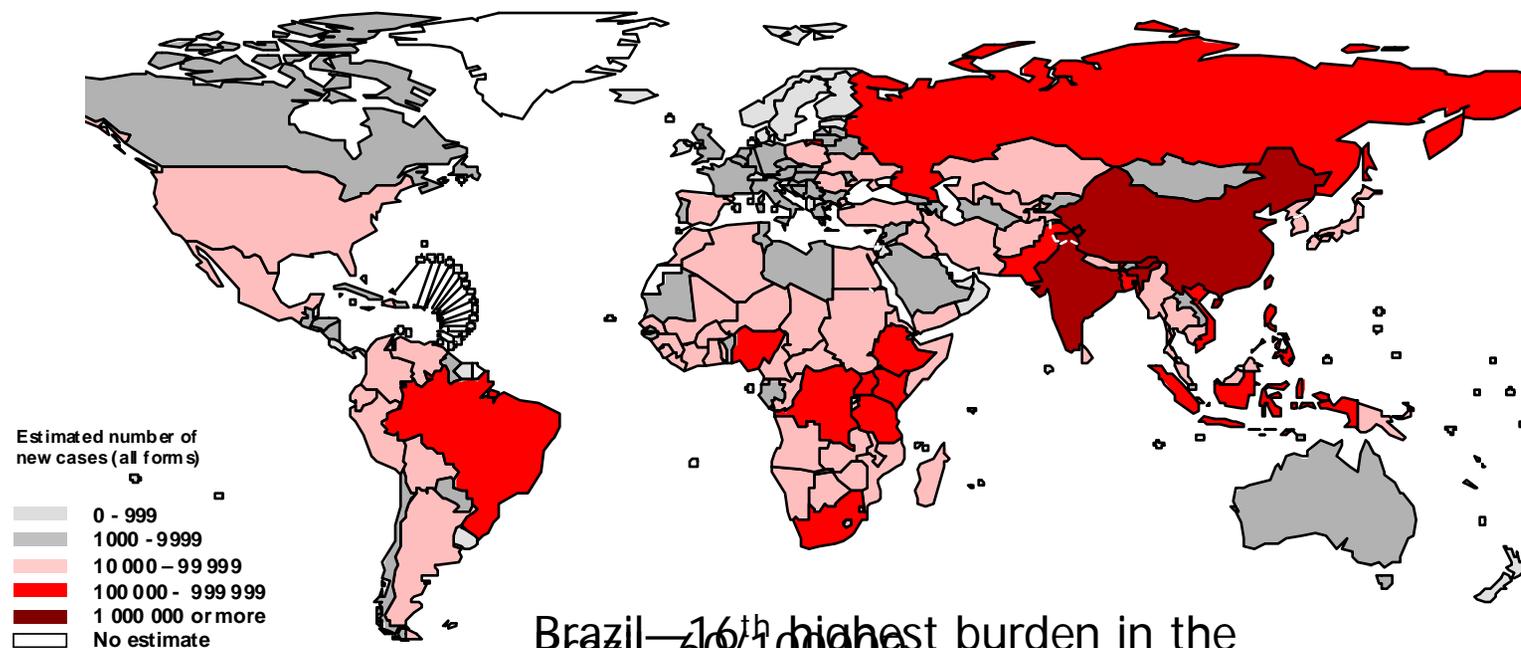


# Respiratory symptoms and care-seeking behavior in a Brazilian *favela* (slum)

**Ann C Miller, PhD, MPH; Elizabeth CC Soares, MD; Zilma Fonseca; Jonathan E. Golub, PhD, MPH; Betina Durovni, MD; Lawrence H. Moulton, PhD; Richard E. Chaisson, MD; Solange C Cavalcante, MD**



## Estimated number of new TB cases, 2004



Brazil—16<sup>th</sup> highest burden in the world  
 60/100 000  
 Rio 120/100 000  
 110,000 cases & 7000 deaths per year

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.  
 © WHO 2005. All rights reserved



## Rationale: diagnostic delay

Diagnostic and treatment delay is associated with increased transmission and poorer treatment outcomes

Diagnostic delay consists of provider delay + patient delay

Factors associated with patient delay in various studies include

- access to care (includes not knowing where to seek treatment, not having funds to pay for treatment, distance from treatment, inaccessible clinic hours)

