

Abstract / Resumen # 147

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Organization / Organización: Secretaria de Salud de Tamaulipas

Presentation Title / Título de Presentación:

Grupo Multisectorial Texas-Tamaulipas para la Prevención y Control del VIH/SIDA (GMBTT): una estrategia comunitaria transfronteriza para una epidemia transfronteriza contra el SIDA

Abstract Content / Contenido del Resumen:

a) Título de la presentación

Grupo Multisectorial Texas-Tamaulipas para la Prevención y Control del VIH/SIDA (GMBTT): una estrategia comunitaria transfronteriza para una epidemia transfronteriza contra el SIDA

b) Propósito del programa/servicio

El Grupo Multisectorial Binacional Texas-Tamaulipas (GMBTT) constituido por alrededor de 60 organizaciones, el 15 de abril de 2005 en Tampico, Tamaulipas, bajo los auspicios de Policy Project y de las secretarías de salud de Texas y Tamaulipas, se propone responder a la demanda sentida de gobiernos, instituciones y comunidades fronterizas de EEUU y de México para enfrentar binacionalmente la epidemia del VIH/SIDA.

Se propone como un movimiento social que no se limita solo a lo gubernamental, al sector salud, ni a cada país por separado, pues incorpora desde los titulares de los gobiernos estatales y municipales hasta las mismas personas infectadas y enfermas por el VIH.

c) Objetivos del programa/servicio

- 1.- Construir un sistema binacional de vigilancia epidemiológica del VIH/SIDA-ITS.
- 2.- Establecer un programa de construcción de capacidades para el personal de salud y los integrantes de las ONG's.
- 3.- Crear con las COBINAS una red fronteriza de grupos multisectoriales locales en las ciudades hermanas de la frontera Tamaulipas-Texas.
- 4.- Desarrollar una campaña binacional de información y educación preventiva en VIH/SIDA para ambos estados y países.

d) Evaluación y lecciones aprendidas

- 1.- La gran respuesta a la convocatoria para constituir el GMBTT y la activa participación de las organizaciones en el taller de diagnóstico y planeación estratégica, demuestra que existe una fuerte demanda sentida en la frontera para el trabajo binacional contra el SIDA.

Abstract / Resumen # 211

Authors / Autores: Susie Villalobos, Beatriz Gamboa

Organization / Organización: USMBHA

Presentation Title / Título de Presentación:

Brownsville-Matamoros Sister City Project: The Implementation and Data Collection process

Abstract Content / Contenido del Resumen:

The Brownsville Matamoros Sister City Project (BMSCP) was designed to develop and evaluate a surveillance system for the standardized collection of maternal-child health data in the U.S.-Mexico border region.

Methods: Under a cooperative agreement with the Centers for Disease Control and Prevention, the United States-Mexico Border Health Association (USMBHA) was responsible for collecting the pilot data. USMBHA activities included: finalizing the questionnaire and protocol; developing training and data processing materials for interviewers and field coordinator; hiring and training field staff; initiating and conducting participant sampling; conducting interviews and processing data; collecting and processing sample validation data in Tamaulipas for evaluation of pilot study results.

Results: 525 interviews were collected in Cameron County, and 472 interviews were collected in Matamoros. The overall response rate was about 95% and data were collected on schedule.

- Study challenges:
 - o Privacy in shared rooms,
 - o Interviewers had to check hospital logs multiple times;
 - o Patients wanted to know more about the study;
 - o At first, nurses were protective of mothers, but quickly came around;
 - o Suggestion from interviewers: Engage in refusal training if there is future data collection
- Study facilitators:
 - o Interviewers felt they were well prepared by the training, and that mock interviews were most beneficial
 - o Interviewers expressed that they were very busy, and that they felt they were a part of something important in their community.

Conclusion: The data acquired from the pilot study will hopefully yield results that will be beneficial in improving programs and policies along the border.

