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## Supervised outpatient treatment for tuberculosis

**To the Editor:** Westaway *et al.*<sup>1</sup> must be congratulated on the excellent results of supervised outpatient treatment for tuberculosis reported recently.

At Hlabisa Hospital before June 1991 we used a programme of 4 drugs for 4 months as an inpatient and 2 drugs for 2 months as an outpatient, unsupervised, as treatment for tuberculosis. Retrospective analysis showed an 18% rate of proven completion of treatment.

Since that date, fully supervised intermittent ambulatory treatment for tuberculosis has been introduced using 4 drugs for 6 months. Of 299 patients admitted with tuberculosis, 221 (74%) have been entered onto the programme. Of these, 91% have either completed treatment or are currently compliant.

Unlike the Emmaus programme, we do not use SANTA volunteer workers. Our programme takes up half a morning of medical time a week, a dedicated tuberculosis sister runs the ward and organises the community programme, and a health assistant supervises our supervisors, who include clinics, schools, stores, chiefs and *indunas*, community health workers and employers. The key to

tuberculosis control is case holding and treatment.<sup>2</sup> The figures from Emmaus and this hospital compare very favourably with those of the Tuberculosis Control Programme nationally (76% completion of therapy in 1990).<sup>3</sup>

All health wards should strive for similar community-based programmes. It is possible to implement them without any extra staff or resources and they will provide a framework that can also be used in combating the HIV epidemic and in the home-based care of patients with AIDS.

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1. Westaway MS, Conradie PW, Remmers L. Supervised outpatient treatment for tuberculosis (Letter). *S Afr Med J* 1992; **81**: 332-333.
2. Crofton J, Horne N, Miller F. *Clinical Tuberculosis*. London: Macmillan, 1992.
3. Department of National Health and Population Development. Tuberculosis Control Programme — 1990. *Epidemiological Comments* 1990; **18**: 175-184.

## Deaths from infectious and parasitic diseases in South African adolescents, 1984-1986

**To the Editor:** We have reviewed mortality data for South African adolescents (all deaths of individuals aged 10 - 19 years) for the period 1984 - 1986 using data extracted from computer tapes supplied by Central Statistical Services.<sup>1</sup> A high proportion of deaths in South African children are due

to infectious diseases.<sup>2</sup> We wish to draw attention to certain features of deaths from infectious and parasitic diseases (*International Classification of Diseases* (ICD) chapter I) in the adolescent age group. It should be noted that pneumonia is not included here, since it is classified under respira-

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- References, which must be complete, should be in the Vancouver style and should not exceed 10 in number.
- We may send letters critical of other authors to them so that their comments may appear in the same issue.
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