- low awareness of disease

- severity of symptoms

- age

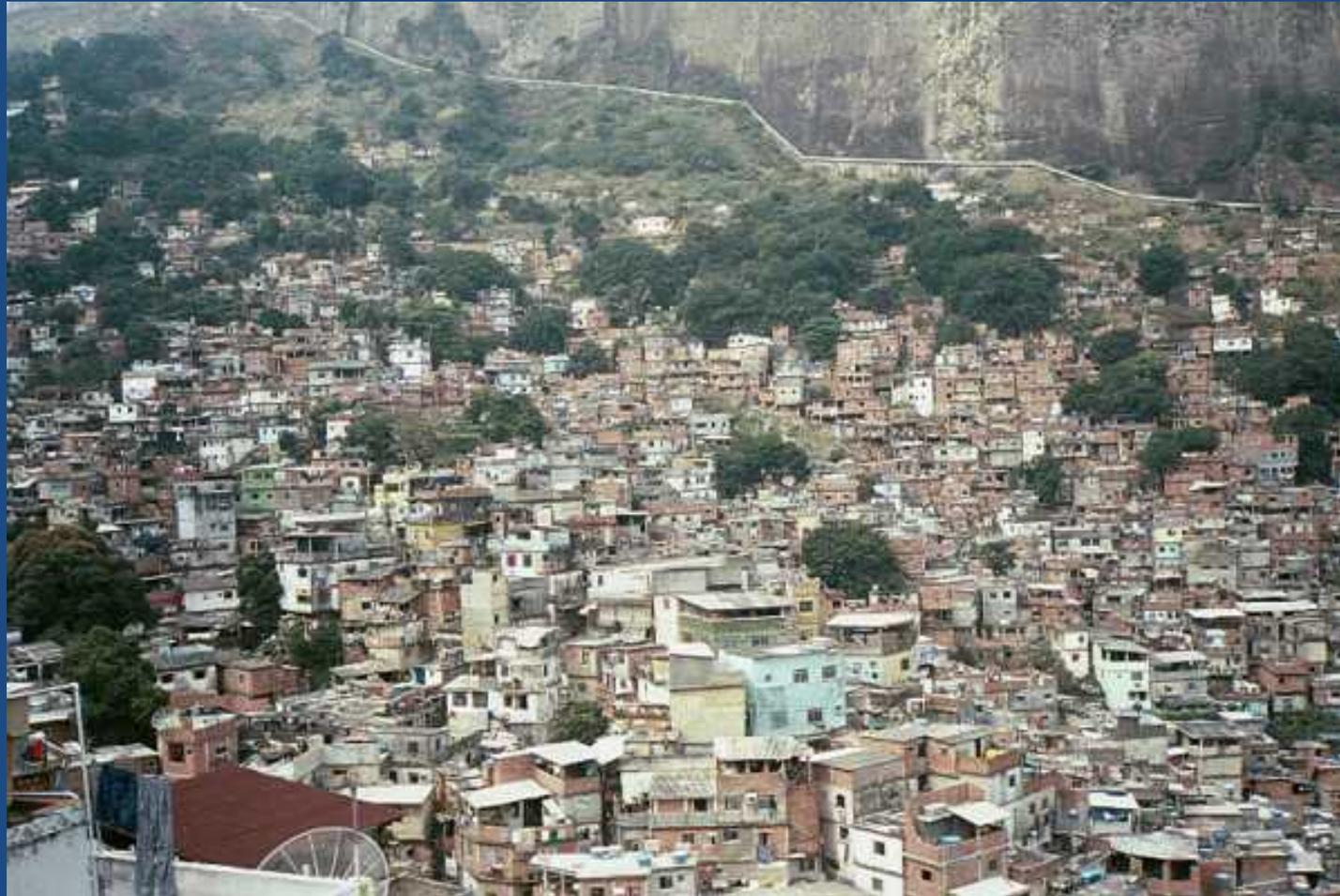
- gender

(Sample references at end)

© 2003, Johns Hopkins University. All rights reserved.



