

Report From a Visit Abroad

Report From the Sexually Transmitted Infection (STI) Clinic and the Youth Health Clinic in Dar es Salaam, Tanzania

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The entrance of the STI Clinic

In 2001, the Nordic Dermatology Association allocated financial support for a project in international venereology. The STI Clinic in Dar es Salaam was chosen for the project through contact with Professor Eric Sandström, who runs an HIV project in the city. The aim is to increase the knowledge in Nordic venereologists about STI in developing countries, to share experiences with the staff working at the STI Clinic, to increase the quality of diagnostic methods such as bedside microscopy, and to

evaluate and strengthen the syndromic management of STI.

I joined the Clinic for six weeks during March and April 2003. The following is a presentation of the STI Clinic, and my personal opinions and suggestions about how the Clinic works and how to improve it.

The Clinic is located in central Dar close to the railway station and the Indian Ocean. It is part of the

Infectious Disease Centre, which also includes an outpatient TB Clinic. The STI building contains a registration office, a small treatment room, a room for the head nurse, three examination rooms, a waiting room and a small laboratory that also is used for storage of equipment, drugs and other things. The clinic has a spacious lecture room. The Clinic operates from 9 a.m. to 2 p.m., the Youth Health Clinic from 3-5 p.m. One secretary, three nurses, one Medical Officer, one Assistant



Doctor Joan Mngodo takes a blood sample



Clinical Officer Magdalena Chalho makes the HIV quick tests



Clinical Officer Chrhill Muchuma informs about "how to use a condom"



A happy young man at the Youth Health Clinic was informed that he was HIV negative

Medical Officer, two Clinical Officers (one vacant at present) work at the Clinic. One nurse/counsellor from the university hospital reinforces the staff during Youth Health Clinics. The staff speaks English and Kiswahili; the majority of the patients speak Kiswahili only.

The management of patients with STI is based completely on the

Syndromic Management outlined by WHO/UNAIDS. The Clinic has a basic laboratory with a good microscope and staining facilities with methylene blue. It is possible to look at stained smears and wet smears, but this is not done as the staff is not trained in microscopy. HIV tests (Capillus and Determine) are performed at the laboratory daily with results available for the patients

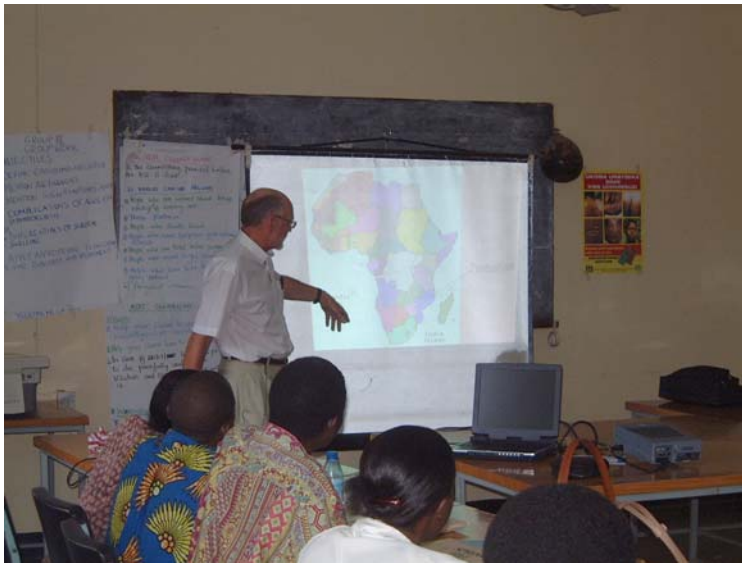
after one or two days. Admission is free of charge for the patients. Benzathine penicillin, ceftriaxone, ciprofloxacin, doxycycline, erythromycin, metronidazol and chlotrimazole are available and free. Almost 12,000 patients visited the clinic during 2002; the percentage of those who were revisitors was not available but it is probably rather high as all test results are provided at revisits.



Outdoor wating rom

Spectrum of diagnoses at the Clinic: Genital Discharge Syndrome 32%, Genital Ulcer Syndrome 13%, Voluntary Counselling and Testing for HIV 13% (positive HIV-test in 48% of patients tested). In addition pelvic inflammatory disease, skin diseases and other diseases.

The staff gives two-week courses in "syndromic management of STI" several times a year for nurses and Clinical Officers from around Tanzania. Clinical Officers studying to be Assistant Medical Officers are



The author lecturing about STI in developing countries

also trained at the Clinic. Commercial sex workers are educated in safe sex practice at three-day courses two or three times a year.

The STI Clinic in Dar es Salaam is a typical STI clinic in a developing country with scarce resources. It is understaffed considering the high number of patients. The syndromic management results in over-use of antibiotics. If the laboratory resources available were fully used, the quality of work would increase substantially. I managed to get the

laboratory running and I trained the staff in microscopy. To be able to perform bedside tests, the Clinic needs two more microscopes, one for each examination room. At present, it takes too much time to take a sample, go to the laboratory to stain it and then look in the microscope.

My lectures about "STI management in developing country" and "STI management in a Swedish STI Clinic" were appreciated.

The staff is very nice; the atmosphere among the people working there and towards the patients is friendly and pleasant. My presence was looked upon as something positive, I was a resource person; I never got the impression that I disturbed the staff's daily routines. My discussions with the Medical and Clinical Officers concerning diagnoses and treatments were fruitful for all of us. A venereologist from a Nordic country can get a good view of the functioning of STI management in a developing country by following the work at the Clinic in Dar. Being present and assisting during the examination of patients together with doctors and Clinical Officers, including participating in discussion of diagnoses and treatment, will tighten up the syndromic management. This in turn could reduce the prescription of antibiotics and the development of resistant bacterias. The venereologist can be a useful resource person by helping the staff with laboratory work and giving lectures on STI and related items. I recommend visits of 3-4 weeks in order to maximize the impact of the capacity increase.