

## 10.6 TUBERCULOSIS

Table 24. Status of Tuberculosis cases, BAHAMAS, 2004 – 2008

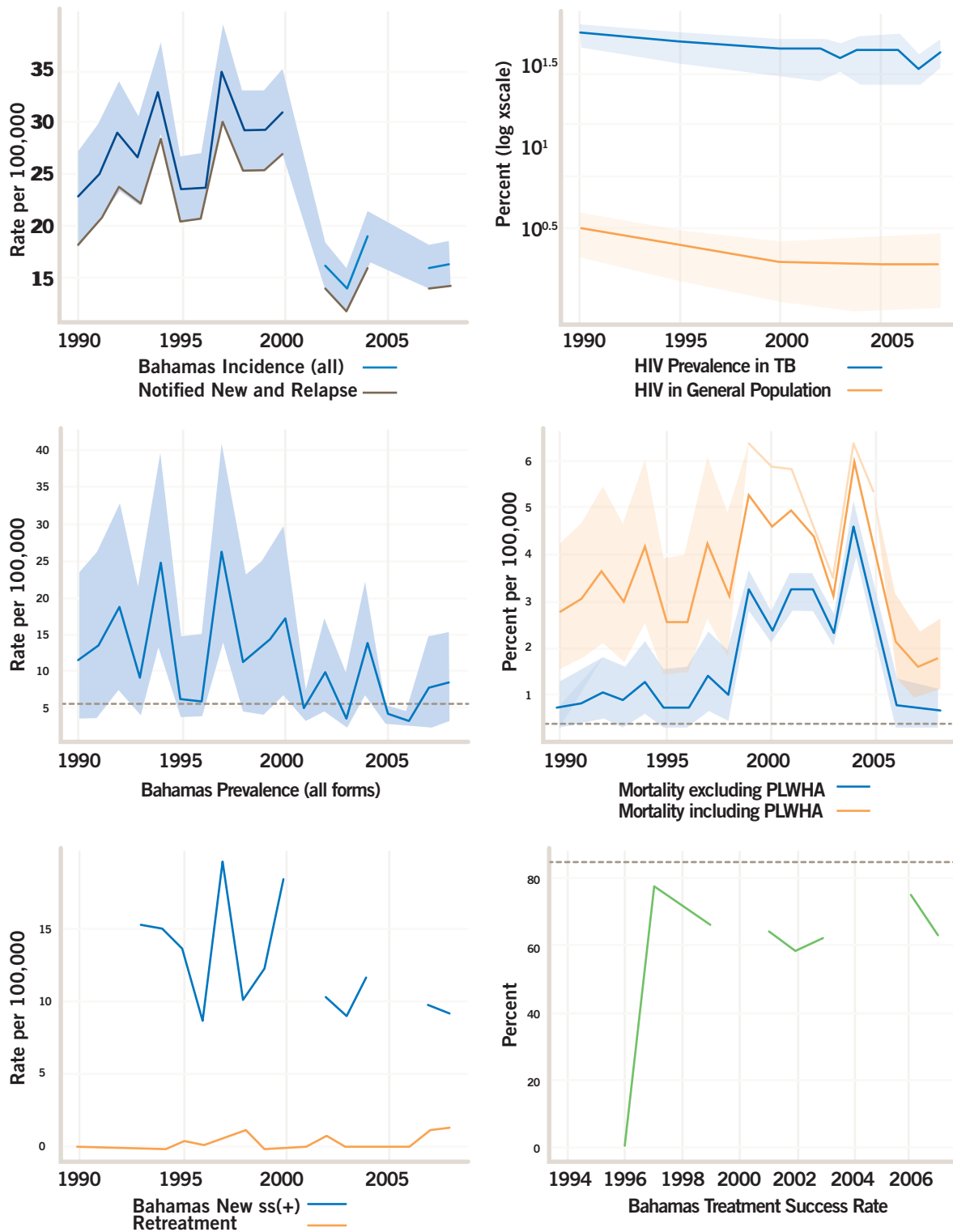
Characteristics	2004		2005		2006		2007		2008	
	#	%	#	%	#	%	#	%	#	%
Male	36	76.7	34	70.8	39	60.9	28	58.3	36	73.5
Female	11	23.3	14	29.8	25	39.1	20	41.7	13	26.5
Bahamian	32	68.1	32	68.1	48	75.0	26	54.2	32	65.3
Non-Bahamian	15	31.9	16	33.3	16	25.0	22	45.8	11	34.7
Culture +ve	39	83.0	41	85.4	60	93.8	40	83.3	47	95.9
Culture -ve	1	2.2	0	0	0	0	0	0	2	4.1
Culture Unk	7	14.9	7	14.6	4	6.2	8	16.7	0	0
Ex-Pulmonary	6	12.8	5	10.4	7	11.3	6	12.5	5	11.1
Pulmonary	41	87.2	43	89.6	57	89.1	42	87.5	44	89.8
Smear +ve	34	82.9	33	76.7	47	82.4	34	81.0	34	77.3
Smear -ve	6	14.6	9	20.9	10	17.5	5	11.9	9	20.4
Smear Unk.	1	2.4	1	2.3	0	0.0	3	7.1	1	2.3
Dead	8	17.0	13	25.0	17	26.6	7	14.6	7	8.2
Total		47		48		64		48		49
New TB cases		47		45		60		45		46

