TROPICAC DISEASES

## Sangam Nagrani

Elective write-up

## Objectives:

1) Describe the pattern of disease/illness of interest in the population with which you will working and discuss this in the context of global health.

What are the prevalent tropical diseases in Belize? And what preventative and curative measures are taken to prevent worldwide epidemics?

Malaria and dengue are the main tropical diseases in Belize. In the past there was a mosquito eradication programme in Belize which now means that since the 1980s malaria has not been as much of a problem. Residents of Belize do not take precautions against malaria, and the eradication programme seems a major contributor to this. The Centres for Disease Control and Prevention however still recommend precautions against malaria to be taken in Belize. These precautions include taking antimalarial tablets, making use of insect repellent containing DEET in it, and covering up especially during the evenings. These precautions are especially important for tourists visiting the area.

Dengue fever is not very common at the current time in Belize; it does however exist in the region, and is more prevalent around the rainy season. There are many posters around hospitals in Belize with the Dengue treatment protocol; in our hospital in Belize it was as common as the Adult Life Support posters in England hospitals.

	Der		e Mana			
The second second	重	The second secon		The second secon		
Chairbonha	Dengae without ourning signs		engage with rining sounk		Severe Denguy	
		The State of the S	Arthursten (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
	Service of the servic	Secretarian				
Antigone						

In terms of ensuring the cases of Dengue fever are dealt with effectively every health professional in hospital is required to ensure they bear the symptoms of Dengue fever in mind in order to promptly proceed with the correct treatment. The above picture shows a brief view of the protocol. Dengue fever presents with flu - like symptoms, so unlike in the UK, a patient presenting with these symptoms in the UK would trigger a differential of Dengue fever. During clinics, patients are made aware of the signs and symptoms of Dengue fever in order to promote health awareness and early presentation. This is especially required in populated areas of Belize such as Belmopan because it is the Aedes Aegypti mosquito that transmits Dengue Fever. This type of mosquito is more prevalent in urban and especially indoor areas.

The treatment of Dengue fever is acetaminophen and rest.

Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries, or with the UK.

How is safety from tropical diseases promoted, delivered and treated? How does it differ from India?

India has had an increased incidence of Dengue fever in 2008, and other diseases such as cholera and malaria are ranked high on the national agenda. A major cause of spread of such diseases is over-population and insanitation. In India, sanitation and hygiene are highly promoted in order to minimise the spread of infection. Street sellers are advised to wash their hands regularly as cholera is easily spread this way. Another interesting thing I found was that in India more than Belize, local residents would take precautions such as using mosquito nets at night, and plug-in mosquito deterents. I did not come across this as much in Belmopan (Belize).

3) Health related objective

What is the difference between hospital sizes compared to UK?

How is healthcare managed with less healthcare equipment? How are inpatients divided in wards?

The hospital sizes were much smaller than that of the UK. The population in Belmopan however was much less than that of London. In both Belize and India, there was general divisions according to paediatrics, O and G etc, yet there were many wards that admitted patients of significantly varying health needs. For example in India a surgical patient was placed in the same ward as patients being acutely treated. The basic standard healthcare is provided in Belmopan, but if a patient should want a speedy procedure, or something that in the UK we may consider as relatively minor, such as an aspiration of an abscess, the patient will have to save approximately \$2000 Belizean Dollars for the procedure to be carried out in a distant district. Such scarcity and charge for requests on the health service initially came as a shock, and the fact that how patients recover from a illness/disease depends on their bank accounts was a new concept for us. In India there seemed to be more availability of investigations such as ultrasound in the government hospital.

 Personal/professional development goals. Must also include some reflective assessment of your activities and experiences. To become comfortable and adjust quickly to new demanding situations in which my understanding may not be 100%. To reflect on an interesting case and compare them to UK healthcare.

I was not always aware of the procedures and investigations that could be offered free of charge to the patients, and therefore initially needed assistance in formulating management plans. Once I had gained an understanding of the hospital resources I improved in this, and was able to more confidently speak to patients about their management.

A case that stands out to me was that of an American woman who was a Belize resident and had ulcerative colitis. She was admitted into hospital due to an exacerbation of the disease. She was later found to have a large abscess in her abdomen. The surgeon was very prompt and often operated on the day of presentation. He suggested to the patient that he could remove the abscess, but due to lack of advanced imaging it is not possible to see the exact adhesions of the abscess, and once operated on adhesions may form, and this can cause serious problems, even colostomy.

For the patient this was the Government funded option, the safer yet more expensive option was to aspirate the abscess, but this could only be carried out in Belize City not Belmopan, and would cost \$2000 Belizean Dollars. The patient had to make a decision quickly as time was limited in terms of her health, yet locating the money was a big problem for her and her family. The concept of basing not only the quality of healthcare on the money one possesses, but also the type of investigation or safe / unsafe procedure one can choose to be carried out was something that would seem alien to patients in Britain.