Supervised outpatient treatment for tuberculosis

To the Editor: Westaway et al. 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 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. The figures from Emmaus and this hospital compare very favourably with those of the Tuberculosis Control Programme nationally (76% completion of therapy in 1990).

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.

D. WILKINSON
Hlabisa Hospital
Hlabisa, Natal


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. A high proportion of deaths in South African children are due to infectious diseases. 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-

- Please be brief.
- Letters longer than 400 words may be returned for shortening.
- All named authors must give signed consent to publication.
- Letter should be typewritten in triple spacing and should be sent in duplicate.
- 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.
- The views expressed in the Correspondence published in the SAMJ are not necessarily those of the Medical Association of South Africa.

- Wees asb. saaklik.
- Brewe wat langer as 400 woorde is, kan vir verkorting tengegestuur word.
- Alle genoemde skrywers moet hul getekende toestemming tot publikasie verskyn.
- Brewe moet in drie- of vierdelige sparë getik en in duplikaat wees.
- Verwyings moet volgens die Vancouverstyl gedoen word en mag nie meer as 10 beloop nie.
- Ons mag brewe waarin kritiek teen ander auteurs uitgespreek word aan lg. stuur vir kommentaar, wat dan in dieselfde uitgawe sal verskyn.
- Die meanings gelug in die Brewerubriek van die SAMJ is nie noodwendig dié van die Mediiese Vereniging van Suid-Afrika nie.