Abstract / Resumen # 180

Authors / Autores: Laura Gaither, Rosendo Pérez Morales

Organization / Organización: Secretaría de Salud

Presentation Title / Título de Presentación:

Encuesta estatal sobre el consumo de drogas en la comunidad escolar 2004

Abstract Content / Contenido del Resumen:

El objetivo fue evaluar la prevalencia del consumo de drogas, alcohol y tabaco, así como las tendencias en el consumo y los factores de riesgo, en estudiantes de enseñanza media y media superior en el estado de Tamaulipas.

Se elaboró el muestreo estratificado por nivel de estudio y el muestreo seleccionado al azar manteniendo la proporción de alumnos por plantel de acuerdo a la base de datos proporcionada por la Secretaría de Educación Cultura y Deporte.

La información se obtuvo por medio de cuestionarios estandarizados, que se aplicó a los grupos en el salón de clases.

De acuerdo con el estudio realizado se observa que la mayoría de los adolescentes encuestados de ambos sexos fueron estudiantes de tiempo completo el año anterior al estudio.

Con relación a la prevalencia en el consumo de tabaco el 43% de los estudiantes reportó haber consumido tabaco Alguna vez en la vida. Los hombres siguen siendo el grupo con mayor consumo en una proporción de 1.3 por cada mujer que fuma.

Con relación al consumo de bebidas alcohólicas, observamos que el mayor número de consumidores son estudiantes del sexo masculino de nivel de preparatoria; sin embargo, hay una mínima diferencia entre el consumo de hombres y mujeres alguna vez en la vida 49.2% y 47.2% el último año 33.7% y 31.3% y el último mes 25 y 22%.

Se observa un incremento en función de la edad.

Las drogas de mayor consumo son marihuana, cocaína, inhalables y drogas médicas para los hombres, mientras que en las mujeres la sustancia de mayor consumo es la cocaína, seguida por inhalables, marihuana y drogas médicas. Con relación al consumo por rango de edad se observa un incremento en el consumo de cocaína de acuerdo con la edad, a diferencia de los inhalables se observa un comportamiento de proporción inversa, es decir, a mayor edad menor consumo.

El factor más importante que motivó el consumo de marihuana en los hombres fue la curiosidad en un 3.6% y en el caso de las mujeres el escapar de los problemas de la casa en 1.9%.

Orienta las acciones del programa estatal.

Abstract / Resumen # 186

Authors / Autores: Guillermo Caballero-Olín, Diego Gonzalez Ramirez, Gloria Salinas Molina, Silvia Hernandez, D. Villarreal Gallegos

Organization / Organización: Instituto Mexicano del Seguro Social

Presentation Title / Título de Presentación:

Fast acetylators in a population that initiates prophylactic treatment with isoniazid

Abstract Content / Contenido del Resumen:

Unidad de Medicina Familiar No 28 en la Ciudad de Monterrey,1, Centro de Investigación Biomédica del Norte2, Instituto Mexicano del Seguro Social, Delegación Regional Nuevo León

Abstract Objective: To evaluate the proportion of fast acetylators in a segment of a population that initiates prophylactic treatment for pulmonary tuberculosis after a single dose of Isoniazid (INH).Methods: INH was administered to 136 close relatives of patients with diagnosis of pulmonary tuberculosis. Six hours after that, urine was obtained from these patients. Urine samples with glucose were excluded from the study. It was spectrophotometrically determined the elimination of both, metabolized and free INH; the ratio of these two compounds was considered as an indicator of the degree of acetylation. When the relation A_{cINH}/INH in the sample was greater than 70 %, that person was considered as a fast acetylator.

Results: 67 patients (60.4 %) could be categorized as fast acetylators whereas 44 patients (39.6%) were slow metabolizers. The group of fast acetylators presented 85 ± 9 % of average activity and the slow ones had an average of 48 ± 13 % activity. The differences were not influenced by gender since a statistically significant interaction between the acetylator activity and sex was not found ($p > 0.05$).

Conclusions: In this study it was observed a larger proportion of fast acetylators. INH was administered singly as a prophylactic therapy of pulmonary tuberculosis. A consideration is given to the possible optimal dosing of INH implemented by taking into consideration the phenotypic metabolic characteristics of acetylation that any patient has. Also, the possibility exists that, when these differences are not taken into account, the acquired resistance to INH in mycobacteria can appear sooner.

