studies on male sexual behaviour and/or MSM population characteristics, 67 addressed prevalence of sex between men, with diverse numbers per region and virtual unavailability in sub-Saharan Africa, Middle East/North Africa, and the English speaking Caribbean. Overall, data on lifetime prevalence of sex with men (among males) yielded figures of 3-5% for East Asia, 6-12% for South and South East Asia, 6-15% for Eastern Europe, and 6-20% for Latin America. Last year figures were approximately half of lifetime figures, and prevalence of high risk sex among MSM last year was approximately 40-60% in all regions except South Asia, where it is 70-90%. CONCLUSIONS: Data available on the prevalence of male same sex sexual activity across regions are scarce (non-existent in some areas), with validity and comparability problems. In South and South East Asia, Eastern Europe, and Latin America, a lifetime prevalence of 6-20% was estimated, with smaller figures in East Asia. A cross cultural analysis of terminology and practices is needed, as is continued work on epidemiological and social analysis of male-male sexual practices in societies across regions.

Publication Types:
Review

PMID: 16735290 [PubMed - indexed for MEDLINE]


Clients of sex workers in different regions of the world: hard to count.

Carael M, Slaymaker E, Lyerla R, Sarkar S.

Free University of Brussels, Brussels, Belgium. caraelm@yahoo.fr
OBJECTIVES: To estimate the proportion of the male population that reports having paid for sex in different regions. METHODS: Clients of sex workers were identified from representative samples of men asked in face-to-face interviews whether they had had sex in exchange for money or whether they had paid for sex, in the last 12 months. A total of 78 national household surveys and nine city based surveys were selected for inclusion. Where such surveys were not available, results of behavioural surveillance surveys and of research studies were also used. Using national estimates, a median percentage of men who reported paying for sex was calculated for each region. RESULTS: The median percentage of men who exchanged sex for money in the last 12 months in all regions was around 9-10%, with estimates from 13% to 15% in Central African region, 10 to 11% in Eastern and southern Africa, and 5-7% in Asia and Latin America. Estimates for men who paid sex were much lower at around 2-3% with ranges from 7% in the South African region to 1% in Asia and West Africa. CONCLUSIONS: Although errors of measurement and critical issues of definitions and interpretation exist, this compilation represents a first attempt to obtain reasonably coherent estimates of the proportion of men who were clients of sex workers at regional level. Large discrepancies between regions were found. Further improvements in national estimates will be critical to monitor coverage of HIV prevention programmes for sex workers and clients, and to improve estimates of national HIV infection prevalence levels in low and concentrated HIV epidemics.

Publication Types:
Review

PMID: 16735289 [PubMed - indexed for MEDLINE]


An objective assessment of demography of gallbladder cancer.
Kumar JR, Tewari M, Rai A, Sinha R, Mohapatra SC, Shukla HS.

Department of Surgical Oncology, Institute of Medical Sciences, Banaras Hindu University, Varanasi, India.

BACKGROUND AND OBJECTIVES: Gallbladder cancer (GBC) is a lethal disease with a wide geographical, ethnic, and cultural variation suggesting major environmental influences such as diet and lifestyle factors in the development of disease. An objective assessment of demographic profile and full implication of these features to recognize the population at risk is needed. This study was therefore undertaken to study the demography of GBC in Varanasi.

METHODS: A retrospective study as a case-control model comprised 328 cases of GBC and 328 controls with gallstone disease (GSD). The relevant demographic data were collected and analyzed for identification of independent significant features and for the risk of GBC based on these features by calculating odds ratio.

RESULTS AND CONCLUSIONS: GBC predominantly a disease of females belonged to fourth and fifth decade of life. Among 328 cases of GBC only 75 were male and 253 female (M:F = 1:3.37). Majority of GBC patients were above 40 years and multiparous females. Family history of GBC was higher in GBC patients. Majority of GBC patients were of low socioeconomic status and hailed from rural background. This group tends to consume open mustard oil and water from hand pump. This study emphasizes the usefulness of demographic evaluation in diagnosis of GBC and a systematic approach to assessment of demographic features of GBC is recommended. Copyright 2006 Wiley-Liss, Inc.

PMID: 16724352 [PubMed - indexed for MEDLINE]


Oral health status of mississippi delta 3- to 5-year-olds in child care: an
exploratory study of dental health status and risk factors for dental disease and treatment needs.

Southward LH, Robertson A, Wells-Parker E, Eklund NP, Silberman SL, Crall JJ, Edelstein BL, Baggett DH, Parrish DR, Hanna H.

Social Science Research Center, P. O. Box 5287, Mississippi State, MS 39762, USA. linda.southward@ssrc.msstate.edu

OBJECTIVES: For poor and minority young children, disparities exist in dental health and treatment. In rural impoverished areas, institutions that reach young children and potentially offer access to care are limited. In the current Mississippi Delta study, child care centers were examined as potential venues for oral health intervention and research, and potential risk factors for dental caries and treatment urgency in high-risk preschool children were explored.

METHODS: Child care centers were selected and attending children recruited. Data on oral health practices were collected from surveys of center directors and parents/caregivers. Children were examined for caries and treatment urgency at centers by dentists. Bivariate and multivariate analyses with a 0.05 alpha were used to examine data.

RESULTS: A total of 346 preschool children at 15 participating centers were examined: 46% were female, 68% minority. Minority children and those with public insurance were more than twice as likely to have caries and urgent treatment needs as non-minorities or those with private insurance. The odds of children having caries were half as great if parents reported using floss and nearly twice as great if the parent had experienced a dental abscess. For every soft drink the parent consumed daily, the odds of dental caries for children increased by 44%.

CONCLUSIONS: Conducting oral health exams and research in child care venues was possible, yet presented challenges. The combined use of two parental variables, reported soft drink consumption and
abscess history, appears promising for caries prediction. Implementation of oral health programs and research in child care venues merits further exploration.

PMID: 16711633 [PubMed - indexed for MEDLINE]


The role of location in indigenous and non-indigenous child oral health.

Jamieson LM, Armfield JM, Roberts-Thomson KF.

Australian Research Centre for Population Oral Health, The University of Adelaide, South Australia 5005, Australia. lisa.jamieson@adelaide.edu.au

OBJECTIVE: To examine the role of location in Indigenous and non-indigenous child oral health in three Australian states and territories. The association of Indigenous status and residential location with caries prevalence, severity and unmet treatment need was examined. METHODS: Data were collected as part of a national monitoring survey of 4-14-year-old children enrolled in school dental services in New South Wales, South Australia and the Northern Territory, Australia. RESULTS: Of the 326,099 children examined, 10,473 (3.2%) were Indigenous. Fewer 4-10-year-old rural Indigenous children were caries-free in the deciduous dentition than their non-indigenous counterparts and rural Indigenous children had almost twice the mean number of decayed, missing and filled teeth (dmft) of rural non-indigenous children. The % d/dmft was higher among rural Indigenous children than rural non-Indigenous children. Fewer 6-14-year-old rural Indigenous children were caries-free in the permanent dentition than their non-indigenous counterparts and rural Indigenous children had almost twice the mean DMFT of rural non-Indigenous children. The % D/DMFT was higher in rural Indigenous than rural non-indigenous children. Living in a rural location was the strongest indicator of caries prevalence, severity and
unmet treatment need in the deciduous dentition of Indigenous 4-10-year-olds while being socially disadvantaged was the strongest indicator of poor oral health outcomes among older Indigenous and all non-Indigenous children.

CONCLUSIONS: Living in a rural location exhibited the strongest association with poor oral health outcomes for young Indigenous children but was also associated with poorer oral health among older Indigenous and non-Indigenous children.

PMID: 16711632 [PubMed - indexed for MEDLINE]


Dietary intakes and caries experience in children in Limpopo Province, South Africa.

MacIntyre UE, du Plessis JB.

Institute for Human Nutrition, University of Limpopo (Medunsa Campus).

umacintyre@medunsa.ac.za

INTRODUCTION: The identification of a rural village with a very low incidence of dental caries among the children provided the opportunity to study the diets of children apparently not exposed to risk factors for dental caries and compare them with children who were at risk. OBJECTIVE: To compare the diet, nutritional status and dental caries experience of 10- and 15-year-olds in an urban town (Malamulele) and a rural village (Mahonisi) in the Limpopo Province, South Africa. METHODS: Dental examinations and anthropometric measurements were done according to standard procedures. Dietary intakes were assessed by four 24-hour recalls. RESULTS: Mean dft/DMFT (decayed and filled deciduous teeth/Decayed, missing and filled permanent teeth) scores were 1.21 and 0.65 for 10- and 15-year-olds in urban Malamulele compared to 0.33 and 0.02 in rural Mahonisi. The percentage caries free in Malamulele was 36% compared to 88% in Mahonisi. The children in Mahonisi were shorter and lighter than those in Malamulele.
Estimated fluoride intakes were significantly lower in Malamulele than in Mahonisi (p = 0.01). Mean total added sugar (all sugar not naturally occurring in foods) intake in Malamulele was significantly higher than in Mahonisi (p < 0.05). CONCLUSION: The most significant dietary differences between the two areas were total added sugar and fluoride intakes. The lower added sugar and higher fluoride intake among the rural Mahonisi children contributed to the lower dental caries experience.

PMID: 16711557 [PubMed - indexed for MEDLINE]


Comment in:

A political economic history of medical and dental care in Nunavut, Canada.

Quinonez CR.

Community Dental Health Services Research Unit, Faculty of Dentistry, University of Toronto, Ontario, Canada. carlos.quinonez@utoronto.ca

OBJECTIVES: To describe the historical development of medical and dental care in the territory of Nunavut, Canada. STUDY DESIGN: Ethnographic case study using political economy as a mode of explanation. METHODS: Participant observations, document reviews and stakeholder interviews, conducted over a four-year period. RESULTS: There is a clear and now long-term movement from state and professionally controlled health care delivery to Indigenous control over care. CONCLUSIONS: Indigenous groups increasingly hold control over health care delivery through a complex form of management that straddles both public and private organisational spheres.

Publication Types:
   Historical Article
   Review

PMID: 16711463 [PubMed - indexed for MEDLINE]
Oral health status among Kenyans in a rural arid setting: dental caries experience and knowledge on its causes.

Kassim BA, Noor MA, Chindia ML.

