



REGIONAL OFFICE FOR THE WESTERN PACIFIC  
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE  
Tenth Session  
Taipei  
16-22 September 1959

WP/RC10/TD8  
17 September 1959

DISCUSSION GROUP REPORT  
ON  
TUBERCULOSIS

Thursday, 17 September

Topic I: PREVENTION INCLUDING HEALTH EDUCATION,  
BCG, VACCINATION AND THE MANAGEMENT OF  
THE CHRONIC CASES.

The topic was introduced by the Secretary for the Technical Discussions with a broad outline of the many problems involved in each part of the subject under discussion. The attention of the Technical Discussion Group was drawn to the differing points of view on each point, and to those matters which might be considered by the groups.

Three groups discussed the different aspects of the problems. Reports of the discussion in each group are attached.

REPORT OF GROUP A

Discussions led to the following conclusions:

1. Health Education of the Public

It was agreed that all available methods of health education should be employed and that there were four main agencies involved. These were

- (1) the public health nurse
- (2) Voluntary organizations
- (3) Leaders of the local communities
- (4) Schools.

While some members pointed out health education in the school should be a continuous programme from school entrance, special emphasis should be given to teaching the adolescents. These would be in a better position to understand the issues involved.

It was emphasized by several speakers that any method which ensured public participation was more likely to be successful.

Different views were expressed as to the value of demonstration centers. Some thought they were not successful in education but rather more representatives expressed the view that any programme which showed results to the public was the best medium.

2. B.C.G. vaccination

The group accepted generally the present view of the World Health Organization that vaccination was both effective and safe.

Until research has determined the exact merits of freeze-dried vaccine the use of wet vaccine for mass campaigns should be retained.

The group noted with interest the results obtained with the use of freeze dried vaccine manufactured in Japan. In areas of high prevalence, vaccination of new borne infants was generally recommended. No standard method of applying vaccine is used throughout the area. All accepted methods from multiple to oval administration are used.

3. Handling of chronic infectious cases

All agreed that compulsory segregation of the chronic infectious case was not practicable. One representative mentioned a scheme of partial segregation used in his area but this was only possible in the particular culture in which he worked.

Most representatives agreed that prolonged and sustained ambulatory chemotherapy should be the method of choice except for those amenable to thoracic surgery.

Representatives were not in a position express opinions about the advisability of provoking INAH resistant strains of the M. Tuberculosis and it was pointed out that a full discussion on this aspect would require a great deal of time.

REPORT OF GROUP B

The group considered aspects of each of the three sub-headings.

All members agreed that although specially trained health educators are available in some of the countries, all health workers are engaged in health education activities. Through the activities of a tuberculosis programme through school teachers and community leaders, information can be disseminated to households and to individuals.

In BCG vaccination programmes, different types of tuberculin are being used to select persons for vaccination. Standardisation of tuberculin and of BCG vaccines was thought to be desirable. Because of some problems in regard to freeze dried vaccine it may not yet be opportune to introduce this generally, but under some circumstances it is the only practical way of carrying out a BCG campaign. Some fears were expressed that the loss of the diagnostic value of the tuberculin test as the result of BCG may be a disadvantage in case-finding.

In the management of the "good chronic case", though segregation is ideal, it is not practical in many countries. In some countries, modified segregation such as "night segregation" may be applied but this is not always practical. Government support of institutions and of the poor only partially solves this problem. It was concluded that continued drug therapy on a domiciliary basis is a practical approach to this problem.

Economic and social improvement may be of major importance in diminishing the problem of the "good chronic case."

REPORT OF GROUP C

Group C examined Topic I, that is "Prevention of Tuberculosis".

First of all the whole group studied and discussed health education of the public. After an exchange of views between the various members it was agreed that:

1. Medical and paramedical personnel are particularly suited to teach and instruct the patient and his contacts.
2. The teaching personnel must deal with this question and the students should be used to disseminate the information.
3. Demonstration centres can be very useful.

BCG Vaccination has been used in a number of countries in the Region and the members of the Group agree that BCG vaccination must be practiced but that, depending on the circumstances, it should be used either in groups or in mass campaigns.

As far as the chronic cases are concerned, it seems preferable to isolate them in one hospital. If, for economic or psychological reasons, this solution can not be used, intensive domiciliary treatment with vaccination and surveillance of contacts should be applied. However, in all cases, full consideration must be given to the social conditions of the patient and his contacts before taking a decision.