Keywords: Isoniazid • Acetylator status • Tuberculosis

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Abstract / Resumen # 168

Authors / Autores: Frank Lemus, Daniel H. Freeman, Jean L. Freeman

Organization / Organización: University of Texas Medical Branch

Presentation Title / Título de Presentación:

Community correlates of bacterial pneumonia hospitalizations, persons 65+, Texas Border Counties

Abstract Content / Contenido del Resumen:

Purpose of study:

An increasing body of literature indicates neighborhood or contextual factors influence the health of an individual in a community. Mechanisms linking neighborhood advantage/disadvantage to better/poorer health outcomes are complex. They may be related, in part, to community variations in quality of care. Quality of health care was measured using one AHRQ quality of care indicator: bacterial pneumonia hospitalization rates (prevention quality indicator-PQI) among persons 65+, in the 32 Texas border counties. In Texas, pneumonia and influenza (flu) are closely linked and taken together were the 8th leading cause of death. In the United States, pneumonia significantly affects mortality (6th leading cause of death); hospitalization rates (bacterial pneumonia 3rd leading cause of hospitalization) and healthcare costs (one billion dollars per year are spent on medical treatment for bacterial pneumonia in the elderly). Persons 65+ constitute over 10% of the Border population, and this region is over 70% Latino. Persons 65+ make up approximately 13% of the US population, and account for approximately 36% of all hospital stays.

Methods:

In this descriptive study we used exact AHRQ specified ICD-9-CM codes to extract the number of hospitalizations for this PQI, bacterial pneumonia, among persons 65+, in the 32 Texas border counties. We extracted data where the code was the first listed (principal) diagnosis from discharge abstracts for years 1999 – 2001 (10,749 records). We followed precisely the Healthy People 2010 methodology to calculate hospitalization rates. The numerator for rate calculation was the number of hospital discharges for bacterial pneumonia, persons 65+ in a county multiplied by 10,000. We obtained population counts and community (county) characteristics from the 2000 U.S. Census summary files, and derived our denominator from 2000 U.S. Census (number of persons age 65+ multiplied by 3).

Results:

We found disparities in rates of bacterial pneumonia between non-Hispanic Whites and Latinos in all 32 Border Counties. Also, our results show income gradients correlated with rates of bacterial pneumonia.

Conclusions & Policy Recommendations:

Our baseline estimates for bacterial pneumonia hospitalization rates sets the basis for future comparability rate estimates among other Texas counties, 4 U.S. and 6 Mexico Border States. Use of state hospital discharge data with AHRQ's quality of care indicator demonstrates a health services research methodology for communities to better assess, measure and make decisions about quality of health care in their community and how this impacts disparities in their population's health outcomes. Immunization implications for Texas address Healthy People and Healthy Border 2010 objectives; and the methodology supports health outcomes improvements by translating research findings into practice with interventions that result in decreased health care expenditures and health disparities through preventable hospitalizations. Finally, this research demonstrates use of hospital discharge data for community based health services research.

Abstract / Resumen # 118

Authors / Autores: Audree Reynolds

Organization / Organización: University of Texas at El Paso

Presentation Title / Título de Presentación:

Exploratory Study Identifying Factors Influencing Annual Screening Mammography among Low Income Hispanic Women in El Paso, Texas

Abstract Content / Contenido del Resumen:

Breast cancer incidence and mortality rates are higher along the US/Mexico border as compared to US national trends. More low income Hispanic women are diagnosed in late stage than non-Hispanic whites. US public media widely promote information about breast cancer and annual screening mammography. However, the annual re-screening for low income Hispanic women remains low.

PURPOSE: This exploratory study was conducted January-August, 2005 to identify personal factors influencing the low (19%) annual re-screening rate for low income Hispanic women in El Paso, Texas.

METHODOLOGY: A convenience sample of 100 women participating in a federally funded program was interviewed by telephone. 90% of contacted women completed the interview which was conducted in Spanish. In addition, referral clinic coordinators, providers and mammogram technicians were interviewed.