Department of Conservative and Prosthetic Dentistry, College of Health Sciences, University of Nairobi, P.O. Box 19676, Nairobi, Kenya.

OBJECTIVE: To determine the dental caries experience and knowledge on the causes and preventive measures for dental diseases. DESIGN: A community based cross-sectional descriptive study. SETTING: Elwak sub-district hospital, North Eastern Province, Kenya. SUBJECTS: One hundred and forty one adults who presented themselves during a dental check up at a sub-district hospital and gave written consent. MAIN OUTCOME MEASURES: Dental caries status and knowledge on its causes and preventive measures. The importance of outreach programmes in obtaining information as well as helping to alleviate the pain and suffering caused by dental diseases among communities living in remote areas is also revealed. RESULTS: Of the one hundred and forty one individuals, who were included in the study, 63.1% were women and 36.9% were men. Their ages ranged between 18 and over 65 years. 41.1% were in the 18-24-year age bracket. Regarding the oral health knowledge, 43% did not know any causes of dental diseases while 36%, 17% and 12% knew that diet, "dirt" on teeth and bacteria were possible causes, respectively. Fifty percent did not know any preventive measures for dental diseases while the rest indicated abstention from the consumption of sugary foods; and only 0.8% mentioned use of fluoridated toothpaste as a preventive measure for dental caries. 56.7% of the subjects were caries free. The mean DMFT for all ages was 3.4. Of those with caries 72.1% were women. CONCLUSION: There is a low level of oral health awareness and a
moderately high level of dental caries experience in this community with women apparently carrying the biggest burden of dental caries.

PMID: 16708882 [PubMed - indexed for MEDLINE]


Estimates and distribution of body mass index in a sample of Malaysian adolescents.

Zalilah MS, Mirnalini K, Khor GL, Merlin A, Bahaman AS, Norimah K.

Department of Nutrition and Health Sciences, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, 43400 Selangor.

The purpose of this study was to report on the estimates and distribution of body mass index in a sample of Malaysian adolescents. The study utilized a cross-sectional design and multi-stage random sampling of secondary schools to select 5 urban and 9 rural schools in Kedah and Penang. A total of 6555 male and female adolescents (11-15 years old) of Malay, Chinese and Indian ethnic groups were measured for weights and heights for body mass index calculation. Information on household demographic and socioeconomic were obtained from parents through self-administered questionnaires. Analyses of body mass index distribution by location, ethnicity, gender and age were conducted using Chi-square test of SPSS 11.5. More of the rural (12.1%) and urban (19.4%) adolescents were underweight and overweight, respectively. While in all ethnic, gender and age groups, rural adolescents were more likely to be underweight, more of the urban adolescents were overweight. The prevalence of underweight was highest among the Indians (19.2%) and lowest in Chinese (7.2%). The prevalence of overweight in the three ethnic groups was in the range of 18-19%. More male than female adolescents were underweight (15% vs 7.8%) and overweight (19.5% vs
16.7%). Consistent patterns were also observed across location, ethnic and age groups. As age increased, the prevalence of overweight decreased across the ethnic and gender groups. The reported findings can serve as current reference on body mass index distribution of Malaysian adolescents and a basis for future efforts in health and nutrition interventions for Malaysian children and adolescents.

PMID: 16708734 [PubMed - indexed for MEDLINE]


Immersion in another culture: one strategy for increasing cultural competency.

Wood MJ, Atkins M.

The Ohio State University College of Nursing, Columbus, Ohio 43210, USA.

Educating nursing students in the United States to be culturally competent is a challenge. Undergraduate and graduate nursing students, including nurse-midwifery students were paired with faculty on a short-term transcultural nursing experience in Choluteca, Honduras. Students provided health screenings, prenatal assessments, and birth attendance. Learning objectives were designed to improve cultural competency in the healthcare setting for nursing students. A case study exemplar in the labor and delivery setting is presented. As a result of the cultural immersion experience, the student demonstrates versatility and flexibility in clinical practice, reflecting the skills necessary to adapt interventions to populations and circumstances.

Publication Types: Case Reports

PMID: 16696545 [PubMed - indexed for MEDLINE]


Human trypanosome infection and the presence of intradomicile Rhodnius
An entomologic search was carried out to collect intradomicile triatomines in dwellings from rural communities in the western border of the Panama Canal, Panama. Sixty-nine triatomines were collected inside 20 houses of 67 houses investigated. Rhodnius pallescens was the only triatomine species found and included adults of both sexes and nymphs. A significantly high Trypanosoma cruzi (72.7%) and T. rangeli (40%) vector infection rate was detected. Blood meal analysis showed that 68% of R. pallescens had fed on humans. Human serologic analysis and hemoculture performed on inhabitants from triatomine-infested houses showed that 32.1% (18 of 56) of the samples were trypanosome infected. Thirteen samples (23.2%) had antibodies against T. cruzi. Six of these seropositive samples were from children less than 15 years old. Trypanosoma rangeli was isolated in five hemoculture samples, all from children less than 11 years old. The epidemiologic implications of these findings in terms of human infection are discussed.

PMID: 16687677 [PubMed - indexed for MEDLINE]

Vedanthan PK, Mahesh PA, Vedanthan R, Holla AD, Liu AH.

University of Colorado Health Sciences Center, Denver, USA. pkv1947@yahoo.com
BACKGROUND: Environmental factors, including microbial exposures and close animal contact, are implicated in the lower prevalence of asthma and allergy in rural vs urban children. OBJECTIVES: To determine (1) the prevalence of asthma, rhinitis, eczema, and atopic sensitization in rural and urban children in India; (2) differences in microbial and animal exposures in these locales; and (3) whether differences in environmental exposures account for the different rates of asthma and atopy in these locales. METHODS: One child from each of 50 urban (Mysore) and 50 rural (Vinobha) households in southern India was randomly selected for data analysis. Allergy, asthma, health, environment, and lifestyle information was obtained using a questionnaire and household inspections. Atopy was determined via skin prick testing for common allergens. Endotoxin content was measured in house dust samples. RESULTS: Children from rural vs urban areas had lower prevalences of self-reported asthma (8% vs 30%; P = .005), rhinitis (22% vs 42%; P = .03), and atopic sensitization (36% vs 58%; P = .03). Higher median dust endotoxin loads were found in rural vs urban households (6.50 x 10(4) EU/m2 vs 1.27 x 10(4) EU/m2; P < .001). In multivariate analysis, close indoor animal contact (adjusted odds ratio [OR] 0.2; 90% confidence interval [CI], 0.05-0.9), outdoor animal contact (OR, 0.3; 90% CI, 0.1-0.8), and exclusive breastfeeding for at least 6 months (OR, 0.2; 90% CI, 0.1-0.5) were associated with lower atopic sensitization; mud flooring was associated with lower self-reported wheezing (OR, 0.1; 90% CI, 0.02-1.0). CONCLUSION: Children in India who live with close animal contact and mud flooring and who were exclusively breastfed in infancy are less likely to develop asthma, rhinitis, and atopic sensitization.

Evaluation of 'partnership care model' in the control of hypertension.

Mohammadi E, Abedi HA, Jalali F, Gofranipour F, Kazemnejad A.

Medical Sciences Faculty, Tarbiat Modarres University, Tehran, Iran.
mohamade@modares.ac.ir

One of the shared common goals of World Hypertension League (WHL) and World Health Organization (WHO) is the control of hypertension. Despite many local and international interventions, the goal has not been achieved. This study evaluated an intervention based on the partnership care model to control hypertension in a rural population in the north of Iran. The results showed that the intervention was effective in decreasing systolic and diastolic blood pressure and in increasing the rate of controlled hypertensives (based on criteria of WHO/WHL). The intervention also had positive effects on health-related quality of life, body mass index, anxiety, high density lipoprotein level and compliance score. Based on these results, the partnership care model is effective in hypertension control and is recommended as a model to replace previous approaches in hypertension control.

Publication Types:
Multicenter Study
Randomized Controlled Trial

PMID: 16674782 [PubMed - indexed for MEDLINE]

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Estimating and projecting HIV prevalence and AIDS deaths in Tanzania using antenatal surveillance data.


National AIDS Control Programme, Dar es Salaam, Tanzania. G_somi@yahoo.co.uk
BACKGROUND: The Estimations and Projections Package (EPP 2005) for HIV/AIDS estimates and projects HIV prevalence, number of people living with HIV and new HIV infections and AIDS cases using antenatal clinic (ANC) surveillance data. The prevalence projection produced by EPP can be transferred to SPECTRUM, a demographic projection model, to calculate the number of AIDS deaths. This paper presents estimates and projections of HIV prevalence, new cases of HIV infections and AIDS deaths in Tanzania between 2001 and 2010 using the EPP 2005 and SPECTRUM soft-wares on ANC data.

METHODS: For this study we used; the 1985-2004 ANC data set, the 2005 UN population estimates for urban and rural adults, which is based on the 2002 population census, and results of the 2003 Tanzania HIV Indicator Survey. The ANC surveillance sites were categorized into urban and rural areas on the basis of the standard national definitions of urban and rural areas, which led to 40 urban and 35 rural clinic sites. The rural and urban epidemics were run independently by fitting the model to all data and on level fits.

RESULTS: The national HIV prevalence increased from 0% in 1981 to a peak of 8.1% in 1995, and gradually decreased to 6.5% in 2004 which stabilized until 2010. The urban HIV epidemic increased from 0% in 1981 peaking at 12.6% in 1992 and leveled to between 10.9% and 11.8% from 2003 to 2010. The rural epidemic peaked in 1995 at 7.0% and gradually declined to 5.2% in 2004, and then stabilized at between 5.1% and 5.3% from 2005 to 2010. New infections are projected to rise steadily, resulting in 250,000 new cases in 2010. Deaths due to AIDS started in 1985 and rose steadily to reach 120,000 deaths in 2010, with more females dying than men.

CONCLUSION: The fact that the number of new infections is projected to increase steadily to reach 250,000 per year in 2010 calls for more concerted efforts to combat the spread of HIV infection particularly in the rural areas where the infrastructure needed for prevention
programmes such as counseling and testing, condom accessibility and AIDS information is less developed.

PMID: 16672043 [PubMed - indexed for MEDLINE]


Human immunodeficiency virus infection in a rural community of plateau state: effective control measures still a nightmare?

Jombo GT, Egah DZ, Banwat EB.