# Rocinha *favela*



Brazil 60/100000

Rio's 120/100000

Rocinha 350/100000

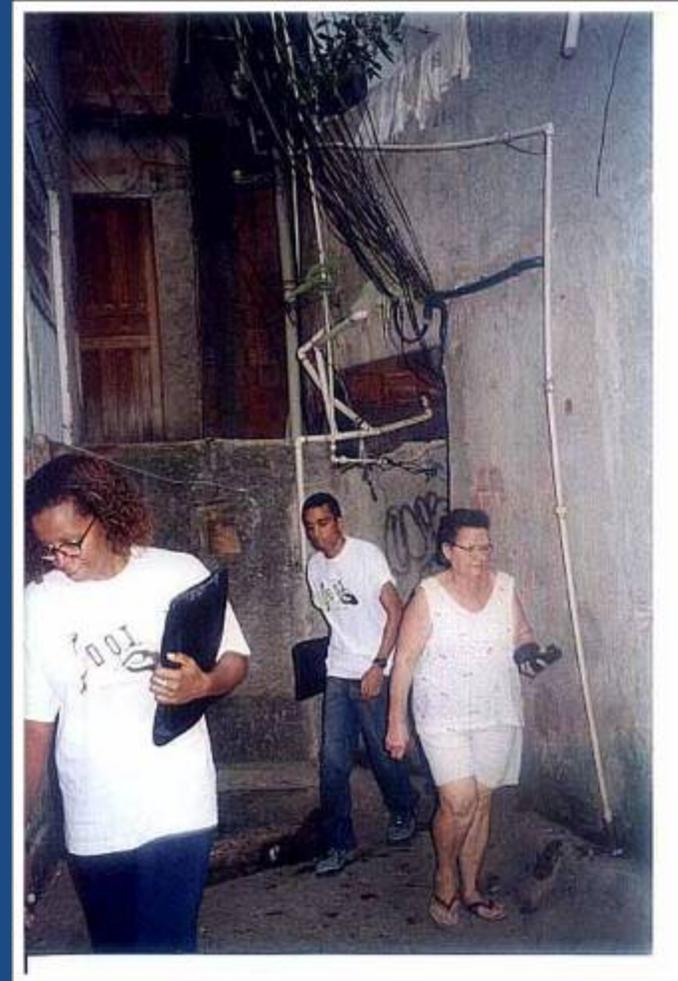


# Rationale

Active case finding project begun in Rocinha

ACF not recommended by WHO because many with symptoms seek care but are not diagnosed.

Objectives: To determine community prevalence of cough and whether coughers sought medical evaluation.



# Methods

50 community health workers, already administering DOT in Rocinha, were trained to perform a symptom screen and sputum collection

In half of Rocinha's neighborhoods, a cross-sectional house-to-house survey of all residents was performed.

IRB approved.

Oral consent obtained from all participants





## Methods cont., survey questionnaire

### Questions asked of residents included:

Age and sex

TB history

Presence and duration of cough

Contact status (did anyone else in the house have active TB?)

If cough present for 3 or more weeks,

Did the respondent seek medical evaluation?

If so, where and when?