Source: Department of Public Health

The Tuberculosis (TB) incidence rate hovered around 15 per 100,000 population for the period under review; prevalence was estimated at between 3-8 per 100,000 population (**Fig. 20**). TB cases were more likely to be male and Bahamian (**Table 24**). Direct Observed Therapy Short-Course (DOTs) coverage in 2007 was 100%. On average, 18.7% of the new smear positive cases died and 25% defaulted, so that the success rate was only 63%. Of those smear-positive patients who were re-treated, the success rate increased to 71% but the death rate also increased to 21%.

There was one multi-drug-resistant case during the period 2004-08. HIV prevalence in the TB population was at least 10 times higher than in the general population (**Fig. 20**). During 2008, the HIV co-morbidity rate in female TB cases was less than 25%, but during the remainder of the time period co-morbid rates between the sexes differed little, ranging over the review period from 25% to 55% (**Table 25**).

Fig. 20. Incidence and prevalence of TB and co-morbid HIV, Bahamas, 1990-2008 Source: WHO Country TB database



**Table 25. Distribution of Tuberculosis cases by co-morbidity with HIV and sex, Bahamas, 2004 – 2008**

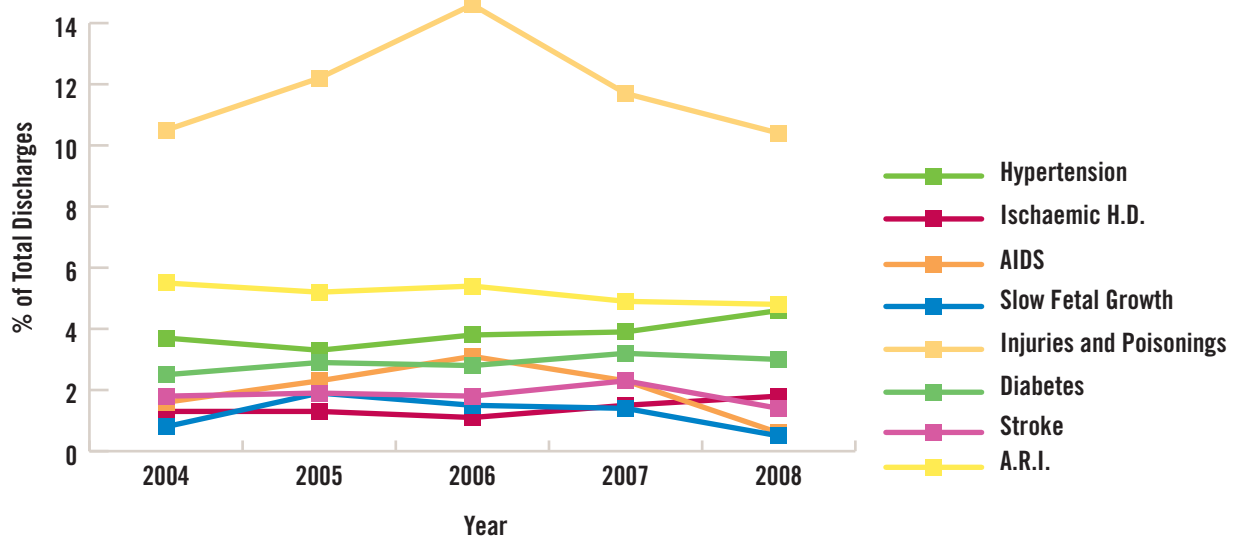
Year	2004			2005			2006			2007			2008	
	Morbid State	All TB	TB/HIV	All TB	TB/HIV	All TB	TB/HIV	All TB	TB/HIV	All TB	TB/HIV	All TB	TB/HIV	
Male		36	15 42%	34	14 41%	39	21 54%	28	8 29%	36	14 39%			
Female		11	5 45%	14	6 43%	25	11 44%	20	5 25%	13	3 23%			
TOTAL		47	20 43%	48	20 42%	64	32 50%	48	13 27%	49	17 35%			