Department of Medical Microbiology, Jos University Teaching Hospital, Jos, Plateau State, Nigeria.

BACKGROUND: This study was designed to find out the prevalence of human immunodeficiency virus (HIV) infection in Zawan village as well as their socio-cultural practices that promote its spread. METHODS: Three hundred subjects were recruited into the study comprising 193 males and 107 females by a simple random sampling method. A structured questionnaire was administered to each respondent and 5mls of blood collected and assayed for anit-HIV antibodies. The results were analysed using statistical software Epi-Info version 6, P < 0.05 was considered significant. RESULTS: The prevalence of HIV in Zawan village was found to be 8.3% (25 out of 300) and the significant risk factors noted were--use of sharp objects, trading and the divorce/separated group, (P < 0.05). Other factors such as tattooing, male circumcision by traditional method and tonsillectomy were not found to be statistically associated with HIV infection in this community, (P > 0.05). CONCLUSION: HIV is still causing serious devastation in our rural communities. Hence government should supply affordable antiretroviral drugs to our rural dwellers, step up public enlightenment campaign and pursue with vigour the present micro-economic revival policies to alleviate abject poverty in our rural communities.

PMID: 16649451 [PubMed - indexed for MEDLINE]
The silent HIV epidemic among pregnant women within rural Northern Tanzania.

Yahya-Malima KI, Olsen BE, Matee MI, Fylkesnes K.

Centre for International Health, University of Bergen, Bergen, Norway.
khadija.malima@student.uib.no

BACKGROUND: Many national antenatal clinics (ANC) based HIV surveillance systems in sub-Saharan Africa have limited coverage of remote rural sites, a weakness that compromises adequate estimation, monitoring and development of effective preventive and care programmes. To address this void in rural Manyara and Singida within Northern Tanzania, we conducted antenatal clinic-based sentinel surveillance. METHODS: We consecutively enrolled 1377 counselled and consenting pregnant women attending ANC clinics for the first time during the current pregnancy. The study was conducted in six antenatal clinics, within three divisions of rural Manyara and Singida regions in 2003/2004. Interviews were conducted and blood samples for routine purposes were collected and tested for anti-HIV IgG antibody anonymously, using Bionor HIV-1 & 2 assay. RESULTS: Among enrollees, 94% (1296/1377) participated fully. The overall prevalence of HIV was 2.0% (95%CI: 1.34-2.97). The highest HIV prevalence was among women aged between 15-19 years in both rural and remote rural populations. The odds of HIV infection was 4.3 (95%CI: 1.42-12.77) times among women reporting more than one lifetime sexual partners compared with those with one partner. HIV infection was associated with history of genital sores or foul smelling discharge, OR 6.8 (95%CI: 2.78-16.66) and age at first pregnancy (2.5 times higher likelihood of infection if before the age of 18 years versus at a later age). CONCLUSION: Including rural remote sites, as part of the national ANC routine surveillance,
is crucial in order to discover imminent silent epidemics such as the one described in this paper. Scaling up HIV prevention efforts is mandatory to prevent the imminent escalation of the HIV epidemic highly associated with a history of sexually transmitted infections (STIs), multiple sexual partners and pregnancies at a younger age. Ignorance of relevant knowledge and low utilisation of condoms underscores the urgency for large-scale preventive efforts. Research to capture a wider representation of the risk factors in the general population should be a priority to enable further customised HIV prevention efforts.

PMID: 16643653 [PubMed - indexed for MEDLINE]


The economic impact of visceral leishmaniasis on households in Bangladesh.


Emory University Rollins School of Public Health, Atlanta, GA, USA.

OBJECTIVES: To explore current patterns of diagnosis and treatment, quantify household economic impact and identify household strategies to cover the costs of visceral leishmaniasis (VL) care in rural Bangladesh. METHOD: Structured interviews with 113 VL patients from 87 households documenting all provider visits and expenditures for health care for VL, and the ways in which the expenditures were covered. RESULTS: Patients paid a median of 7 visits to six different providers before beginning VL treatment. All visited the subdistrict government hospital at least once. While health care, including antileishmanial drug therapy, is officially available free of charge at government facilities, 79% of patients reported making informal payments for provider access,
diagnostics and drug administration; only 14% of patients received their full drug course from this source. For the 58% of patients who purchased the full treatment course, drug cost constituted 34% of direct expenditure. Median direct expenditure for one VL patient was US$87 and median income lost was $40; median total expenditure was 1.2 times annual per capita income of our study population. Households employed multiple coping strategies to cover expenditures, most commonly sale or rental of assets (62%) and taking out loans (64%). CONCLUSIONS: Visceral leishmaniasis treatment causes a major economic burden in affected families. Control strategies for VL should facilitate timely, affordable diagnosis and treatment of patients to decrease the infection reservoir and to alleviate the economic burden of VL on households.

PMID: 16640630 [PubMed - indexed for MEDLINE]


Impact of chronic lymphatic filariasis on quantity and quality of productive work among weavers in an endemic village from India.

Babu BV, Swain BK, Rath K.

Epidemiology Division, Regional Medical Research Centre, Indian Council of Medical Research, Bhubaneswar, Orissa, India.
babubv@sify.com

OBJECTIVE: To assess the impact of hydrocele and lymphoedema on the quantity and quality of productive work of weavers. METHOD: Case-control study in an endemic village in Andhra Pradesh, India. We collected qualitative data on work activities from cases and age- and sex-matched controls through informal discussions and observation. RESULTS: The mean (± standard deviation) daily work time of cases was 7.38 h (±2.47), significantly less than that of controls (8.17±2.41 h). Lost work time was equivalent to around 29 days of
work in a year. Gender had significant influence on the mean number of working hours in this occupational group. Most cases could not weave, which is physically demanding, and preferred less strenuous tasks such as spinning, starching, dyeing or sizing. Hard physical labour constitutes 71.5% of total work time among patients and 83.7% in controls. As income also depends on the type of work, cases earn less. CONCLUSIONS: Filariasis has an adverse impact on the productivity of weavers, and morbidity management strategies and control programmes need to take this into account.

PMID: 16640624 [PubMed - indexed for MEDLINE]


No difference in HIV incidence and sexual behaviour between out-migrants and residents in rural Manicaland, Zimbabwe.

Mundandi C, Vissers D, Voeten H, Habbema D, Gregson S.

Department of Public Health, Erasmus MC, University Medical Centre Rotterdam, Rotterdam, The Netherlands.

OBJECTIVES: Migration is associated with HIV infection, but the relationship has been mostly assessed in cross-sectional studies. In a prospective study, we investigated whether out-migrants are a selection of high-risk individuals and whether rural-to-urban migration results in risky sexual behaviour for HIV incidence. METHODS: A population cohort was enrolled in a stratified household census in four different community types in Manicaland, east Zimbabwe, between July 1998 and February 2000, and followed-up after 3 years. Out-migrants to the national capital (Harare), the provincial capital (Mutare) and other study areas were followed-up. A structured questionnaire was administered and an HIV test was conducted at each interview. HIV prevalence and sexual risk behaviour at baseline, and HIV incidence and sexual behaviour during follow-up were compared
for out-migrants and residents. RESULTS: At baseline, future migrants were significantly younger, better educated and more likely to be single than residents. For males, migration was highest from subsistence farming areas and roadside trading centres and lowest from estates. After adjusting for age, education, marital status and location, there were no differences in HIV prevalence and sexual risk behaviour between future migrants and residents at baseline, for either sex. No significant differences in HIV incidence or sexual behaviour during follow-up were detected between rural-to-urban out-migrants and residents. CONCLUSIONS: Out-migrants from rural Zimbabwe did not have higher levels of HIV infection or sexual risk behaviour than residents either before or after they moved. These findings may be related to the mature stage of the HIV epidemic and the social and living conditions of migrants in Zimbabwean cities.

PMID: 16640623 [PubMed - indexed for MEDLINE]


The elimination of Trypanosoma brucei gambiense sleeping sickness in the focus of Luba, Bioko Island, Equatorial Guinea.

Simarro PP, Franco JR, Ndongo P, Nguema E, Louis PJ, Jannin J.

Sleeping Sickness Control Centre, Bata, Equatorial Guinea. simarrop@who.int

After the resurgence of sleeping sickness in Luba, Equatorial Guinea, a major campaign to control the disease was established in 1985. The campaign comprised no vector control, but intensive active and passive surveillance using serology for screening, and treatment of all parasitological and suspected serological cases. Total prevalence was used to classify villages as endemic, at risk, anecdotal and non-endemic which also allowed defining the geographic extent of the focus. Active case-finding was implemented from 1985 to 2004. The frequency
of surveys was based on parasitological prevalence: twice a year during intensified control, once a year during ordinary control and once every 2 years during the control consolidation phase, when the parasitological prevalence in the whole focus fell to 0.1%. From 1985 to 1999, the indirect immunofluorescent antibody test (IFAT) was used as an initial screening tool, followed by parasitological confirmation of IFAT positive cases, and the Card Agglutination Trypanosomiasis Test (CATT) if necessary. In 2000, the IFAT was replaced by the CATT. Serum-positive individuals without parasitological confirmation were subsequently tested on serial dilution. All cases underwent lumbar puncture to determine the stage of the disease. First-stage cases were treated with pentamidine and second-stage cases with melarsoprol. A few relapses and very advanced cases were treated with eflornithine. The last sleeping sickness case was identified and treated in 1995.

PMID: 16640616 [PubMed - indexed for MEDLINE]


The efficacy of sulfadoxine-pyrimethamine alone and in combination with chloroquine for malaria treatment in rural Eastern Sudan: the interrelation between resistance, age and gametocytogenesis.

A-Elbasit IE, Elbashir MI, Khalil IF, Alifrangis M, Giha HA.

Malaria Research Centre, Department of Biochemistry, University of Khartoum, Khartoum, Sudan.