## Methods, cont. Analysis

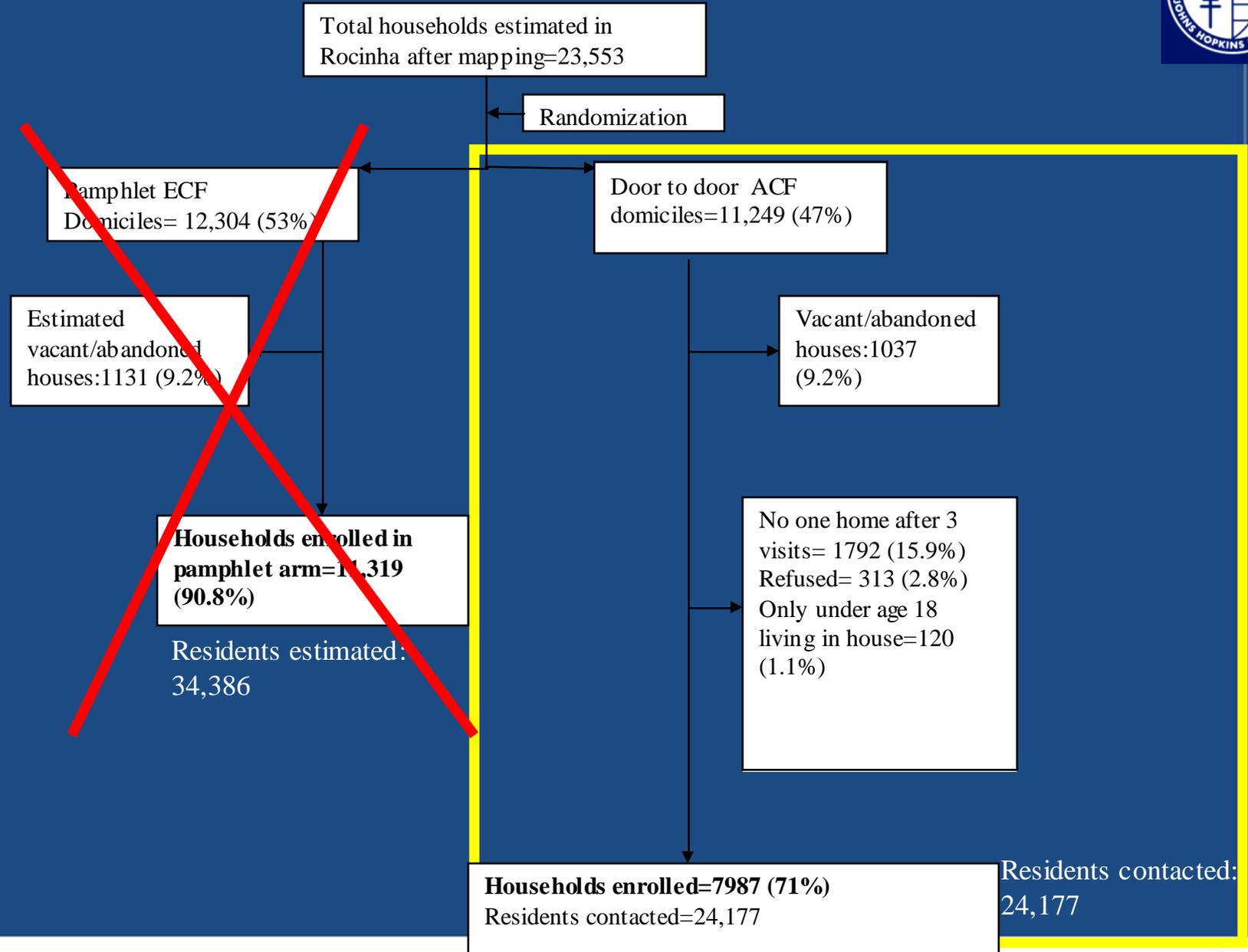
Data entered into MS Access, analyzed in Stata 8.

2x2 tables used for exploratory analysis.

Cough and care-seeking behavior were assumed to be correlated by household. Generalized Estimating Equations (GEE) using binomial model, with an exchangeable correlation was used to analyze correlated data.



# Overall study flow





## Results

23,801 people in 7937 households were screened (98% of 24,177 residents contacted, 77% of 31044 estimated residents total)

1310 reported cough (6%); 111(8% of 1310) reported seeking evaluation for symptoms

430 reported cough for 3 or more weeks (2% of total, 33% of coughers), 66 (15%) reported seeking evaluation for symptoms

13 (3%) of 430 were smear positive TB. One of these had sought evaluation, and had been diagnosed with TB already.



## Characteristics associated with seeking care. n=1310

Characteristic	Had symptoms evaluated?		Univariate GEE OR(95%CI)	Multivariate GEE OR (95%CI)
	Y	N		
Male gender	51 (8%)	604(92%)	.83 (0.57, 1.22)	
Female gender	69(9%)	595(91%)	1.00	
Age <=5	33 (19%)	143 (81%)	<b>3.00 (1.93, 4.68)</b>	<b>4.45 (2.74, 7.12)</b>
Age>5	78 (8%)	1056 (92%)	<b>1.00</b>	<b>1.00</b>
Hx of TB	7 (9%)	75 (91%)	1.05 (0.48,2.30)	
No Hx of TB	104 (8%)	1123 (92%)	1.00	
Cough>=3week	66 (15%)	364 (85%)	<b>3.34 (2.22,5.03)</b>	<b>4.38 (2.82, 6.81)</b>
Cough <3weeks	45 (5%)	835 (95%)	<b>1.00</b>	<b>1.00</b>
Someone else in house has TB?				
Y	0	5 (100%)	NA	NA
N	111 (9%)	1194 (91%)		