Source: Surveillance Unit, Department of Public Health

### 10.7 NON-COMMUNICABLE DISEASES & INJURIES

Of all non-communicable diseases, hypertension may be the most prevalent and the condition generating the greatest need for health care. Not only is hypertension the leading cause of mortality, it is, after injuries, also the next leading non-infectious condition responsible for hospital discharges followed by diabetes, with which it is frequently a co-morbid condition, especially among the elderly (Fig. 21).

**Fig. 21. Selected conditions as percentages of total discharges (excluding deliveries) from Princess Margaret and Rand Memorial hospitals, 2004 – 2008**



Sources: Health Information & Research Unit; Statistics Unit, Public Hospitals Authority

The register of 65+ year olds with hypertension and/or diabetes yielded prevalence rates of 620 and 252 per 10,000, respectively, for these two medical conditions in this age set.

Hypertension is the principal reason for a majority of new clients seeking care at health centres (Table 26). Diabetes was the second leading diagnosis among new clients. Significant numbers of new clients also attended the health centres for treatment of injuries, either road traffic injuries (RTI) or industrial accidents, and mental health conditions, as well as for arthritis.

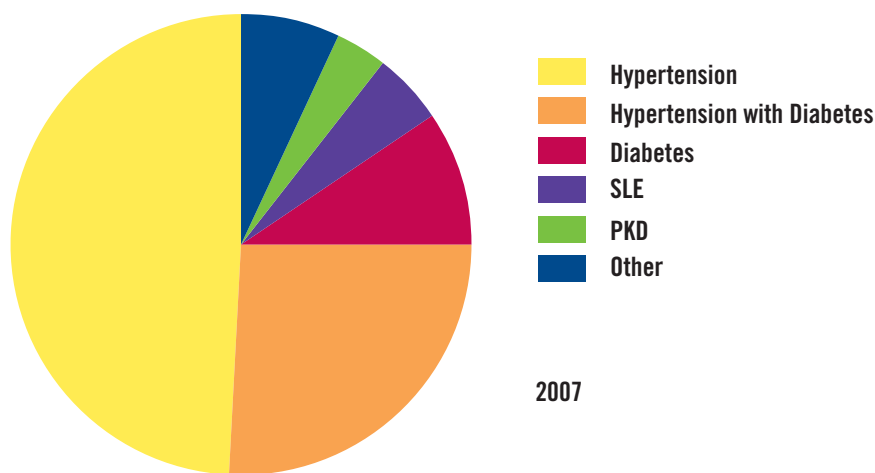
**Table 26. New cases attending Primary Health Clinics for selected non- communicable conditions**

Condition	2004	2005	2006	2007	2008
Hypertension	1094	792	1443	1384	1505
Diabetes Mellitus	856	530	334	815	702
Arthritis	367	308	468	647	504
RTIs	384	405	445	486	486
Industrial Accidents	198	205	212	282	213
Schizophrenia	127	120	132	121	115
Epilepsy	86	91	90	116	78
Sickle Cell Anaemia	43	55	89	47	62
Alcohol Dependence	52	46	31	64	49
Mental Retardation	22	7	17	3	8

Source: Public Health Department

The need for dialysis as a result of the complications associated with hypertension and diabetes is another major component of the utilization of health services. There were 139 persons on dialysis at the Princess Margaret Hospital in 2007, the vast majority of whom were hypertensive, with and without diabetes (Fig. 22). The other conditions present in dialysis patients were diabetes only, systemic lupus erythematosus (SLE) and polycystic kidney disease (PKD).

**Fig. 22. Patients on dialysis at Princess Margarget Hospital by underlying condition, 2007**



Source: Dialysis Unit, Princess Margaret Hospital

Although not reflected in hospital discharge statistics, cancers are a major cause of ill-health. As seen earlier (Page 13), neoplasms of the prostate and breast rank among the top ten causes of mortality in males and females, respectively. Data from the Princess Margaret Hospital show that the most common sites are indeed breast and prostate, followed by colon/rectum and uterus/ovary (Fig. 23).