FINDINGS (highlights): Responses were analyzed by frequency. Associations between responses and participant's screening pattern were analyzed by Chi square. Responses indicated participant's good understanding of breast cancer, screening guidelines, early diagnosis and treatment. 82 participants provided 139 suggestions to increase annual screening rate. Common recurring themes suggested a need for tailored, community based educational programs and a tailored reminder system. 18 participants provided no suggestions or opinions to open-ended items. Staff at referral clinics and mammography sites reported that low income women did not participate because of a lack of understanding of the importance indicating a need for provider education.

CONCLUSIONS: Findings provided sufficient evidence to continue this clinical research trajectory. Future research will focus on: (1) developing appropriate provider education based on findings, (2) develop and test cost-effective interventions tailored to address reported needs, and (3) develop unique, tailored approach for "voice-less participants.

ACKNOWLEDGEMENTS: This study was conducted in collaboration with a local non-profit organization, Cancer and Chronic Disease Consortium. Funding was provided by the Hispanic Health Disparities Research Center at University of Texas at El Paso.

Abstract / Resumen # 141

Authors / Autores: Allison Abell, Richard Taylor, Laura Robinson, Harry Duran, Maria Lacayo, Brian Smith, Tom Betz, Mark Beatty, Jorge Munoz, Steve Waterman

Organization / Organización: Texas Department of State Health Services

Presentation Title / Título de Presentación:

Outbreak Investigation of Dengue — Texas, 2005

Abstract Content / Contenido del Resumen:

Background: The Border Infectious Disease Surveillance (BIDS) is an active laboratory-based surveillance system in Texas. During the first 41 weeks of 2005, a total of 4,333 dengue infections were reported by Tamaulipas, Mexico which borders Texas. We investigated to identify dengue patients seeking health care along the southern U.S.-Mexico border.

Methods: Patients with no localizing fever presenting at BIDS-participating healthcare facilities in Cameron County, Texas, were screened for dengue. A clinically diagnosed dengue case had positive antidengue IgM antibodies and compatible clinical history. We visited households of BIDS patients with a suspected dengue infection, interviewed patients and household contacts by using standardized questionnaires, obtained blood samples for serologic testing, and conducted household environmental assessments to identify modifiable vector control measures.

Results: We identified and screened 20 BIDS patients and 57 BIDS household contacts. We identified 18 cases of dengue, 17 clinically diagnosed cases from BIDS, and one probable case from additional case finding. Three denied international travel during the previous 3 months, including one patient with dengue hemorrhagic fever (DHF). Environmental and behavioral risk factors included absence of window screens, living near standing water, travel to dengue endemic areas, and outdoor activity without using mosquito repellent or protective clothing.

Conclusions: Active surveillance identified 18 cases of dengue including one case of DHF. A review of the literature indicates this is the first case of locally acquired classic DHF in the continental United States. Health-care providers should take a travel history and consider dengue in the differential diagnosis when patients present with fever and reside in south Texas. Collaborative efforts among U.S.-Mexico municipalities are necessary to achieve integrated vector control necessary to prevent dengue transmission in Texas.

2.- La participación del director nacional del programa de SIDA en México, del secretario de salud de Tamaulipas y de altas autoridades de instituciones de salud de Texas, demostraron el papel definitivo que tiene la voluntad política del más alto nivel para dar efectividad a la lucha binacional contra el SIDA.

3.- En 2005 el GMBTT se reunió dos veces (en LXIII Reunión de la AFMES y en 12ª Conferencia Binacional de SIDA. En noviembre se realizaron dos encuentros de médicos tratantes y personas con VIH en Reynosa, Tams., preliminares para constituir en marzo del 2006 en Grupo Multisectorial Reynosa-MacAllen.

e) Conclusiones y recomendaciones

Las condiciones socioeconómicas, demográficas y epidemiológicas de la zona fronteriza, determinan que el SIDA no se detenga en la frontera, planteando retos crecientes a los gobiernos de EEUU y México para su vigilancia epidemiológica, prevención y control.

El GMBTT potencia la coordinacional binacional, mostrado ser una estrategia viable y adecuada para la lucha contra el SIDA en esa región.

La AFMES y las COBINAS son fundamental para el desarrollo del GMBTT y de los grupos locales en las ciudades hermanas de la frontera.