## Characteristics associated with choice of where to seek care, N=106.

Characteristic	Went for care to:		Univariate GEE OR(95%CI)
	ER/Hospital	Clinic/Health Post	
Male	20(42%)	28(58%)	0.64 (0.36, 1.13)
Female	37(68%)	21(36%)	1.00
Age ≤5	19(64%)	14(36%)	1.07 (0.71, 1.63)
Age >5	38(52%)	35(48%)	1.00
Prior TB	2 (25%)	4(75%)	0.46 (0.08, 2.61)
No Prior TB	55(55%)	45(44%)	1.00
Cough ≥3 wks	33(52%)	31(48%)	0.95 (0.56, 1.63)
Cough <3 wks	24(57%)	18 (43%)	1.00





## Discussion

People with respiratory symptoms in Rocinha are not generally seeking care for these symptoms, but:

- children with symptoms are more likely to be taken for care than adults to seek care for themselves

- People who had been coughing for more than 3 weeks were more likely to seek care.

- Interestingly, people with a history of active TB were no more likely to seek care for symptoms than people with no history of TB





## Discussion, cont.

Gender, TB history, contact status were not associated with seeking care.

A higher percentage of women sought care at hospital ERs than clinics, but not significantly different.

No significant differences in characteristics of people seeking care at public vs. private facilities.





## Discussion, cont.

Education, literacy, socioeconomic status were not assessed, but are not expected to be significantly heterogeneous in this *favela*. Care at health posts is free and accessible by public transportation.

Involved community members as research staff

- Low refusal rates

- Followed DOT protocol better than clinic staff (nurses & physicians)

Explore both increased use of community agents already in the area and media involvement for encouraging people to come for care.





# Acknowledgements

## Co-Authors

Jussara Santos Silva and Gehovania Rosa Neves, the nurses of the Rocinha PACS;

Cleonice Lopes,  
the Area 2.1 Health Coordination,

Maria Helena Carvalho of the Posto de Saúde Dr. Albert Sabin, & Dr. Raquel Vilela Blake Piller of CMS Píndaro de Carvalho Rodrigues, and

the residents of Rocinha,  
for their participation.



**RIO**



**PREFEITURA**

© 2003, Johns Hopkins University. All

# Acknowledgements, continued

## *Rocinha's dedicated community health agents:*

Ad  
Fre  
Fe  
Ca  
Fa  
do  
Sil  
Ba  
Jo  
Go  
Oli  
Dia  
Sil  
Sa  
An





# References

Golub JE, Bur S, Cronin WA, Gange S, Baruch N, Comstock GW et al. Patient and health care system delays in pulmonary tuberculosis diagnosis in a low-incidence state. *Int J Tuberc Lung Dis* 2005; 9(9):992-998

Rajeswari R, Chandrasekaran V, Suhadev M, Sivasubramaniam S, Sudha G, Renu G. Factors associated with patient and health system delays in the diagnosis of tuberculosis in South India. *Int J Tuberc Lung Dis* 2002; 6(9):789-795.

Watkins RE, Plant AJ. Pathways to treatment for tuberculosis in Bali: patient perspectives. *Qual Health Res* 2004; 14(5):691-703.

Odusanya OO, Babafemi JO. Patterns of delays amongst pulmonary tuberculosis patients in Lagos, Nigeria. *BMC Public Health* 2004; 4(1):18.

Guneylioglu D, Yilmaz A, Bilgin S, Bayram U, Akkaya E. Factors affecting delays in diagnosis and treatment of pulmonary tuberculosis in a tertiary care hospital in Istanbul, Turkey. *Med Sci Monit* 2004; 10(2):CR62-CR67.

Paynter S, Hayward A, Wilkinson P, Lozewicz S, Cocker R. Patient and health service delays in initiating treatment for patients with pulmonary tuberculosis: retrospective cohort study. *Int J Tuberc Lung Dis* 2004; 8(2):180-185.

Lawn SD, Afful B, Acheampong JW. Pulmonary tuberculosis: diagnostic delay in Ghanaian adults. *Int J Tuberc Lung Dis* 1998; 2(8):635-640.

Steen TW, Mazonde GN. Pulmonary tuberculosis in Kweneng District, Botswana: delays in diagnosis in 212 smear-positive patients. *Int J Tuberc Lung Dis* 1998; 2(8):627-634.