OBJECTIVE: To compare the efficacy of sulfadoxine-pyrimethamine (SP)+chloroquine (CQ) combination treatment against falciparum malaria with SP treatment alone. METHOD: In-vivo study of 254 patients with uncomplicated Plasmodium falciparum malaria in rural eastern Sudan, where the population is semi-immune. RESULTS: Sulfadoxine-pyrimethamine treatment alone cured 68.3% (41/60) and SP+CQ cured
Early and late treatment failures occurred in both treatment groups. Host age (as a marker for immunity) and parasite gametocytogenesis (as a marker for transmissibility) were significantly associated with SP resistance. Patients who were cured were significantly older (median age 21 years) than patients whose treatment failed (median age 12 years). Gametocyte production was significantly higher in patients with treatment failure (0.72 vs 0.45) and associated with younger age. Gametocyte counts were comparable between both groups until day 7 of follow up; thereafter, they were significantly higher in patients with treatment failure. However, the longevity of gametocytes was comparable in both treatment groups. CONCLUSION: Chloroquine did not improve the parasite response to SP. Age was strongly associated with clearance of SP-resistant parasites. The fast rise of SP resistance may partially be due to selection of SP resistant parasites and expansion of the resistant population through the gametocytogenic effect of SP.

PMID: 16640612 [PubMed - indexed for MEDLINE]

Preventive health examinations: a comparison along the rural-urban continuum.

Larson S, Correa-de-Araujo R.

Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Rockville, Maryland 20850, USA. sharon.larson@samhsa.hhs.gov

In this analysis, Medical Expenditure Panel Survey data from 2000 were used to examine differences in reports of preventive health service utilization in 4 types of counties: large metropolitan counties, small metropolitan counties, counties adjacent to metropolitan places, and counties not adjacent to metropolitan areas or with fewer than 10,000 residents. Women from counties with
10,000 or fewer residents and not adjacent to a metropolitan county, classified as rural residents, were less likely to report a number of preventive health examinations during the previous 2 years. Rural women were less likely to obtain blood cholesterol tests, dental exams, and mammograms during the previous 2 years when compared to women from large metropolitan counties. Rural women were more likely to obtain blood pressure checks during the previous year when compared to the metropolitan women. Findings for exams that occurred during the preceding 1- and 2-year periods are reported for blood pressure checks, blood cholesterol checks, physical exams, colon cancer screening, dental exams, breast exams, mammograms, and Pap smears.

PMID: 16638524 [PubMed - indexed for MEDLINE]


Oral health status of vulnerable groups in a village of the Central Highlands, southern Vietnam.

Uetani M, Jimba M, Kaku T, Ota K, Wakai S.

Department of International Community Health, The University of Tokyo, Tokyo, Japan.

OBJECTIVES: Oral health status of vulnerable people in developing countries tends to be given lower priority than other health issues. Consequently, few studies have examined the oral health status of the poor and minorities in developing countries. We aim to examine the dental caries and periodontal status, and explore the risk indicators of dental caries between two ethnic groups in rural villages in southern Vietnam. METHODS: We examined the caries status and its risk indicators of 150 participants (Co-Ho minority and Kinh majority) living in a hamlet of Dangphuong village in Vietnam. We also assessed periodontal status of the participants aged 14 and over by Community Periodontal
Index. RESULTS: We first found that dental caries were highly prevalent among both the Co-Ho minority and Kinh majority groups. Second, the higher numbers of dental caries among children with primary teeth were associated with a higher frequency of consuming sweets. Third, most people (87%) aged 14 and over had periodontal problems. Finally, the Kinh majority tended to have more dental caries than Co-Ho among people aged less than 30. CONCLUSION: Oral health promotion should be considered as a part of the development programmes for vulnerable groups in Vietnam and other developing countries.

PMID: 16637908 [PubMed - indexed for MEDLINE]

Comparison of cancer incidence in Iran and Iranian immigrants to British Columbia, Canada.


Shaheed Beheshti University of Medical Sciences, Tehran, PO Box 19395-4719, Iran. parvinyavari@yahoo.com

Migrant studies provided strong evidence about the role of environment and life style in cancer risk. Iran has experienced many immigrants to other countries with different cultures and environment. This study compares cancer incidence rates in Iran, Iranian immigrants to British Columbia (BC), Canada, and the BC general population. Cancer incidence rates were computed from two population-based cancer registries in Iran and from the BC cancer registry. A listing of common Iranian surnames and given names was produced to identify Iranian immigrants within the BC cancer registry. Age-standardized rates (ASRs) were calculated using mid year census data. The overall cancer incidence rate for Iranian female immigrants was intermediate between rates for Iran and the BC
general population, and the rate for Iranian male immigrants was lower as compared to the other population groups. For female Iranian immigrants, the incidence of breast cancer was increased four-fold, and for colorectal cancer two-fold, as compared to Iranian rates. A dramatic decrease was found in the incidence of both stomach and oesophageal cancers for Iranian immigrants of both sexes. For male Iranian immigrants, the incidence of prostate cancer was increased as compared to Iranian rates. Differences in incidence rates of specific cancers were observed between BC Iranian immigrants and Iran, with cancer patterns in Iranian immigrants being more similar to the BC general population. This warrants further investigation into differences in lifestyle and cancer detection.

PMID: 16629522 [PubMed - indexed for MEDLINE]


A study of childhood attendance at emergency departments in the West Midlands region.

Downing A, Rudge G.

Centre for Epidemiology & Biostatistics, University of Leeds, UK.
a.downing@leeds.ac.uk

Introduction: Research into childhood attendance at EDs in the UK has focused mainly on injury rather than medical conditions and studies have been relatively small. This study looks at all types of ED attendance by children across a large population. Data and METHODS: Routine data on all new attendances by children under 16 years were available for 12 EDs in the West Midlands (period: 1 April 2002 to 31 March 2004, 365 695 records). The data were split into four age groups (<1, 1-4, 5-9, and 10-15 years). RESULTS: Injury related conditions increased with age (with the exception of head injury). Respiratory and
gastrointestinal were the most common medical conditions decreased with age. 11.5% of children were admitted to hospital and this varied from 8.2% (10-15 years) to 24.2% (<1 year). CONCLUSIONS: This study has shown substantial variations in ED attendance by age and has given an insight into the variation among hospitals. This is the largest study of childhood ED attendance undertaken in the UK, and it is hoped that the questions raised will prompt more research in this field.

Publication Types:
Multicenter Study

PMID: 16627844 [PubMed - indexed for MEDLINE]
Anciona Juarez Arrosco.

Proechel S.
serafinajp@netzero.net
PMID: 16623157 [PubMed - indexed for MEDLINE]
35: Midwifery Today Int Midwife. 2006 Spring;(77):47.
Red Internacional de Parteras Independientes (RIPI).
Alonso C.
Luna Maya Birth Center.
PMID: 16623155 [PubMed - indexed for MEDLINE]
Prevalence and causes of blindness and visual impairment in Muyuka: a rural health district in South West Province, Cameroon.
Oye JE, Kuper H, Dineen B, Befidi-Mengue R, Foster A.
Sight Savers International Eye Care Project, Limbe, Cameroon.
jenyegueoye@yahoo.com

AIM: To estimate the prevalence and causes of blindness and visual impairment in
the population aged 40 years and over in Muyuka, a rural district in the South West Province of Cameroon. METHODS: A multistage cluster random sampling methodology was used to select 20 clusters of 100 people each. In each cluster households were randomly selected and all eligible people had their visual acuity (VA) measured by an ophthalmic nurse. Those with VA <6/18 were examined by an ophthalmologist. RESULTS: 1787 people were examined (response rate 89.3%). The prevalence of binocular blindness was 1.6% (95% CI: 0.8% to 2.4%), 2.2% (1.1% to 3.1%) for binocular severe visual impairment, and 6.4% (5.0% to 7.8%) for binocular visual impairment. Cataract was the main cause of blindness (62.1%), severe visual impairment (65.0%), and visual impairment (40.0%). Refractive error was an important cause of severe visual impairment (15.0%) and visual impairment (22.5%). The cataract surgical coverage for people was 55% at the <3/60 level and 33% at the <6/60 level. 64.3% of eyes operated for cataract had poor visual outcome (presenting VA<6/60). CONCLUSIONS: Strategies should be developed to make cataract services affordable and accessible to the population in the rural areas. There is an urgent need to improve the outcome of cataract surgery. Refractive error services should be provided at the community level.

PMID: 16622082 [PubMed - indexed for MEDLINE]
insecurity experience that goes beyond insufficient food quantity and that transcends culture. The paper for the first time employs an exploratory approach to identify cross-cultural commonalities of the food insecurity experience as captured in 22 scales and related ethnographies derived from 15 different countries. The constant comparative method was used to code elements of the food insecurity experience expressed in the ethnographies and to regroup them into domains and subdomains. This typology was then applied to ascertain which experiential domains and subdomains were measured (or not) across all 22 studies. Survey data from 11 of the studies were then analyzed to assess similarities in the relative frequency with which culturally diverse households responded to questionnaire items related to these common domains/subdomains. The analysis confirmed that insufficient food quantity, inadequate food quality, and uncertainty and worry about food were a significant part of the food insecurity experience in all sampled cultures; concerns about social unacceptability emerged in all ethnographic accounts. Several subdomains were identified, such as concern over food safety and meal pattern disruption, with potentially important consequences for physical and psychological well-being. The comparative survey data showed that the relative frequency at which populations responded to domain-related questionnaire items was similar across all but a few cultures. Future food insecurity assessments should consider these core domains and subdomains as the starting point for measures that can generate rich information to inform food security policies and programs.

PMID: 16614441 [PubMed - indexed for MEDLINE]


Household and community socioeconomic influences on early childhood malnutrition in Africa.

Fotso JC, Kuate-Defo B.
PRONUSTIC Research Laboratory and Department of Demography, University of Montreal, Canada.

This paper uses multilevel modelling and Demographic and Health Survey data from five African countries to investigate the relative contributions of compositional and contextual effects of socioeconomic status and place of residence in perpetuating differences in the prevalence of malnutrition among children in Africa. It finds that community clustering of childhood malnutrition is accounted for by contextual effects over and above likely compositional effects, that urban-rural differentials are mainly explained by the socioeconomic status of communities and households, that childhood malnutrition occurs more frequently among children from poorer households and/or poorer communities and that living in deprived communities has an independent effect in some instances. This study also reveals that socioeconomic inequalities in childhood malnutrition are more pronounced in urban centres than in rural areas.

PMID: 16613617 [PubMed - indexed for MEDLINE]


Predictors of falls in a multiethnic population of older rural adults with diabetes.

Quandt SA, Stafford JM, Bell RA, Smith SL, Snively BM, Arcury TA.

