

Elective Report April-May 2011

Objectives

1. What is the prevalence of TB in Vietnam and how does it compare to that in the UK?
2. Describe the types of public health measures that have been implemented to help prevent TB in Vietnam. How do these compare with those in place in the UK?
3. Explore the types of alternative medicine such as acupuncture and herbal remedies that are used in Vietnam and how they play a role in health care
4. Compare the differences in medical practice between Vietnam and the UK and how these affect good clinical care.

My elective was carried out in Hue Central Hospital, which is the third largest hospital in Vietnam. The hospital had a whole building with three wards for TB. Tuberculosis is still a major health concern in Vietnam, with approximately 175,000 new cases reported a year, and almost 30,000 people dying from TB a year.(1) This compares with 9,000 new cases reported in the UK a year,(2) and around 334 deaths in England and Wales in 2008.(3)



The front of Hue Central Hospital

Speaking to the health care professionals in Vietnam it was obvious that TB is a big health care problem, and one which they are eager to help resolve. The government have set up a number of initiatives to help tackle this health care problem. In Vietnam they are following the strategies set out by WHO and are vaccinating babies. However as evidenced by the three wards full of patients there is obviously still a long way to go. In Vietnam there is a National tuberculosis control programme (NTP) whose principles are based on the World Health Organization's core control strategy recommendations. According to

WHO, Vietnam has exceeded the global targets of detecting >70% of new cases and curing >85% of these cases(4). However despite this there has not been a decrease in the number of presenting cases.(1) The method of finding and treating patients who may have tuberculosis is via screening those who present with a productive cough(4). This method however fails to detect all members of the population with the disease and therefore allows further spread of the infection. It appears that there should be other approaches put into place to more actively find those infected with tuberculosis, this may help reduce the spread. Although babies are vaccinated against tuberculosis I wonder how many parents take advantage of this public health initiative. Despite the BCG vaccination only being 70-80% protective against contracting tuberculosis I would expect the number of new cases to be decreasing if there was a high percentage of the population being vaccinated. The number of cases of tuberculosis is increasing in the UK and despite all the methods put into place to help reduce the spread of Tuberculosis in Vietnam the levels are not decreasing.

The tuberculosis unit of the hospital was very different to the UK. The ward did not have any hats or masks available so the nurses took us to a roadside stall where we were able to buy them. The building was open plan with no isolation. The rooms ranged from quite large private rooms, to more crowded wards of people depending on the type of insurance the patients had. Tuberculosis treatment is given freely to those found to be infected however those who could afford it got better rooms. The treatment of tuberculosis is the same as that in the UK, with the standard 6 month course of isoniazid and rifampicin, with additional



The tuberculosis building Hue Central Hospital

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pyrazinamide and ethambutol for the first 2 months, after which the patients are allowed home. We asked some of the health care professionals whether there was any contact tracing or prophylaxis for family members of patients, but we were told there was none in place. Although there were lots of nursing students on the ward there were no medical students despite there being many in the hospital in general. It seemed as though medical students did not have hands on experience in the tuberculosis centre.



Me and two colleagues in
Hue Central Hospital

There was no alcohol gel on the wards, and everyone was wearing long sleeved white coats. There was certainly a different level of infection control with piles of rubbish and dirt under the stairs. Watching some of the drugs being injected and some of the patients having blood taken, it was clear there were differences. Although the drugs and needles came in similar packing to the UK, there was difference in the cleaning of the site, with cotton wool and what looked like iodine being used. The nurses did not wear gloves for these procedures, and we observed one patient having their blood taken while lying on the floor.

We also visited the traditional medicine unit where we saw some acupuncture with electrodes and jars of herbs and spices that were boiled in massive pressure cookers then 30 minutes later drained so the patients could drink the water as their medicine. These herb mixtures were used for a variety of different patients. The patients were assessed carefully by the doctors before it was decided that the herbs were the best method of treatment. We spoke to some of the medical students on this ward and asked what all the different herbs were, some were dried fruits, others were herbs that the students did not know the English name for, others we probably do not have in the UK. These herbs played a large part in some of the patients' treatments and I was reminded that a lot of the drugs we use in the UK are originally derived from herbs. It was very interesting to see this side of medicine that is not used in hospitals in the UK, yet plays such a large role in health care in other societies and cultures. It seemed the medical students on this ward trained very hard to learn about the acupuncture and where to put the different electrodes and how many volts to shock into each part of the body. The medical students were able to treat the patients with acupuncture with very little supervision.



Some of the herbs and spices in the
alternative medicine ward

The wards were run similarly to those in the UK. The nurses were on the wards taking care of the patients and doing the drug rounds. The doctors would start the day with a ward round with some of the senior nurses and the medical students. There was teaching on the ward round, though there were a lot more medical students than would usually be on a ward round in the UK. Most of the doctors we met were male, although this did seem to be changing as about a quarter of the medical students we met were female. The medical students had a different type of teaching than we do, they began their day at 8am or earlier with the ward round, then would work on the wards in the morning, with teaching in a class room on the ward by the doctor in the afternoon.

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There were differences between the tuberculosis ward and the alternative medicine ward. The alternative medicine ward seemed to be nicer and cleaner, there was hand gel in the rooms whereas there was none on the tuberculosis wards. Overall the patients were taken good care of by the medical teams, and it was obvious that the hospital was keen to keep up with all the WHO recommendations as there were many posters published by WHO on the walls in the wards.

References

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