

Summary

This is a retrospective study that was carried out at Menoufia chest hospitals and dispensaries to include all the cases of tuberculosis from January 1992 till December 2008. The materials in this study were collected from TB registration units in Menoufia governorate. DOTS Strategy in chest hospitals and dispensaries started since 2002.

1- Collection and analysis of data:

A. TB registration code: patient number in tuberculosis registry.

B. Name.

C. Age group.

D. Sex.

E. Residence.

F. Type of the patient: based on history of previous treatment.

G. Diagnosis: according to the site of the TB lesion.

H. Culture result: the total number of cases examined yearly by culture and the result of it.

I. Regimen of treatment: the total number of cases treated yearly by all categories of treatment.

I. Sputum examination: at 0 months, 2 months, at the end of initial phase of treatment.

j. Treatment outcome: - for all cases at the end of treatment.

2- Measurement of indicators: for every year:

These indicators were designed by World Health Organization to determine NTP quality and effectiveness.

3- Comparison of indicators: For all years before and after DOTS (*Enarson et al., 2000, WHO, 2003, WHO, 2004*).

Tuberculosis was common in middle age 15-29 (34.72%) years old (golden age).

Tuberculosis was common in male (64.78%), than female (35.22%), and in rural areas (80.05), while in urban areas was (19.95 %).

Before DOTS new cases notification rate was (85.84%) less than after DOTS (93.91%) and hence other types of patients was decreased after DOTS.

Most common site of tuberculosis was sputum smear positive pulmonary tuberculosis (79.43%), sputum smear negative pulmonary tuberculosis (20.57%),

Most common site of extrapulmonary tuberculosis was pleural tuberculosis (44.46%), and tuberculous lymphadenitis (22.73%).

Laboratory diagnosis of tuberculosis by culture was limited in Menoufia governorate chest units as only 3% of cases had culture examination.

Regimen of treatment showed great progress especially since 2006 as short course chemotherapy was started; this course was 6 months only with Rifampicin and Isoniazid was used along the whole course (6 months).

Conversion rate was improved after DOTS from 69.72% to 76.64%.

There was improvement in cure rate, treatment completion rate, and treatment success rate after DOTS, most probably due to improvement in follow up of cases by direct observation and so the default rate was decreased markedly.