Department of Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, North Carolina 27157-1063, USA. squandt@wfubmc.edu

BACKGROUND: Falls are a recognized danger for older adults with diabetes. Persons in rural communities with diabetes may face additional risks from falling due to environmental and activity differences. METHODS: Data were
obtained in a cross-sectional survey of a stratified random sample of 691 community-dwelling adults (42.7% white, 31.4% African American, and 25.9% Native American) at least 65 years old with two or more Medicare claims for diabetes in 1998-2000, living in two rural counties in North Carolina. Falls data were self-reported for the previous year. Demographic data, foot-related symptoms, diabetes medications, and other health characteristics were reported. RESULTS: Three hundred two persons (43.7%) reported falling at least once, including 171 (26.2%) who experienced two or more (frequent) falls. Frequent fallers were more likely to be male (odds ratio [OR] = 1.76; 95% confidence interval [CI] = 1.17, 2.66), report tingling or numbness in feet (OR = 1.75; 95% CI = 1.13, 2.70), have had a stroke (OR = 1.81; 95% CI = 1.19, 2.76), have longer duration of diabetes (OR = 1.21; 95% CI = 1.00, 1.47), have lower physical functioning (OR = 0.97; 95% CI = 0.96, 0.99) and mobility (OR = 0.89; 95% CI = 0.82, 0.96), and take a greater number of prescription medications (OR = 1.07; 95% CI = 1.01, 1.13). CONCLUSIONS: For rural older adults with diabetes, falls history should be screened to identify those at risk. Further research should investigate unique environmental factors contributing to falls for rural elderly persons.

PMID: 16611707 [PubMed - indexed for MEDLINE]


High tea consumption diminishes salivary 17beta-estradiol concentration in Polish women.

Kapiszewska M, Miskiewicz M, Ellison PT, Thune I, Jasienska G.

Department of General Biochemistry, Faculty of Biotechnology, Jagiellonian University, Gronostajowa 7, 30-387 Krakow, Poland. mkapisz@if.uj.edu.pl

We hypothesized that among reproductive-age women consuming large quantities of
tea, the production of estradiol would be suppressed. It has been shown that catechins and theaflavines, the major constituents of tea, inhibit aromatase, an enzyme which catalyses the conversion of androgens to oestrogens. Our study included Polish women living in urban (n 61) and rural (n 48) areas. Women collected daily saliva samples for one complete menstrual cycle and filled out dietary questionnaires. Saliva samples were analysed by RIA for concentration of 17beta-estradiol (E2). Women with high (above the median) average daily consumption of black tea had reduced levels of salivary E2 in comparison with women who drank less black tea (below the median). This effect was observed within the whole study group, as well as separately within urban (P=0.0006) and rural (P=0.013) groups. High intake of the sum of subclasses of tea catechins and epigallocatechin gallate, assessed using the United States Department of Agriculture database (http://www.nal.usda.gov), was also associated with lower concentrations of E2 within all women (P=0.01 and P=0.0001, respectively) and within the urban group (P=0.0001 and P=0.004, respectively). Similar relationships were observed between the sum of subclasses of theaflavines and thearubigines and E2 levels for the whole group (P=0.002) and for urban women (P=0.02). Women with high consumption of tea had lower levels of E2 concentration throughout the entire menstrual cycle. These results may have implications for reducing hormone-related cancer risk by a relatively easy dietary intervention.

PMID: 16611391 [PubMed - indexed for MEDLINE]


Examination of urine for bacteria and parasites among elder persons in the rural area, in Dammam District.

Al-Qurashi AM.
The asymptomatic bacteria and parasites in urines were studied in elder persons living in the rural areas of Dammam District. Complete history taking, clinical examination, urine analysis and culture, blood glucose level and haemoglobins in gm were performed for 43 elders of both sexes. The bacteria detected in urine in a descending order were Klebsiella sp. Staphyloccocus sp., Escherichia coli and Pseudomonas sp. The parasites detected were only Trichomonas vaginalis in three diabetic females. No doubt, regular urine examination is a must for the elders in rural areas.

PMID: 16605119 [PubMed - indexed for MEDLINE]

Potential for HIV transmission through unsafe injections.


Tulane National Primate Research Center, Covington, LA 70433, USA.

We tested for HIV in discarded needles and syringe washes from 191 HIV-infected patients receiving injections in rural Cameroon. HIV-1 RNA was amplified from 34 of 103 intravenous injection syringes and two of 88 intramuscular injection syringes. All 36 strains were HIV-1 group M. The majority belonged to the circulating recombinant form CRF02 (IbNg). Our data support a role for unsafe injections in the spread of HIV-1 in Africa, in contrast to recent studies.

PMID: 16603865 [PubMed - indexed for MEDLINE]

OBJECTIVES: Higher educational attainment has been associated with a greater risk of HIV infection in sub-Saharan Africa. We investigated change over time in HIV prevalence by educational attainment in the general population. METHODS: The data stem from serial population-based HIV surveys conducted in selected urban and rural communities in 1995 (n = 2989), 1999 (n = 3506) and 2003 (n = 4442). Analyses were stratified by residence, sex and age-group. Logistic regression was used to estimate age-adjusted odds ratio of HIV between low (< or = 4 school years) and higher education (> or = 8 years) for the rural population and between low (< or = 7 school years) and higher education (> or = 11 years) for the urban population. RESULTS: There was a universal shift towards reduced risk of HIV infection in groups with higher than lower education in both sexes among urban young people [odds ratio (OR), 0.20; 95% confidence interval (CI), 0.05-0.73] in men and (OR, 0.33; 95% CI, 0.15-0.72) in women. A similar pattern was observed in rural young men (OR, 0.17; 95% CI, 0.05-0.59) but was less prominent and not statistically significant in rural women. In age 25-49 years, higher educated urban men had reduced risk in 2003 (OR, 0.43; 95% CI, 0.26-0.72) but this was less prominent in women. CONCLUSIONS: The findings suggested a shift in the association between educational attainment and HIV infection between 1995 and 2003. The most convincing sign was the risk reduction among more educated younger groups where most infections can be assumed to be recent. The changes in older groups are probably largely influenced by differential mortality rates. The stable risk among groups with lower education might also indicate limitations in past preventive efforts.
Regional differences in multidimensional aspects of health: findings from the MRC cognitive function and ageing study.

Matthews FE, Miller LL, Brayne C, Jagger C; Medical Research Council Cognitive Function and Aging Study (MRC CFAS).

MRC Biostatistics Unit, Institute of Public Health, Cambridge, CB2 2SR, UK.
fiona.matthews@mrc-bsu.cam.ac.uk

BACKGROUND: Differences in mortality and health experience across regions are well recognised and UK government policy aims to address this inequality.

Methods combining life expectancy and health have concentrated on specific areas, such as self-perceived health and dementia. Few have looked within country or across different areas of health. Self-perceived health, self-perceived functional impairment and cognitive impairment are linked closely to survival, as well as quality of life. This paper aims to describe regional differences in healthy life expectancy using a variety of states of health and wellbeing within the MRC Cognitive Function and Ageing Study (MRC CFAS).

METHODS: MRC CFAS is a population based study of health in 13,009 individuals aged 65 years and above in five centres using identical study methodology. The interviews included self-perceived health and measures of functional and cognitive impairment. Sullivan's method was used to combine prevalence rates for cognitive and functional impairment and life expectancy to produce expectation of life in various health states.

RESULTS: The prevalence of both cognitive and functional impairment increases with age and was higher in women than men, with marked centre variation in functional impairment (Newcastle and Gwynedd highest impairment). Newcastle had the shortest life expectancy of all the sites,
Cambridgeshire and Oxford the longest. Centre differences in self-perceived health tended to mimic differences in life expectancy but this did not hold for cognitive or functional impairment. CONCLUSION: Self-perceived health does not show marked variation with age or sex, but does across centre even after adjustment for impairment burden. There is considerable centre variation in self-reported functional impairment but not cognitive impairment. Only variation in self-perceived health relates to the ranking of life expectancy. These data confirm that quite considerable differences in life experience exist across regions of the UK beyond basic life expectancy.

Publication Types:
Multicenter Study

PMID: 16600044 [PubMed - indexed for MEDLINE]

45: Sex Transm Infect. 2006 Apr;82(2):175-81.

Identification of chlamydia and gonorrhoea among women in rural Haiti: maximising access to treatment in a resource poor setting.


ScD, Harvard Medical School, Department of Social Medicine, Program in Infectious Disease and Social Change (PIDSC), 641 Huntington Avenue, Boston, MA 02115, USA. mksfawzi@msn.com

OBJECTIVE: To develop a risk assessment algorithm that will increase the identification and treatment of women with cervical infection in rural Haiti.

METHODS: Study participants were randomly selected from new patients who accessed services at a women's health clinic in rural Haiti between June 1999 and December 2002. This case-control study included women who tested positive for chlamydia and/or gonorrhoea based on the Gen-Probe PACE 2 laboratory test as
cases. Controls were women who tested negative for both of these infections.

RESULTS: Women from this area of rural Haiti had a limited level of education and lived in impoverished housing conditions. The sensitivity estimates of Haitian Ministry of Health and WHO algorithms for detecting chlamydia and/or gonorrhoea were generally low (ranging from 16.1% to 68.1%) in this population. Risk scores based on logistic regression models of local risk factors for chlamydia and gonorrhoea were developed and sensitivity estimates were higher for algorithms based on these risk scores (up to 98.8%); however, specificity was compromised. CONCLUSIONS: A risk assessment algorithm to identify women with chlamydia and/or gonorrhoea is more sensitive and less specific than the syndromic management approach advocated by WHO and adapted by the Haitian Ministry of Health. Using a risk assessment tool with high sensitivity based on local risk factors of cervical infection will maximise access to care, improve outcomes, and decrease morbidity in women who have cervical infection in rural Haiti.

PMID: 16581750 [PubMed - indexed for MEDLINE]


The HIV related risks among men having sex with men in rural Yunnan, China: a qualitative study.

Wong WC, Zhang J, Wu SC, Kong TS, Ling DC.

