

Public health

Elaboration of a program of social shared work on population that suffers from tuberculosis

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INTRODUCTION: Persons with tuberculosis, and their family network, confront multiple situations and emotions as a result of this diagnosis that affect their quality of life, especially in the initial stages of the illness. The common denominator involves confronting a series of barriers to access; i.e., at the institutional level (hospitals, schools, other entities); at the family level (rejection, abandonment); and at the personal level (isolation, anxiety, fear of death, fear of others discovering their illness, work conflicts, economic difficulties, malnutrition, and disabilities). **OBJECTIVE:** Construct a social participation model comprised of persons affected by tuberculosis that guarantees the right to a dignified quality of life both during and after their illness. **METHODOLOGY:** A socialization program for the illness was designed, addressing experiences of the ill population and their families.

Once an understanding of the problem, and the ill population, had been achieved, a plan was developed for medical, legal, and psychological assistance; networks for the affected population; and the creation of areas for recreation and training Public Health.

Key Words: Tuberculosis, Public Health.

A strategy for strengthening the district network of laboratories in 2007

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The Public Health Laboratory, as a guarantor of quality, seeks to promote the accuracy and timeliness of tuberculosis diagnosis as a public health interest, by facilitating the positioning and strengthening of the District Network in order to benefit the population of the Capital District. In furtherance of that objective, three phases have been established in compliance with Decree 2323 of 2006 of the Ministry of Social Protection, which organizes the National Network of Laboratories and regulates its management. In phase one, standardization, professionals are trained who will develop diagnostic procedures and create a format for evaluation; in phase two, based upon diagnosis, the institutions responsible for intervening will be verified; and in the third phase, strengthening will be initiated through training, assessment, technical assistance, evaluation, and direct supervision. Results were expressed

through indicators. The first indicator, coverage, corresponds to 35.7 %; opportunity resulted in 99.1 %; and quality, expressed as a confidence index of participating laboratories, corresponds to 99.06 % of intervening laboratories. The established guidelines have been attained as a result of this work; the network coverage was expanded with 149 new institutions; active participation by institutions and professionals throughout development of the strategy was achieved; and confidence and timeliness of tuberculosis diagnosis was increased. In 2008, it is expected that the number of laboratories within the network will increase, and that follow-up and assistance for intervening institutions will continue.

Heat and light unstable tuberculin; a reality or an urban legend?

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The current requirements for tuberculin are to be stored and transported in a refrigerated state (4-8 degrees Celsius) and to be kept out of direct sun light. However the production process of tuberculin includes a heat sterilizing step (3 hours at 120 °C) of the mother culture, a step that denaturalizes all the proteins. Is the refrigerated state and protection against direct sunlight an urban legend or a need to maintain the stability of tuberculin? We wanted to determine the *in vivo* and *in vitro* stability of tuberculin maintained under different "not recommended" conditions. We evaluated PPD RT 23, 2 T.U./0.1 ml (Statens Serum Institute, Copenhagen, Denmark) stored at 6 different conditions. at 4°C; stored at 4°C, but expired since one year; boiled for an hour; at room temperature in the dark; exposed to direct sun light and stored at 37°C exposed to artificial light (the three last conditions for one month). Six guinea pigs were sensitized with *Mycobacterium tuberculosis* and four weeks later each tuberculin preparations were tested on each of them. The diameter of each skin reaction was measured in mm 24 hours after injection. The 6 different tuberculin preparations were also tested as T-cell interferon gamma stimulators using whole blood from a person who responded *in vitro* to PPD. One-way analysis of variance was used to determine statistical significance. No statistical difference was found between PPD and the other 5 PPD, neither for the intradermal test nor for the interferon gamma production assay. The need to maintain tuberculin in cold and dark conditions is an urban legend. This result is useful for medical personnel applying tuberculin in rural areas, allowing them to store, transport and use tuberculin without refrigeration or protection against direct sun light.

Key Words: Tuberculin, PPD, stability.