Department of Community and Family Medicine, Chinese University of Hong Kong, Room 408, School of Public Health, Prince of Wales Hospital, Shatin Hong Kong, Hong Kong. cwwong@cuhk.edu.hk

OBJECTIVES: To explore the characteristics and issues specific to HIV related risk behaviours among men who have sex with men (MSM) in rural China. METHOD: Qualitative study using semistructured in-depth interviews in Dali prefecture,
Yunnan. 24 informants recruited through a local MSM network, snowballing and by word of mouth. The main outcome measures were themes identified as increased exposures and risks to HIV. RESULTS: Risk behaviour, social stigma, one child policy and concepts of traditional Chinese medicine (TCM) had significant roles in the spread of HIV in rural China. Many MSM lead a life with double identities in China and condom use was found to be variable with attempts to "rationalise" the risky behaviour being its major determining factor. Health seeking behaviours of genitourinary problems were infrequent and illogical, which were further held back by the existing healthcare system and lack of sensitivity expressed by the health professionals. CONCLUSIONS: Clear education messages to the general public while raising awareness among health professionals of the health risks and needs in MSM are essential in the prevention of the current HIV epidemic.

PMID: 16581737 [PubMed - indexed for MEDLINE]


Methamphetamine: putting the brakes on speed.

Gettig JP, Grady SE, Nowosadzka I.

Midwestern University Chicago College of Pharmacy, Downers Grove, IL, USA.

In only recent history, illicit use of methamphetamine, once isolated to urban areas on the West Coast, has spread into rural areas of the Midwest and southern United States. Although past and current methamphetamine legislation has increased penalties for methamphetamine manufacturers and tightened restrictions on sales of known precursors, the problem still persists. In fact, a 2004 survey indicates that an alarming 6.2% of high school seniors have tried
methamphetamine. A number of biological, genetic, and environmental factors influence children's and adolescents' paths to substance abuse. Nurses should recognize the symptoms of methamphetamine abuse, which include agitation; aggressive behavior; rapid mood swings; hypertension; tachycardia; and eventually lesion-marked skin, clinical depression, and paranoid psychosis.

Treatment for methamphetamine addiction includes behavioral therapy. Research on pharmacologic therapy is lacking. Educating youth on methamphetamine prevention appears to be the best approach to curb the spreading use of this addictive and deadly drug.

Publication Types:
Review

PMID: 16563028 [PubMed - indexed for MEDLINE]


[Role of the physician in recognition of causes and circumstances of alcohol abuse by patients in general rural dispensaries. Functioning model of health care of alcohol abuse patients and optimal model (Part II)]

[Article in Polish]

Wloch K.

Z Zakładu Zarzadzania i Ekonomiki Ochrony Zdrowia Akademii Medycznej w Lublinie.

The analysis of the role of physicians in general rural dispensaries give similar results to that of general dispensaries. There is shortage with respect to the recognition of needs and quality of care of alcohol abusing patients among primary health care physicians. However, the physicians in general rural dispensaries choose cooperation with alcohol abusing patients treating organizational units as specialistic ones. The physicians in the primary health care show very little care about alcohol abusing patients not organizing
therapy, not coordinating prophylaxis and not solving problems connected with alcohol abuse. They do not participate in works of local clubs and associations promoting the effects of therapies. The importance of abstainer groups is emphasized. In the suggested model the physician plays an important role as a participant and coordinator of abstainer clubs and associations.

PMID: 16529060 [PubMed - indexed for MEDLINE]


Urban-rural differences in the prevalence of foot complications in South-Indian diabetic patients.

Viswanathan V, Madhavan S, Rajasekar S, Chamukuttan S, Ambady R.
Diabetes Research Centre No. 4, Main Road, Royapuram, Chennai 600 013, India.
dr_vijay@vsnl.com

PMID: 16505531 [PubMed - indexed for MEDLINE]


Diet and nutritional status of adolescent tribal population in nine states of India.

Rao KM, Laxmaiah A, Venkaiah K, Brahman GN.
National Institute of Nutrition, Indian Council of Medical Research, Jamai-Osmania, Hyderabad, India. malliknin@yahoo.co.in

Tribal population constitutes about 8% of the total population in India. They are particularly vulnerable to undernutrition, because of their geographical isolation, socio-economic disadvantage and inadequate health facilities. Recognizing the problem, Government of India launched different programmes for their welfare. Adolescence is a significant period of growth and maturation. The nutritional status of adolescent girls, the future mothers, contributes
significantly to the nutritional status of the community. Therefore an attempt was made to assess the diet and nutritional status of adolescent population from the different tribal areas of India. The available database collected by National Nutrition Monitoring Bureau (1998-99) was utilized for this purpose. Data on a total of 12,789 adolescents (10-17 yrs) was included for the analysis. Four percent of the adolescent girls were married and less than 1% were either pregnant (0.4%) or lactating (0.7%) at the time of the survey. The mean intake of all the foodstuffs, especially the income elastic foods such as Pulses, Milk & Milk products, Oils & fats and Sugar & Jaggery were lower than the recommended levels of ICMR. The intake of all the foodstuffs except green leafy vegetables was lower than that of their rural counterparts. The intake of all the nutrients were below the recommended level, while that of micronutrients such as iron, vitamin A and riboflavin were grossly inadequate in all the age and sex groups. About 63% of adolescent boys and 42% of girls were undernourished (< 5th BMI age percentiles of NHANES). A significant association between undernutrition and socio-economic parameters like type of family, size of land holding and occupation of head of household was observed. Therefore, there is a need to evolve comprehensive programmes for the overall development of tribal population with special focus on adolescents.

PMID: 16500880 [PubMed - indexed for MEDLINE]


Zoophilic Anopheles quadriannulatus species B found in a human habitation in Ethiopia.

Pates HV, Takken W, Curtis CF, Jamet H.

Amani Medical Research Centre, P.O. Box 81, Muheza, Tanzania. helen@satconet.net

PMID: 16492366 [PubMed - indexed for MEDLINE]
The effects of quarry mining on the epidemiology of Schistosoma haematobium in schoolchildren, in Ishiagu, south-eastern Nigeria.

Nduka FO, Etusim PE, Nwaugo VO, Oguariri RM.

Department of Zoology, School of Biological Sciences, Abia State University, P.M.B. 2000, Uturu, Abia State, Nigeria.

Over the last two decades there has been a noticeable increase in the activities of quarry-mining companies in the Ishiagu area of south-eastern Nigeria. These activities have produced an ever-growing number of abandoned quarry pits that usually quickly fill with water and appear to become suitable habitats for the freshwater snails that may act as intermediate hosts of Schistosoma haematobium.

To examine the potential role of quarry mining on the prevalence of urinary schistosomiasis caused by S. haematobium, urine samples were collected from 1819 schoolchildren in northern Ishiagu (an area with intense mining activities and many quarry pits) and from 252 schoolchildren in southern Ishiagu (an area with no mining activity or quarry pits). When these 2071 samples were checked for schistosome eggs, 1005 (48.5%) were found positive and 252 (25.1%) of the infected children showed visible haematuria. The children from northern Ishiagu were much more likely to be infected than the children from the south (53.3% v. 13.9%; P<0.001). Curiously, only the children from northern Ishiagu showed a gender-related difference in prevalence that was statistically significant, with boys more likely to be infected than girls (60.9% v. 38.5%; P<0.001). Although the 'children' investigated varied in age from 5 to 20 years, no statistically significant increase or decrease in prevalence with age was apparent. Four species of snails (Bulinus globosus, B. rohlfsi, B. forskalii and B. senegalensis) were found in the overall study area but B. globosus was only
found in the quarry pits in northern Ishiagu and never in the water bodies of southern Ishiagu. It does appear that quarry-mining activity in the Ishiagu area is a factor in the local epidemiology of urinary schistosomiasis, with the water bodies that form in the abandoned quarry pits serving as the principal foci of transmission.

PMID: 16492363 [PubMed - indexed for MEDLINE]


Taenia solium: the complex interactions, of biological, social, geographical and commercial factors, involved in the transmission dynamics of pig cysticercosis in highly endemic areas.


Facultad de Medicina Veterinaria y Zootecnia, Universidad Nacional Autonoma de Mexico, A.P. 70228, Mexico, Distrito Federal 04510, Mexico.

If a programme for the control of pig cysticercosis is to be effective it has to be based on good data on the local epidemiology of Taenia solium. In 2002-2003, in a cross-sectional study of pig cysticercosis in the Mexican state of Morelos, 1747 pigs that had been born and reared in rural areas of the state were checked for T. solium infection by tongue inspection. The prevalence of cysticercosis in the pigs was found to vary from 0% to 30% according to the municipality from which the pigs came. Although prevalence appeared to be unaffected by the socio-economic status of the municipality, it was relatively high in areas that lacked latrines, and in pigs that were castrated, pregnant and/or of the native (rather than an imported) breed. The results of questionnaire-based interviews with pig owners revealed that most (64.5%) of the rural pigs, whether infected or not, are slaughtered and consumed within the locality where they were reared.
The other pigs are sold at low prices to organised traffickers who take the uninspected pigs to neighbouring urban areas for sale. The observed complexity in the factors affecting the transmission of T. solium to the pigs of Morelos state calls for an intervention strategy of matching complexity, initially targeted at those villages with the highest prevalences of pig cysticercosis. The road transport of pigs needs to be better regulated, and the vaccination and genetic improvement of the rural pigs, and delaying the castration of the boars, should all be considered.

PMID: 16492360 [PubMed - indexed for MEDLINE]


Serum copper in rural women taking combined oral contraceptive.

Akhter S, Shamsuzzaman AK, Banarjee M, Seema SA, Deb K.

Mymensingh Medical College.

This prospective case-control study included 78 women between 15 to 45 years of age from rural area to see changes in serum copper level as a consequence of oral contraceptive use. Among the subjects, 34 women were included as controls because of not taking any form of hormonal contraceptives neither during the time of selection nor during one-year period prior to the study. Women in the control group were motivated to consume oral pill (Sukhi) for 3 consecutive cycles. At the 3(rd) month, 25 such women became available and henceforth included as cases on longitudinal basis. Another 44 women were randomly selected as cases on the basis of using combined oral contraceptives (Sukhi) for a duration of 4 months onwards. Considering different duration of oral contraceptive (OC) use, subjects were grouped as follows: Group I (n=34)--> controls, Group II (n=25)--> 3 months, Group III (n=17)--> 4 months - 2 years and Group IV (n=27)--> >2 years. Finally, 103 samples of blood (34 from controls
and 69 from oral contraceptives users) were collected for estimation of Serum Copper (mg/dl) by Atomic Absorption Spectrometry using UNICAM-AA Spectrometer. Mean+/−SD of Serum Copper significantly increased in all 3 contraceptive groups in comparison to controls (p<0.001). Further study including larger population from rural area was recommended to see correlation among serum copper and other trace elements with side effects of hormonal contraceptives. This preliminary study tried to explore the possibility of establishing biochemical monitoring of serum trace elements in OC users.

PMID: 16467758 [PubMed - indexed for MEDLINE]


[Telemedicine Anahuac. Educational system and health promotion activities]

[Article in Spanish]


Programa de Telemedicina Anahuac, Escuela de Medicina, Universidad Anahuac, Av. Universidad Anahuac s/n, Col. Lomas Anahuac, Huixquilucan, 52786 Estado de Mexico.

Rural telemedicine began in the 1950s in the Papago, Arizona Reservation with the program Starphac. The Anahuac University began the program in 2002. In the Anahuac, the project was developed to provide specialty consultations in a virtual way to a highly marginalized population, creating clinical fields of high technology and fulfilling social obligations. The program began in Guerrero and was complemented with video conferences to an open population, courses to general physicians, continuing medical education, activities to promote health, and emergency disaster plans. From May 2002 until the end of 2004, 11,576 general consults have been provided and 2,420 specialty consults. The most
frequent diagnoses in surgery were peptic ulcer disease, cholecystitis, diabetic foot and superficial venous insufficiency. The telemedicine program has allowed us to bring high specialty consults with great productivity, efficiency, less wait time and cost-benefit impact, along with a high quality of humane care. Resident physicians do their social service in a positive manner, with a permanent consultation office and a program of continuing medical education.

PMID: 16454964 [PubMed - indexed for MEDLINE]


Knowledge on gingivitis and oral hygiene practices among secondary school adolescents in rural and urban Morogoro, Tanzania.

Masanja IM, Mumghamba EG.

Department of Restorative Dentistry, School of Dentistry, Muhimbili University College of Health Sciences (MUCHS), Dar Es Salaam, Tanzania.

OBJECTIVES: To assess and compare knowledge on gingivitis and oral hygiene practices among rural and urban secondary school students. DESIGN: A cross-section descriptive study involving secondary school students aged between 13 and 17 years in Morogoro rural and urban districts. METHODS: Questionnaire was used to collect information about knowledge on causes, signs, symptoms, complications, treatment modalities and prevention of gingivitis, as well as on oral hygiene practices. RESULTS: A total of 196 students participated in this study, of which 58.7% were females, and 52% were from urban schools. The responses were graded into three criteria namely 'lack of knowledge', 'partial knowledge' and 'total or full knowledge'. There was a partial knowledge about gingivitis and full knowledge of the basic oral hygiene measures among secondary school teenagers. The difference between rural and urban residence on the level
of understanding was statistically significant in relation to tooth brushing practices (P = 0.0088), necessity of using toothpaste (P = 0.0204), reasons for using toothpaste (P = 0.0057), signs and symptoms of gingivitis (P = 0.0261) and treatment of gingivitis (P = 0.0106). However, there were no statistically significant differences in distribution of study participants, understanding of tooth brushing practices, reasons for tooth brushing, causes, prevention and complications of gingivitis. CONCLUSION: Secondary school teenagers have partial knowledge about gingivitis and a good knowledge of the basic oral hygiene measures necessary to maintain proper oral health. A small difference on knowledge in specific areas was noted among rural and urban respondents.

PMID: 16451492 [PubMed - indexed for MEDLINE]


Effect of telemedicine on patients' diagnosis and treatment.

Bynum AB, Cranford CO, Irwin CA, Banken JA.

University of Arkansas for Medical Sciences, Little Rock, Arkansas 72204-1611, USA. bynumcarola@uams.edu

We conducted a post-consultation survey during 1998-2002 (n = 412 consultations) in the Rural Hospital Telehealth Project run by the University of Arkansas for Medical Sciences. Changes in the patient's diagnosis and treatment plan as a result of the telemedicine session were assessed. There were 47 consultants, who conducted 2-82 consultations each. The teleconsultants established a diagnosis in 74 consultations. This was 26% of the 286 respondents. Of the 63 respondents for cases where there was a prior diagnosis and a change was applicable, 17 consultants (27%) reported that there was a change in the patient's diagnosis. The consultants established a patient treatment plan in 139 consultations. This
was 52% of the 268 respondents. Of the 123 respondents for cases where there was a prior treatment plan and a change was applicable, 82 (67%) consultants reported a change in the treatment plan. The changes in diagnosis and management imply benefits for the rural population in Arkansas as a result of the use of telemedicine.

PMID: 16438778 [PubMed - indexed for MEDLINE]


Remote ophthalmology services: cost comparison of telemedicine and alternative service delivery options.

Kumar S, Tay-Kearney ML, Chaves F, Constable IJ, Yogesan K.

Centre of Excellence in e-Medicine, University of Western Australia, Australia.
sajeesh@cyllene.uwa.edu.au

We calculated the cost of an established tele-ophthalmology service, from a health-provider's perspective, and compared this with the cost of three other existing eye-care service delivery options. During a 12-month study period, 118 persons took part in the tele-ophthalmology consultations between a rural clinic located approximately 900 km from the Lions Eye Institute in Perth. The variable costs of tele-ophthalmology were 166.89 dollars (Australian dollars) per patient, and the alternatives cost 445.96 dollars, 271.48 dollars and 665.44 dollars per patient. Tele-ophthalmology incurred a set-up cost of 13,340 dollars. The threshold at which tele-ophthalmology became cheaper than any of the alternative options occurred at a workload of 128 patients. Tele-ophthalmology offers a viable alternative to conventional eye-care service in rural and remote areas.

PMID: 16438774 [PubMed - indexed for MEDLINE]


Telemedicine for acute burn treatment: the time has come.
Saffle JR.

Burn-Trauma Intensive Care Unit, University of Utah Health Center, Salt Lake City, Utah 84132, USA. Jeffrey.Saffle@hsc.utah.edu

This brief paper sets out the arguments for the routine use of telemedicine in the evaluation of burns. Two cases are reported from the author's practice that show the need for it.

PMID: 16438771 [PubMed - indexed for MEDLINE]


Gender differences in dietary intake among adults of Hindu communities in lowland Nepal: assessment of portion sizes and food consumption frequencies.

Sudo N, Sekiyama M, Maharjan M, Ohtsuka R.

Department of Health Promotion and Research, National Institute of Public Health, Wako-shi, Saitama Prefecture, Japan. norikosu@niph.go.jp

OBJECTIVE: To elucidate gender differences in dietary intake among adults in lowland Nepalese communities. SUBJECTS AND METHODS: For 122 male and 195 female subjects aged 20 years and over from 94 randomly selected households, interviews using a 19-item food frequency questionnaire were conducted. To determine the portion sizes of these foods, the samples consumed by 56 subjects in a full 1-day period were weighed. Energy expenditure was estimated by time spent on daily activities. RESULTS: Gender differences in per-day energy and protein intakes were related to sex differences in body size and energy expenditure. Apparent gender differences in the crude intakes disappeared when they were expressed by nutrient density (mg or microg/MJ) since micronutrient intakes were significantly correlated with energy intake. However, males' iron intake was larger even after adjustment for energy intake, attributing to their larger
portion sizes of commonly consumed staple foods and higher frequencies of consuming luxury foods (fish and tea). CONCLUSION: The intrahousehold unequal distribution of food incurs risk of iron deficiency among female subjects. SPONSORSHIP: This study was financially supported by the Ajinomoto Foundation for Dietary Culture and the Alliance for Global Sustainability Program.

PMID: 16391580 [PubMed - indexed for MEDLINE]


Health and demographic surveillance in rural western Kenya: a platform for evaluating interventions to reduce morbidity and mortality from infectious diseases.


Centers for Disease Control and Prevention/Kenya Program, Nairobi, Kenya.

We established a health and demographic surveillance system in a rural area of western Kenya to measure the burden of infectious diseases and evaluate public health interventions. After a baseline census, all 33,990 households were visited every four months. We collected data on educational attainment, socioeconomic status, pediatric outpatient visits, causes of death in children, and malaria transmission. The life expectancy at birth was 38 years, the infant mortality rate was 125 per 1000 live births, and the under-five mortality rate was 227 per 1,000 live births. The increased mortality rate in younger men and women suggests high human immunodeficiency virus/acquired immunodeficiency syndrome-related mortality in the population. Of 5,879 sick child visits, the most frequent diagnosis was malaria (71.5%). Verbal autopsy results for 661 child deaths (1 month to <12 years) implicated malaria (28.9%) and anemia
(19.8%) as the most common causes of death in children. These data will provide a basis for generating further research questions, developing targeted interventions, and evaluating their impact.

PMID: 16354829 [PubMed - indexed for MEDLINE]


Chromosomal differentiation of Anopheles funestus from Luanda and Huambo Provinces, western and central Angola.

Boccolini D, Carrara GC, Dia I, Fortes F, Cani PJ, Costantini C.

Department of Infectious, Parasitic, and Immunomediated Diseases, Istituto Superiore di Sanita, Rome, Italy.

The chromosomal polymorphism of Anopheles funestus sensu stricto from Angola was analyzed from indoor-resting samples collected in 11 peri-urban and rural sites of the Luanda and Huambo Provinces, which are > 450 km apart and have distinct eco-climatic conditions. Five polymorphic paracentric inversions were observed (scored chromatids range = 202 to 248): 2Ra, 2Rh, 3Ra, 3Rb, and 3La. Inversions 3Rb and 3La were highly polymorphic; the 2Ra and 3Ra arrangements were absent in Luanda. No significant departures from Hardy-Weinberg and linkage equilibria were found at the locality, commune, or province level (sites < or= 50 km from each other), indicating panmixia in each locale. Pooling the Luanda and Huambo samples produced a Wahlund effect, with significant levels of genetic differentiation suggestive of restrictions to gene flow due to geographic distance. The observation that differentiation was limited to inversions 2Ra and 3Ra can also be interpreted as divergent selection acting on these chromosomal regions between populations from the two provinces.

PMID: 16354814 [PubMed - indexed for MEDLINE]

Changes in sexual behavior and risk of HIV transmission after antiretroviral therapy and prevention interventions in rural Uganda.


CDC-Uganda, Global AIDS Program, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Atlanta, GA, USA. rrb7@cdc.gov

BACKGROUND: The impact of antiretroviral therapy (ART) on sexual risk behavior and HIV transmission among HIV-infected persons in Africa is unknown. OBJECTIVE: To assess changes in risky sexual behavior and estimated HIV transmission from HIV-infected adults after 6 months of ART. DESIGN AND METHODS: A prospective cohort study was performed in rural Uganda. Between May 2003 and December 2004 a total of 926 HIV-infected adults were enrolled and followed in a home-based ART program that included prevention counselling, voluntary counseling and testing (VCT) for cohabitating partners and condom provision. At baseline and follow-up, participants' HIV plasma viral load and partner-specific sexual behaviors were assessed. Risky sex was defined as inconsistent or no condom use with partners of HIV-negative or unknown serostatus in the previous 3 months. The rates of risky sex were compared using a Poisson regression model and transmission risk per partner was estimated, based on established viral load-specific transmission rates. RESULTS: Six months after initiating ART, risky sexual behavior reduced by 70% [adjusted risk ratio, 0.3; 95% confidence interval (CI), 0.2-0.7; P = 0.0017]. Over 85% of risky sexual acts occurred within married couples. At baseline, median viral load among those reporting risky sex was 122 500 copies/ml, and at follow-up, < 50 copies/ml. Estimated risk of HIV transmission from cohort members declined by 98%, from 45.7 to 0.9 per 1000 person years. CONCLUSIONS: Providing ART, prevention counseling, and partner VCT was
associated with reduced sexual risk behavior and estimated risk of HIV transmission among HIV-infected Ugandan adults during the first 6 months of therapy. Integrated ART and prevention programs may reduce HIV transmission in Africa.

PMID: 16327323 [PubMed - indexed for MEDLINE]


Longitudinal trends of stomach cancer and esophageal cancer in Yangzhong County: a high-incidence rural area of China.

Wang JM, Xu B, Hsieh CC, Jiang QW.

Department of Epidemiology, School of Public Health, Fudan University, China.

OBJECTIVE: This study aims to investigate the recent trends in incidence rates of stomach cancer and esophageal cancer in a high-incidence rural area of China.

METHODS: All new cancer occurrences registered between 1991 and 2003 in the Yangzhong Cancer Registry were reviewed. Yearly age-specific and age-adjusted incidence rates were calculated for males and for females. Longitudinal trends of cancer incidence were estimated by the estimated annual percentage change method.

RESULTS: In total 12 691 incident cancer cases were registered, with 7159 males (56.41%) and 5532 females (43.59%). Adjusting to the world standard population, the incidence rate of all cancers decreased significantly across the period 1991-2003 from 357.02 to 283.21 per 10 person-years. For males this rate decreased from 447.22 to 346.72 per 10 person-years, and for females the incidence rate decreased from 284.36 to 225.73 per 10 person-years. The major cancers in Yangzhong County were stomach cancer and esophageal cancer, accounting for more than 70% of all cancer occurrences. During the past 13 years, the incidence rates of stomach cancer decreased greatly from 231.92 to 145.26 per 10 person-years in males and from 114.16 to 74.59 per 10 person-years.
in females. The estimated annual percentage changes of stomach cancer incidence were -2.96% [95% confidence interval (CI), -2.99% to -2.92%] in males and -2.86% (95% CI, -2.89% to -2.82%) in females. Incidence rates for esophageal cancer decreased slightly from 121.48 to 93.84 per 10 person-years in males with an estimated annual percentage change of -1.39% (95% CI, -1.42% to -1.36%), and from 99.74 to 73.73 per 10 person-years in females at an annual change of -2.18% (95% CI, -2.22% to -2.14%). CONCLUSION: Findings from this study showed that, although there is a decreasing trend of stomach cancer and esophageal cancer in this high-incidence area, the rates remain high. Future effort should be directed toward identifying factors behind the high rates and those contributing to the decreasing trend.

PMID: 16292087 [PubMed - indexed for MEDLINE]


A new strategy for CD4 T-cell monitoring of HIV-positive patients at remote facilities in Cambodia.


Publication Types: Letter

PMID: 16284477 [PubMed - indexed for MEDLINE]


Specific accumulation of organochlorines in human breast milk from Indonesia: levels, distribution, accumulation kinetics and infant health risk.


Center for Marine Environmental Studies, CMES, Ehime University, Matsuyama 790-8577, Japan.
This study determined concentrations of polychlorinated biphenyls (PCBs) and organochlorine compound (OC) pesticides in the milk samples of women from the general population in four locations of Indonesia. The most prevalent residues of OCs were DDTs, PCBs and hexachlorocyclohexane isomers (HCHs), whereas other OCs such as chlordane compounds (CHLs), tris(4-chlorophenyl)methane and hexachlorobenzene were lower. The levels of OCs varied between locations and individuals, with DDTs higher in suburban and rural areas than urban localities, may be due to the differences in food habits and sources between the individuals and locations. Data from Purwakarta site indicated continuing DDT exposure, which may confirm recent usage of DDT in Indonesia. A positive correlation was observed between concentration of OCs in human milk and age of mothers, primiparas women having higher OCs than multiparas, suggesting these parameters play an important role influencing the OC burdens in lactating women. Some individuals accumulated DDTs and HCHs in breast milk close to or even higher than the TDI (tolerable daily intake) guidelines proposed by Health Canada.

PMID: 15992976 [PubMed - indexed for MEDLINE]


[Effects of comprehensive interventions in community on smoking, chronic bronchitis, and asthma in rural areas of Beijing]

[Article in Chinese]

Xie GQ, Cheng XS, Xu XS, Xie BY, Li Y, Wu YF, Hao FX, Qin FJ.

Center for Diagnosis and Treatment of Pulmonary Vascular Disease, Fuwai Hospital, CAMS and PUMC, Beijing 100037, China.

OBJECTIVE: To study the effects of comprehensive interventions in community on smoking, chronic bronchitis, and asthma in rural areas of Beijing. METHODS:
Twenty-three villages in rural areas of Beijing were randomly divided into interventional (13 villages) and control villages (10 villages) in 1992. Comprehensive interventions including education of former-smokers and improvement of living environment were carried out in the interventional villages, and none was done in the control villages. In April 2000, surveys on smoking, chronic bronchitis, and asthma were carried out among 34,436 participants aged 15 or more in the interventional and control villages. During the same period, knowledge on prevention from chronic obstructive pulmonary diseases (COPD), living environments, and smoking were assessed among 1658 high-risk individuals of COPD at baseline and following-up period. RESULTS: The scores of knowledge and improvement on living environments in the interventional villages were significantly higher than those in control villages (P < 0.001). The decrease rate of smoking and current smoking rate in the interventional villages were significantly higher than in the control villages (0.4% vs -0.8%, P < 0.001; 2.4% vs 1.3%, P < 0.001) in men, while not different in women (P > 0.05). Among never smokers at baseline, the accumulated incidence of smoking among people aged 15 to 24 from 1993 to 2000 was significantly lower in the interventional villages than in the control villages in men (18.9% vs 23.7%, P = 0.005) and in women (0% vs 0.7%, P = 0.005). Daily cigarettes smoked by smokers in the interventional villages were less than in control villages in both men (14.8 +/- 7.0 vs 17.2 +/- 8.2 cigs daily, P < 0.001) and women (12.8 +/- 6.9 vs 13.4 +/- 7.2 cigs daily, P = 0.088). The increase of prevalence of chronic bronchitis in the interventional villages was less than in the control villages (men: 0.9% vs 1.3%, P = 0.012; women: 0.1% vs 0.3%, P = 0.003). After the age factor is adjusted, odds ratio (OR) for accumulated incidence of chronic bronchitis from 1993 to 2000 in the interventional villages were 0.80 (95% CI:
0.60-1.07) for men, 0.76 (95% CI: 0.45-1.28) in women. The OR for asthma was not significant in both men and women. CONCLUSIONS: Comprehensive interventions in community may improve knowledge of COPD prevention and living environments, decrease the smoking rate, cigarettes smoked per day, and incidence of chronic bronchitis, but have no significant effects on asthma.

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Toxic-induced hypoglycemia in clinical practice.

Lionte C, Sorodoc L, Laba V.

Medical Clinic, Emergency Clinic Hospital, Gr. T. Popa University of Medicine, Iasi, Romania. clionte@yahoo.com

Toxic induced hypoglycemia is usually caused by the anti-diabetic treatment and excessive alcohol consume. Hypoglycemia in diabetics treated with insulin or anti-diabetic oral agents is far the most studied form of hypoglycemia. Less information is available on toxic-induced hypoglycemia in non-diabetic subjects with acute exogenous poisoning. MATERIAL AND METHODS: We retrospectively studied adult non-diabetic patients admitted in Emergency Clinic Hospital of Iasi with hypoglycemia caused by an acute poisoning, over a period of 10 years. Then we performed a prospective study in those poisoning associated with hypoglycemic risk, to assess the prevalence of toxic-induced hypoglycemia. RESULTS: We identified 15,497 patients with acute poisoning in our retrospective study, 4,005 of whom presented poisoning associated with hypoglycemic risk (40% acute ethanol poisoning, 29% wild mushroom poisoning, 23% beta-blocker poisoning, 7% salicylate poisoning and 1% patients with anti-diabetic agents acute poisoning). The prospective study identified 1,034 patients with acute poisoning, 20.11% of
whom had ethanol poisoning, 11.79% had beta-blocker poisoning, 5.89% had wild mushroom poisoning, 1.74% had salicylate poisoning and the rest of 60.47% had other acute poisoning, without hypoglycemic risk. Attempted suicide with anti-diabetic agents in non-diabetic subjects produced the most severe and prolonged form of hypoglycemia in acute poisoning. 23 patients in retrospective study and 6 patients in prospective study died, but in only one situation, the death was the direct consequence of hypoglycemia.

CONCLUSIONS: In non-diabetic subjects with acute poisoning, prevalence of toxic-induced hypoglycemia depends on the poison itself, the mechanism of poisoning, also depends on the association between toxics and the severity of toxic-induced liver disease. A useful test to assess toxic-induced hypoglycemia is standard 6 hour oral glucose tolerance test (OGTT). Factors predicting a negative outcome in toxic-induced hypoglycemia are association of toxins, cardiac and hepatic complications, and age (>65 years).

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